National Vaccine
Information Center
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Search Results

From the 11/25/2022 release of VAERS data:

Found 4,518 cases where Location is Vermont

Government Disclaimer on use of this data

Table

Year of Vaccination	Vaccine/Manufacturer/Lot	Event Outcome	Count	Percent
1949	VARZOS / UNKNOWN MANUFACTURER	Not Serious	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER	total	1	0.02%
	total		1	0.02%
1971	SMALL / PFIZER/WYETH / 12897652	Permanent Disability	1	0.02%
	SMALL / PFIZER/WYETH / 12897652	Emergency Room	1	0.02%
	SMALL / PFIZER/WYETH / 12897652	Life Threatening	1	0.02%
	SMALL / PFIZER/WYETH / 12897652	total	3	0.07%
	total		3	0.07%
1989	DTP / LEDERLE LABORATORIES / 256959	Death	1	0.02%
	DTP / LEDERLE LABORATORIES / 256959	total	1	0.02%
	OPV / PFIZER/WYETH / 259943	Death	1	0.02%
	OPV / PFIZER/WYETH /	total	1	0.02%

	259943			
	RUB / MERCK & CO. INC. / 38066	**Not Serious**	1	0.02%
	RUB / MERCK & CO. INC. / 38066	**total**	1	0.02%
	total		3	0.07%
1990	**DTP / LEDERLE LABORATORIES / 256959**	**Recovered**	1	0.02%
	DTP / LEDERLE LABORATORIES / 256959	**total**	1	0.02%
	DTP / LEDERLE LABORATORIES / 285965	**Recovered**	1	0.02%
	DTP / LEDERLE LABORATORIES / 285965	**total**	1	0.02%
	HEP / MERCK & CO. INC.	**Not Serious**	1	0.02%
	HEP / MERCK & CO. INC.	**total**	1	0.02%
	HEP / MERCK & CO. INC. / 0183R	**Not Serious**	1	0.02%
	HEP / MERCK & CO. INC. / 0183R	**total**	1	0.02%
	HEP / MERCK & CO. INC. / 1772R	**Not Serious**	1	0.02%
	HEP / MERCK & CO. INC. / 1772R	**total**	1	0.02%
	HEP / MERCK & CO. INC. / 1883R	**Not Serious**	1	0.02%
	HEP / MERCK & CO. INC. / 1883R	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM	**Not Serious**	2	0.04%
	HEP / SMITHKLINE BEECHAM	**total**	2	0.04%
	HEP / SMITHKLINE BEECHAM / 586A4	**Not Serious**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 586A4	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 591A4	**Not Serious**	2	0.04%
	HEP / SMITHKLINE BEECHAM / 591A4	**total**	2	0.04%
	HEP / SMITHKLINE BEECHAM / 600A4	**Recovered**	1	0.02%
	HEP / SMITHKLINE			

	BEECHAM / 600A4	**total**	1	0.02%
	MMR / MERCK & CO. INC. / 1386R	**Emergency Room**	1	0.02%
	MMR / MERCK & CO. INC. / 1386R	**total**	1	0.02%
	OPV / PFIZER/WYETH / 0602E	**Recovered**	1	0.02%
	OPV / PFIZER/WYETH / 0602E	**total**	1	0.02%
	OPV / PFIZER/WYETH / 275910	**Recovered**	1	0.02%
	OPV / PFIZER/WYETH / 275910	**total**	1	0.02%
	RAB / PASTEUR MERIEUX INST. / D0985	**Not Serious**	1	0.02%
	RAB / PASTEUR MERIEUX INST. / D0985	**total**	1	0.02%
	total		16	0.35%
	DTP / LEDERLE LABORATORIES / 298916	**Recovered**	1	0.02%
	DTP / LEDERLE LABORATORIES / 298916	**total**	1	0.02%
	DTP / LEDERLE LABORATORIES / 306924	**Emergency Room**	1	0.02%
	DTP / LEDERLE LABORATORIES / 306924	**Recovered**	1	0.02%
	DTP / LEDERLE LABORATORIES / 306924	**total**	2	0.04%
	DTP / LEDERLE LABORATORIES / 310967	**Emergency Room**	1	0.02%
	DTP / LEDERLE LABORATORIES / 310967	**Recovered**	1	0.02%
	DTP / LEDERLE LABORATORIES / 310967	**total**	2	0.04%
	FLU3 / CONNAUGHT LABORATORIES / U0104AA	**Recovered**	1	0.02%
	FLU3 / CONNAUGHT LABORATORIES / U0104AA	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 631A4	**Emergency Room**	1	0.02%
	HEP / SMITHKLINE			

	BEECHAM / 631A4	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 719A4	**Not Serious**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 719A4	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 814A4	**Recovered**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 814A4	**Not Serious**	5	0.11%
	HEP / SMITHKLINE BEECHAM / 814A4	**total**	6	0.13%
	HEP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
	HEP / UNKNOWN MANUFACTURER	**total**	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 0A21133	**Hospitalized**	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 0A21133	**Recovered**	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 0A21133	**total**	2	0.04%
	HIBV / PFIZER/WYETH / M17OHR	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M17OHR	**total**	1	0.02%
	HIBV / PFIZER/WYETH / M170HB	**Emergency Room**	1	0.02%
	HIBV / PFIZER/WYETH / M170HB	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M170HB	**total**	2	0.04%
1991	**HIBV / PFIZER/WYETH / M180HE**	**Emergency Room**	1	0.02%
	HIBV / PFIZER/WYETH / M180HE	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M180HE	**total**	2	0.04%
	HIBV / PFIZER/WYETH / M615HE	**Emergency Room**	1	0.02%
	HIBV / PFIZER/WYETH /			

M615HE	**Recovered**	1	0.02%
HIBV / PFIZER/WYETH / M615HE	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0851T	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0851T	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0851T	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1502S	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 1502S	**Hospitalized**	1	0.02%
MMR / MERCK & CO. INC. / 1502S	**Recovered**	2	0.04%
MMR / MERCK & CO. INC. / 1502S	**total**	4	0.09%
OPV / PFIZER/WYETH / 06314	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 06314	**total**	1	0.02%
OPV / PFIZER/WYETH / 0634F	**Emergency Room**	1	0.02%
OPV / PFIZER/WYETH / 0634F	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 0634F	**total**	2	0.04%
OPV / PFIZER/WYETH / 0641D	**Emergency Room**	1	0.02%
OPV / PFIZER/WYETH / 0641D	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 0641D	**total**	2	0.04%
PPV / MERCK & CO. INC. / 2171S	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 2171S	**total**	1	0.02%
TD / CONNAUGHT LABORATORIES / 0K21146	**Emergency Room**	1	0.02%
TD / CONNAUGHT LABORATORIES / 0K21146	**Recovered**	1	0.02%

	TD / CONNAUGHT LABORATORIES / 0K21146	**total**	2	0.04%
	TD / SCLAVO / 136A1	**Recovered**	1	0.02%
	TD / SCLAVO / 136A1	**total**	1	0.02%
	total		39	0.86%
	COVID19 / MODERNA	**Recovered**	1	0.02%
	COVID19 / MODERNA	**total**	1	0.02%
	DTP / CONNAUGHT LABORATORIES / 2D41037	**Hospitalized**	1	0.02%
	DTP / CONNAUGHT LABORATORIES / 2D41037	**Recovered**	1	0.02%
	DTP / CONNAUGHT LABORATORIES / 2D41037	**total**	2	0.04%
	DTP / CONNAUGHT LABORATORIES / 2M31091	**Emergency Room**	1	0.02%
	DTP / CONNAUGHT LABORATORIES / 2M31091	**Hospitalized**	1	0.02%
	DTP / CONNAUGHT LABORATORIES / 2M31091	**Recovered**	1	0.02%
	DTP / CONNAUGHT LABORATORIES / 2M31091	**total**	3	0.07%
	DTP / LEDERLE LABORATORIES / 310967	**Emergency Room**	1	0.02%
	DTP / LEDERLE LABORATORIES / 310967	**Hospitalized**	1	0.02%
	DTP / LEDERLE LABORATORIES / 310967	**Recovered**	1	0.02%
	DTP / LEDERLE LABORATORIES / 310967	**total**	3	0.07%
	DTP / LEDERLE LABORATORIES / 328933	**Recovered**	1	0.02%
	DTP / LEDERLE LABORATORIES / 328933	**total**	1	0.02%
	DTP / UNKNOWN MANUFACTURER /	**Emergency Room**	1	0.02%

2A41126			
DTP / UNKNOWN MANUFACTURER / 2A41126	**Recovered**	1	0.02%
DTP / UNKNOWN MANUFACTURER / 2A41126	**total**	2	0.04%
FLU3 / CONNAUGHT LABORATORIES / 2F31117	**Emergency Room**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 2F31117	**Recovered**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 2F31117	**total**	2	0.04%
FLUX / PFIZER/WYETH / 4928115	**Emergency Room**	1	0.02%
FLUX / PFIZER/WYETH / 4928115	**Recovered**	1	0.02%
FLUX / PFIZER/WYETH / 4928115	**total**	2	0.04%
HEP / MERCK & CO. INC. / 0842V	**Emergency Room**	1	0.02%
HEP / MERCK & CO. INC. / 0842V	**Recovered**	1	0.02%
HEP / MERCK & CO. INC. / 0842V	**total**	2	0.04%
HEP / MERCK & CO. INC. / 1687T	**Emergency Room**	2	0.04%
HEP / MERCK & CO. INC. / 1687T	**Recovered**	2	0.04%
HEP / MERCK & CO. INC. / 1687T	**total**	4	0.09%
HEP / SMITHKLINE BEECHAM	**Not Serious**	2	0.04%
HEP / SMITHKLINE BEECHAM	**total**	2	0.04%
HEP / SMITHKLINE BEECHAM / 950A4	**Not Serious**	2	0.04%
HEP / SMITHKLINE BEECHAM / 950A4	**total**	2	0.04%
HEP / SMITHKLINE BEECHAM / 1022A4	**Not Serious**	2	0.04%

1992	**HEP / SMITHKLINE BEECHAM / 1022A4**	**total**	2	0.04%
	HEP / SMITHKLINE BEECHAM / 9504A4	**Not Serious**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 9504A4	**total**	1	0.02%
	HIBV / PFIZER/WYETH / M185HF	**Emergency Room**	1	0.02%
	HIBV / PFIZER/WYETH / M185HF	**Hospitalized**	1	0.02%
	HIBV / PFIZER/WYETH / M185HF	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M185HF	**total**	3	0.07%
	HIBV / PFIZER/WYETH / M190HK	**Emergency Room**	1	0.02%
	HIBV / PFIZER/WYETH / M190HK	**Hospitalized**	1	0.02%
	HIBV / PFIZER/WYETH / M190HK	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M190HK	**total**	3	0.07%
	HIBV / PFIZER/WYETH / M575HC	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M575HC	**total**	1	0.02%
	OPV / PFIZER/WYETH / 0661H	**Hospitalized**	1	0.02%
	OPV / PFIZER/WYETH / 0661H	**Recovered**	1	0.02%
	OPV / PFIZER/WYETH / 0661H	**total**	2	0.04%
	OPV / PFIZER/WYETH / 0665C	**Emergency Room**	1	0.02%
	OPV / PFIZER/WYETH / 0665C	**Hospitalized**	1	0.02%
	OPV / PFIZER/WYETH / 0665C	**Recovered**	1	0.02%
	OPV / PFIZER/WYETH / 0665C	**total**	3	0.07%
	OPV / PFIZER/WYETH / 308954	**Emergency Room**	1	0.02%
	OPV / PFIZER/WYETH /			

	308954	**Hospitalized**	1	0.02%
	OPV / PFIZER/WYETH / 308954	**Recovered**	1	0.02%
	OPV / PFIZER/WYETH / 308954	**total**	3	0.07%
	PPV / MERCK & CO. INC. / 1301T	**Recovered**	1	0.02%
	PPV / MERCK & CO. INC. / 1301T	**total**	1	0.02%
	RAB / PASTEUR MERIEUX INST.	**Recovered**	2	0.04%
	RAB / PASTEUR MERIEUX INST.	**Not Serious**	1	0.02%
	RAB / PASTEUR MERIEUX INST.	**total**	3	0.07%
	RAB / PASTEUR MERIEUX INST. / G0330	**Permanent Disability**	1	0.02%
	RAB / PASTEUR MERIEUX INST. / G0330	**Emergency Room**	1	0.02%
	RAB / PASTEUR MERIEUX INST. / G0330	**total**	2	0.04%
	RUB / MERCK & CO. INC. / 1650S	**Emergency Room**	1	0.02%
	RUB / MERCK & CO. INC. / 1650S	**Recovered**	1	0.02%
	RUB / MERCK & CO. INC. / 1650S	**total**	2	0.04%
	TD / SCLAVO / 138A1	**Emergency Room**	1	0.02%
	TD / SCLAVO / 138A1	**Recovered**	1	0.02%
	TD / SCLAVO / 138A1	**total**	2	0.04%
	TYP / BERNA BIOTECH, LTD. / 120602A	**Not Serious**	1	0.02%
	TYP / BERNA BIOTECH, LTD. / 120602A	**total**	1	0.02%
	TYP / PFIZER/WYETH / 4918084	**Death**	1	0.02%
	TYP / PFIZER/WYETH / 4918084	**total**	1	0.02%
	total		56	1.24%
	DT / CONNAUGHT LABORATORIES /	**Not Serious**	1	0.02%

3G51129			
DT / CONNAUGHT LABORATORIES / 3G51129	**total**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 2A41126	**Emergency Room**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 2A41126	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 2A41126	**total**	2	0.04%
DTP / CONNAUGHT LABORATORIES / 2E41072	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 2E41072	**total**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 3M41111	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 3M41111	**total**	1	0.02%
FLUX / PFIZER/WYETH / 4938089	**Hospitalized**	1	0.02%
FLUX / PFIZER/WYETH / 4938089	**Life Threatening**	1	0.02%
FLUX / PFIZER/WYETH / 4938089	**total**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**total**	2	0.04%
HEP / MERCK & CO. INC.	**Hospitalized**	1	0.02%
HEP / MERCK & CO. INC.	**Life Threatening**	1	0.02%
HEP / MERCK & CO. INC.	**total**	2	0.04%
HEP / MERCK & CO. INC. / 0460W	**Recovered**	1	0.02%
HEP / MERCK & CO. INC.			

	/ 0460W	**total**	1	0.02%
	HEP / MERCK & CO. INC. / 1301V	**Recovered**	1	0.02%
	HEP / MERCK & CO. INC. / 1301V	**total**	1	0.02%
	HEP / MERCK & CO. INC. / 1615V	**Emergency Room**	1	0.02%
	HEP / MERCK & CO. INC. / 1615V	**Recovered**	1	0.02%
	HEP / MERCK & CO. INC. / 1615V	**total**	2	0.04%
	HEP / MERCK & CO. INC. / 1648W	**Recovered**	1	0.02%
	HEP / MERCK & CO. INC. / 1648W	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM	**Emergency Room**	1	0.02%
1993	**HEP / SMITHKLINE BEECHAM**	**Recovered**	1	0.02%
	HEP / SMITHKLINE BEECHAM	**total**	2	0.04%
	HEP / SMITHKLINE BEECHAM / 1070A4	**Recovered**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1070A4	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1093A2	**Permanent Disability**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1093A2	**Emergency Room**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1093A2	**total**	2	0.04%
	HIBV / PFIZER/WYETH / M100HP	**Emergency Room**	1	0.02%
	HIBV / PFIZER/WYETH / M100HP	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M100HP	**total**	2	0.04%
	HIBV / PFIZER/WYETH / M150JC	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M150JC	**total**	1	0.02%
	HIBV / PFIZER/WYETH /	**Recovered**	1	0.02%

	M460JP			
	HIBV / PFIZER/WYETH / M460JP	**total**	1	0.02%
	MMR / MERCK & CO. INC. / 0667V	**Emergency Room**	1	0.02%
	MMR / MERCK & CO. INC. / 0667V	**Recovered**	1	0.02%
	MMR / MERCK & CO. INC. / 0667V	**total**	2	0.04%
	OPV / PFIZER/WYETH / 0674B	**Recovered**	1	0.02%
	OPV / PFIZER/WYETH / 0674B	**total**	1	0.02%
	OPV / PFIZER/WYETH / 0685D	**Recovered**	1	0.02%
	OPV / PFIZER/WYETH / 0685D	**total**	1	0.02%
	RAB / PASTEUR MERIEUX INST.	**Emergency Room**	1	0.02%
	RAB / PASTEUR MERIEUX INST.	**Recovered**	1	0.02%
	RAB / PASTEUR MERIEUX INST.	**Not Serious**	1	0.02%
	RAB / PASTEUR MERIEUX INST.	**total**	3	0.07%
	TD / LEDERLE LABORATORIES / 338900	**Emergency Room**	1	0.02%
	TD / LEDERLE LABORATORIES / 338900	**Recovered**	1	0.02%
	TD / LEDERLE LABORATORIES / 338900	**total**	2	0.04%
	TD / PFIZER/WYETH / 4938001	**Emergency Room**	1	0.02%
	TD / PFIZER/WYETH / 4938001	**total**	1	0.02%
	TYP / BERNA BIOTECH, LTD. / 127891A	**Not Serious**	1	0.02%
	TYP / BERNA BIOTECH, LTD. / 127891A	**total**	1	0.02%
	total		36	0.8%
	DT / PFIZER/WYETH / 4948029	**Emergency Room**	1	0.02%
	DT / PFIZER/WYETH /	**total**	1	0.02%

4948029			
DTP / CONNAUGHT LABORATORIES / 3E51112	**Death**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 3E51112	**total**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 3F51124	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 3F51124	**total**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4H51057	**Emergency Room**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4H51057	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4H51057	**total**	2	0.04%
DTP / CONNAUGHT LABORATORIES / 4H51120	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4H51120	**total**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4M51115	**Emergency Room**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4M51115	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4M51115	**total**	2	0.04%
DTP / LEDERLE LABORATORIES / 355901	**Recovered**	1	0.02%
DTP / LEDERLE LABORATORIES / 355901	**total**	1	0.02%
FLU3 / PFIZER/WYETH	**Recovered**	1	0.02%
FLU3 / PFIZER/WYETH	**total**	1	0.02%
HEP / MERCK & CO. INC.			

/ 0594A	**Recovered**	1	0.02%
HEP / MERCK & CO. INC. / 0594A	**total**	1	0.02%
HEP / MERCK & CO. INC. / 0706A	**Emergency Room**	1	0.02%
HEP / MERCK & CO. INC. / 0706A	**Hospitalized**	1	0.02%
HEP / MERCK & CO. INC. / 0706A	**Recovered**	1	0.02%
HEP / MERCK & CO. INC. / 0706A	**total**	3	0.07%
HEP / MERCK & CO. INC. / 1405W	**Emergency Room**	1	0.02%
HEP / MERCK & CO. INC. / 1405W	**Recovered**	1	0.02%
HEP / MERCK & CO. INC. / 1405W	**total**	2	0.04%
HEP / SMITHKLINE BEECHAM	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1290A4	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1290A4	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1393A4	**Not Serious**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1393A4	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1407A4	**Not Serious**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1407A4	**total**	1	0.02%
HIBV / CONNAUGHT LABORATORIES	**Recovered**	1	0.02%
HIBV / CONNAUGHT LABORATORIES	**total**	1	0.02%
HIBV / CONNAUGHT LABORATORIES / 3B51129	**Emergency Room**	1	0.02%
HIBV / CONNAUGHT LABORATORIES / 3B51129	**Hospitalized**	1	0.02%

1994	HIBV / CONNAUGHT LABORATORIES / 3B51129	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 3B51129	total	3	0.07%
	HIBV / CONNAUGHT LABORATORIES / 4M51115	Emergency Room	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 4M51115	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 4M51115	total	2	0.04%
	HIBV / PFIZER/WYETH / M170KB	Recovered	1	0.02%
	HIBV / PFIZER/WYETH / M170KB	total	1	0.02%
	HIBV / PFIZER/WYETH / M520LA	Recovered	1	0.02%
	HIBV / PFIZER/WYETH / M520LA	total	1	0.02%
	HIBV / PFIZER/WYETH / M675KN	Death	1	0.02%
	HIBV / PFIZER/WYETH / M675KN	total	1	0.02%
	MMR / MERCK & CO. INC. / 0081A	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / 0081A	Hospitalized	1	0.02%
	MMR / MERCK & CO. INC. / 0081A	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 0081A	total	3	0.07%
	MMR / MERCK & CO. INC. / 0897W	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 0897W	total	1	0.02%
	MMR / MERCK & CO. INC. / 1340	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / 1340	Hospitalized	1	0.02%
	MMR / MERCK & CO.			

INC. / 1340	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1340	**total**	3	0.07%
OPV / PFIZER/WYETH / 0649K12	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 0649K12	**total**	1	0.02%
OPV / PFIZER/WYETH / 0691L	**Death**	1	0.02%
OPV / PFIZER/WYETH / 0691L	**total**	1	0.02%
OPV / PFIZER/WYETH / 0696E	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 0696E	**total**	1	0.02%
OPV / PFIZER/WYETH / 366957	**Emergency Room**	1	0.02%
OPV / PFIZER/WYETH / 366957	**Hospitalized**	1	0.02%
OPV / PFIZER/WYETH / 366957	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 366957	**total**	3	0.07%
OPV / PFIZER/WYETH / 376938	**Emergency Room**	1	0.02%
OPV / PFIZER/WYETH / 376938	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 376938	**total**	2	0.04%
RAB / PASTEUR MERIEUX INST. / J0735	**Recovered**	2	0.04%
RAB / PASTEUR MERIEUX INST. / J0735	**total**	2	0.04%
TD / CONNAUGHT LABORATORIES / 3L51092	**Not Serious**	2	0.04%
TD / CONNAUGHT LABORATORIES / 3L51092	**total**	2	0.04%
TD / CONNAUGHT LABORATORIES / 4B61052	**Not Serious**	1	0.02%
TD / CONNAUGHT			

	LABORATORIES / 4B61052	**total**	1	0.02%
	TD / CONNAUGHT LABORATORIES / 4G61080	**Emergency Room**	1	0.02%
	TD / CONNAUGHT LABORATORIES / 4G61080	**Recovered**	1	0.02%
	TD / CONNAUGHT LABORATORIES / 4G61080	**total**	2	0.04%
	TD / PFIZER/WYETH / 4938228	**Hospitalized**	1	0.02%
	TD / PFIZER/WYETH / 4938228	**total**	1	0.02%
	total		52	1.15%
	DT / CONNAUGHT LABORATORIES / 4H61118	**Not Serious**	1	0.02%
	DT / CONNAUGHT LABORATORIES / 4H61118	**total**	1	0.02%
	DT / CONNAUGHT LABORATORIES / 4H61156	**Not Serious**	1	0.02%
	DT / CONNAUGHT LABORATORIES / 4H61156	**total**	1	0.02%
	DTAP / PFIZER/WYETH / 378909	**Emergency Room**	1	0.02%
	DTAP / PFIZER/WYETH / 378909	**Recovered**	1	0.02%
	DTAP / PFIZER/WYETH / 378909	**total**	2	0.04%
	DTP / CONNAUGHT LABORATORIES / 4A61040	**Recovered**	1	0.02%
	DTP / CONNAUGHT LABORATORIES / 4A61040	**total**	1	0.02%
	DTP / CONNAUGHT LABORATORIES / 4E61017	**Emergency Room**	1	0.02%
	DTP / CONNAUGHT			

LABORATORIES / 4E61017	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4E61017	**total**	2	0.04%
DTP / CONNAUGHT LABORATORIES / 4H51058	**Emergency Room**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4H51058	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4H51058	**total**	2	0.04%
DTP / CONNAUGHT LABORATORIES / 4H51120	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4H51120	**total**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4L51032	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4L51032	**total**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4M51065	**Recovered**	1	0.02%
DTP / CONNAUGHT LABORATORIES / 4M51065	**total**	1	0.02%
DTPHIB / PFIZER/WYETH / 429968	**Recovered**	1	0.02%
DTPHIB / PFIZER/WYETH / 429968	**total**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 5F61024	**Emergency Room**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 5F61024	**Recovered**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 5F61024	**total**	2	0.04%

FLU3 / CONNAUGHT LABORATORIES / 5F61127	**Emergency Room**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 5F61127	**total**	1	0.02%
FLU3 / PFIZER/WYETH / 4958138	**Not Serious**	1	0.02%
FLU3 / PFIZER/WYETH / 4958138	**total**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**total**	1	0.02%
HEP / MERCK & CO. INC. / 0523B	**Recovered**	1	0.02%
HEP / MERCK & CO. INC. / 0523B	**total**	1	0.02%
HEP / MERCK & CO. INC. / 0858A	**Emergency Room**	1	0.02%
HEP / MERCK & CO. INC. / 0858A	**Recovered**	1	0.02%
HEP / MERCK & CO. INC. / 0858A	**total**	2	0.04%
HEP / SMITHKLINE BEECHAM / 1411A4	**Emergency Room**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1411A4	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1411A4	**total**	2	0.04%
HEP / SMITHKLINE BEECHAM / 1437A4	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM / 1437A4	**total**	1	0.02%
HIBV / CONNAUGHT LABORATORIES	**Recovered**	1	0.02%
HIBV / CONNAUGHT LABORATORIES	**total**	1	0.02%
HIBV / CONNAUGHT LABORATORIES / 4E61017	**Emergency Room**	1	0.02%
HIBV / CONNAUGHT LABORATORIES / 4E61017	**Recovered**	1	0.02%

1995	HIBV / CONNAUGHT LABORATORIES / 4E61017	total	2	0.04%
	HIBV / CONNAUGHT LABORATORIES / 4H51120	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 4H51120	total	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 4L51032	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 4L51032	total	1	0.02%
	HIBV / PFIZER/WYETH / M520LA	Emergency Room	1	0.02%
	HIBV / PFIZER/WYETH / M520LA	Recovered	1	0.02%
	HIBV / PFIZER/WYETH / M520LA	total	2	0.04%
	MMR / MERCK & CO. INC.	Not Serious	1	0.02%
	MMR / MERCK & CO. INC.	total	1	0.02%
	MMR / MERCK & CO. INC. / 0972A	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / 0972A	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 0972A	total	2	0.04%
	MMR / MERCK & CO. INC. / 1050A	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / 1050A	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 1050A	total	2	0.04%
	MMR / MERCK & CO. INC. / 1337W	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / 1337W	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 1337W	total	2	0.04%
	MMR / UNKNOWN			

MANUFACTURER / 1050A	**Recovered**	1	0.02%
MMR / UNKNOWN MANUFACTURER / 1050A	**total**	1	0.02%
OPV / PFIZER/WYETH / 0711C	**Recovered**	2	0.04%
OPV / PFIZER/WYETH / 0711C	**total**	2	0.04%
OPV / PFIZER/WYETH / 0721F	**Emergency Room**	1	0.02%
OPV / PFIZER/WYETH / 0721F	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 0721F	**total**	2	0.04%
OPV / PFIZER/WYETH / 0733H	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 0733H	**total**	1	0.02%
OPV / PFIZER/WYETH / 716M2	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 716M2	**total**	1	0.02%
OPV / PFIZER/WYETH / 376942	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 376942	**total**	1	0.02%
OPV / PFIZER/WYETH / 382943	**Emergency Room**	1	0.02%
OPV / PFIZER/WYETH / 382943	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 382943	**total**	2	0.04%
PPV / MERCK & CO. INC. / 1541A	**Recovered**	2	0.04%
PPV / MERCK & CO. INC. / 1541A	**Not Serious**	2	0.04%
PPV / MERCK & CO. INC. / 1541A	**total**	4	0.09%
PPV / PFIZER/WYETH	**Emergency Room**	1	0.02%
PPV / PFIZER/WYETH	**Recovered**	1	0.02%
PPV / PFIZER/WYETH	**total**	2	0.04%

PPV / PFIZER/WYETH / 394960	**Not Serious**	1	0.02%
PPV / PFIZER/WYETH / 394960	**total**	1	0.02%
RAB / PASTEUR MERIEUX INST. / K0040	**Emergency Room**	1	0.02%
RAB / PASTEUR MERIEUX INST. / K0040	**Recovered**	1	0.02%
RAB / PASTEUR MERIEUX INST. / K0040	**total**	2	0.04%
RUB / MERCK & CO. INC. / 0694A	**Emergency Room**	1	0.02%
RUB / MERCK & CO. INC. / 0694A	**Recovered**	1	0.02%
RUB / MERCK & CO. INC. / 0694A	**total**	2	0.04%
TD / CONNAUGHT LABORATORIES / 4G61080	**Hospitalized**	1	0.02%
TD / CONNAUGHT LABORATORIES / 4G61080	**total**	1	0.02%
TD / CONNAUGHT LABORATORIES / 4H6118	**Recovered**	1	0.02%
TD / CONNAUGHT LABORATORIES / 4H6118	**total**	1	0.02%
TD / CONNAUGHT LABORATORIES / 5H71142	**Recovered**	1	0.02%
TD / CONNAUGHT LABORATORIES / 5H71142	**Not Serious**	1	0.02%
TD / CONNAUGHT LABORATORIES / 5H71142	**total**	2	0.04%
TD / PFIZER/WYETH / 4958036	**Emergency Room**	1	0.02%
TD / PFIZER/WYETH / 4958036	**Recovered**	1	0.02%
TD / PFIZER/WYETH / 4958036	**total**	2	0.04%
TD / UNKNOWN			

	MANUFACTURER / 4H61118	**Recovered**	1	0.02%
	TD / UNKNOWN MANUFACTURER / 4H61118	**total**	1	0.02%
	VARCEL / MERCK & CO. INC.	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC.	**Not Serious**	2	0.04%
	VARCEL / MERCK & CO. INC.	**total**	3	0.07%
	total		69	1.53%
	DT / LEDERLE LABORATORIES / 430109	**Emergency Room**	1	0.02%
	DT / LEDERLE LABORATORIES / 430109	**total**	1	0.02%
	DTPHIB / PFIZER/WYETH / 427840	**Emergency Room**	1	0.02%
	DTPHIB / PFIZER/WYETH / 427840	**Hospitalized**	1	0.02%
	DTPHIB / PFIZER/WYETH / 427840	**Recovered**	1	0.02%
	DTPHIB / PFIZER/WYETH / 427840	**total**	3	0.07%
	DTPHIB / PFIZER/WYETH / 433567	**Emergency Room**	1	0.02%
	DTPHIB / PFIZER/WYETH / 433567	**Recovered**	1	0.02%
	DTPHIB / PFIZER/WYETH / 433567	**total**	2	0.04%
	DTPHIB / PFIZER/WYETH / 434810	**Emergency Room**	1	0.02%
	DTPHIB / PFIZER/WYETH / 434810	**Recovered**	1	0.02%
	DTPHIB / PFIZER/WYETH / 434810	**total**	2	0.04%
	FLU3 / CONNAUGHT LABORATORIES / 6F71221	**Emergency Room**	1	0.02%
	FLU3 / CONNAUGHT LABORATORIES / 6F71221	**Hospitalized**	1	0.02%
	FLU3 / CONNAUGHT			

	LABORATORIES / 6F71221	**total**	2	0.04%
	FLU3 / MEDEVA PHARMA, LTD. / E3036GA	**Emergency Room**	1	0.02%
	FLU3 / MEDEVA PHARMA, LTD. / E3036GA	**Hospitalized**	1	0.02%
	FLU3 / MEDEVA PHARMA, LTD. / E3036GA	**total**	2	0.04%
	FLU3 / PFIZER/WYETH / 4968170	**Permanent Disability**	1	0.02%
	FLU3 / PFIZER/WYETH / 4968170	**Emergency Room**	1	0.02%
	FLU3 / PFIZER/WYETH / 4968170	**Hospitalized**	2	0.04%
	FLU3 / PFIZER/WYETH / 4968170	**total**	4	0.09%
	HEP / MERCK & CO. INC. / 0742B	**Emergency Room**	1	0.02%
	HEP / MERCK & CO. INC. / 0742B	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1722A2	**Emergency Room**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1722A2	**Recovered**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1722A2	**total**	2	0.04%
1996	**HEP / SMITHKLINE BEECHAM / 1814A4**	**Not Serious**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1814A4	**total**	1	0.02%
	HEPA / SMITHKLINE BEECHAM	**Not Serious**	1	0.02%
	HEPA / SMITHKLINE BEECHAM	**total**	1	0.02%
	OPV / PFIZER/WYETH / 0740K	**Emergency Room**	1	0.02%
	OPV / PFIZER/WYETH / 0740K	**Recovered**	1	0.02%
	OPV / PFIZER/WYETH / 0740K	**total**	2	0.04%
	OPV / PFIZER/WYETH /	**Emergency**		

740K3	Room	1	0.02%
OPV / PFIZER/WYETH / 740K3	Hospitalized	1	0.02%
OPV / PFIZER/WYETH / 740K3	Recovered	1	0.02%
OPV / PFIZER/WYETH / 740K3	total	3	0.07%
PPV / MERCK & CO. INC.	Emergency Room	1	0.02%
PPV / MERCK & CO. INC.	Hospitalized	1	0.02%
PPV / MERCK & CO. INC.	Recovered	1	0.02%
PPV / MERCK & CO. INC.	Not Serious	1	0.02%
PPV / MERCK & CO. INC.	total	4	0.09%
TD / CONNAUGHT LABORATORIES / 6E81148	Emergency Room	1	0.02%
TD / CONNAUGHT LABORATORIES / 6E81148	total	1	0.02%
TD / LEDERLE LABORATORIES / 429310	Emergency Room	1	0.02%
TD / LEDERLE LABORATORIES / 429310	Recovered	1	0.02%
TD / LEDERLE LABORATORIES / 429310	total	2	0.04%
TD / PFIZER/WYETH / 4958036	Emergency Room	1	0.02%
TD / PFIZER/WYETH / 4958036	Recovered	1	0.02%
TD / PFIZER/WYETH / 4958036	total	2	0.04%
VARCEL / MERCK & CO. INC.	Emergency Room	1	0.02%
VARCEL / MERCK & CO. INC.	total	1	0.02%
VARCEL / MERCK & CO. INC. / 1478D	Recovered	1	0.02%
VARCEL / MERCK & CO. INC. / 1478D	total	1	0.02%
VARCEL / MERCK & CO. INC. / 1662B	Emergency Room	1	0.02%
VARCEL / MERCK & CO. INC. / 1662B	Recovered	1	0.02%

	VARCEL / MERCK & CO. INC. / 1662B	**total**	2	0.04%
	total		39	0.86%
	DTAP / CONNAUGHT LABORATORIES / 6D81396	**Recovered**	1	0.02%
	DTAP / CONNAUGHT LABORATORIES / 6D81396	**total**	1	0.02%
	DTAP / SANOFI PASTEUR / 6D81396	**Recovered**	1	0.02%
	DTAP / SANOFI PASTEUR / 6D81396	**total**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 826A2	**Not Serious**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 826A2	**total**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**Death**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**total**	1	0.02%
	DTPHIB / PFIZER/WYETH / 438621	**Recovered**	1	0.02%
	DTPHIB / PFIZER/WYETH / 438621	**total**	1	0.02%
	DTPHIB / PFIZER/WYETH / 441099	**Emergency Room**	1	0.02%
	DTPHIB / PFIZER/WYETH / 441099	**Recovered**	1	0.02%
	DTPHIB / PFIZER/WYETH / 441099	**total**	2	0.04%
	DTPHIB / UNKNOWN MANUFACTURER / 44101	**Not Serious**	1	0.02%
	DTPHIB / UNKNOWN MANUFACTURER / 44101	**total**	1	0.02%
	DTPHIB / UNKNOWN MANUFACTURER / 441099	**Not Serious**	1	0.02%
	DTPHIB / UNKNOWN MANUFACTURER / 441099	**total**	1	0.02%
	FLU3 / CONNAUGHT LABORATORIES / 7F81754	**Recovered**	1	0.02%

	FLU3 / CONNAUGHT LABORATORIES / 7F81754	**total**	1	0.02%
	FLU3 / CONNAUGHT LABORATORIES / 7F81788	**Emergency Room**	1	0.02%
	FLU3 / CONNAUGHT LABORATORIES / 7F81788	**total**	1	0.02%
	FLU3 / CONNAUGHT LABORATORIES / 7F81894	**Emergency Room**	1	0.02%
	FLU3 / CONNAUGHT LABORATORIES / 7F81894	**total**	1	0.02%
	FLU3 / PFIZER/WYETH	**Recovered**	6	0.13%
	FLU3 / PFIZER/WYETH	**total**	6	0.13%
	FLU3 / PFIZER/WYETH / 4978193	**Recovered**	1	0.02%
	FLU3 / PFIZER/WYETH / 4978193	**total**	1	0.02%
	HEP / MERCK & CO. INC.	**Death**	1	0.02%
	HEP / MERCK & CO. INC.	**total**	1	0.02%
	HEP / MERCK & CO. INC. / 1469D	**Emergency Room**	1	0.02%
	HEP / MERCK & CO. INC. / 1469D	**total**	1	0.02%
	HEP / MERCK & CO. INC. / 1692D	**Not Serious**	1	0.02%
	HEP / MERCK & CO. INC. / 1692D	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1613A1	**Emergency Room**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1613A1	**Hospitalized**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 1613A1	**total**	2	0.04%
	HEP / SMITHKLINE BEECHAM / 2299A4	**Emergency Room**	1	0.02%
1997	**HEP / SMITHKLINE BEECHAM / 2299A4**	**total**	1	0.02%
	HIBV / PFIZER/WYETH / M350PN	**Not Serious**	1	0.02%

HIBV / PFIZER/WYETH / M350PN	**total**	1	0.02%
HIBV / UNKNOWN MANUFACTURER	**Death**	1	0.02%
HIBV / UNKNOWN MANUFACTURER	**total**	1	0.02%
IPV / UNKNOWN MANUFACTURER	**Death**	1	0.02%
IPV / UNKNOWN MANUFACTURER	**total**	1	0.02%
MMR / MERCK & CO. INC.	**Recovered**	1	0.02%
MMR / MERCK & CO. INC.	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0097D	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0097D	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0103E	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0103E	**total**	1	0.02%
OPV / PFIZER/WYETH / 0756M	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 0756M	**total**	1	0.02%
OPV / PFIZER/WYETH / 440728	**Recovered**	1	0.02%
OPV / PFIZER/WYETH / 440728	**total**	1	0.02%
PPV / PFIZER/WYETH / 438673	**Recovered**	1	0.02%
PPV / PFIZER/WYETH / 438673	**total**	1	0.02%
TD / CONNAUGHT LABORATORIES / 7E91672	**Emergency Room**	1	0.02%
TD / CONNAUGHT LABORATORIES / 7E91672	**total**	1	0.02%
TD / UNKNOWN MANUFACTURER / 6K81364	**Recovered**	1	0.02%

	TD / UNKNOWN MANUFACTURER / 6K81364	**total**	1	0.02%
	VARCEL / MERCK & CO. INC.	**Emergency Room**	3	0.07%
	VARCEL / MERCK & CO. INC.	**Hospitalized**	1	0.02%
	VARCEL / MERCK & CO. INC.	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC.	**total**	5	0.11%
	VARCEL / MERCK & CO. INC. / 0180E	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0180E	**Hospitalized**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0180E	**total**	2	0.04%
	VARCEL / MERCK & CO. INC. / 0772D	**Not Serious**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0772D	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1130B	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1130B	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1356D	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1356D	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 622757	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 622757	**total**	1	0.02%
	total		47	1.04%
	DTAP / SMITHKLINE BEECHAM / 840A2	**Not Serious**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 840A2	**total**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 841A2	**Recovered**	4	0.09%
	DTAP / SMITHKLINE BEECHAM / 841A2	**total**	4	0.09%
	DTAP / SMITHKLINE	**Emergency**	1	0.02%

BEECHAM / 860A2	**Room**		
DTAP / SMITHKLINE BEECHAM / 860A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 860A2	**total**	2	0.04%
DTAP / SMITHKLINE BEECHAM / A847A2	**Emergency Room**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A847A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A847A2	**total**	2	0.04%
FLU3 / CONNAUGHT LABORATORIES / 0975780	**Emergency Room**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 0975780	**Recovered**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 0975780	**total**	2	0.04%
FLU3 / CONNAUGHT LABORATORIES / 0984550	**Emergency Room**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / 0984550	**total**	1	0.02%
FLU3 / PARKDALE PHARMACEUTICALS / 02298P	**Emergency Room**	2	0.04%
FLU3 / PARKDALE PHARMACEUTICALS / 02298P	**Recovered**	2	0.04%
FLU3 / PARKDALE PHARMACEUTICALS / 02298P	**total**	4	0.09%
FLU3 / PFIZER/WYETH / 4988203	**Recovered**	1	0.02%
FLU3 / PFIZER/WYETH / 4988203	**total**	1	0.02%
HEP / MERCK & CO. INC. / 1308D	**Emergency Room**	1	0.02%
HEP / MERCK & CO. INC. / 1308D	**Recovered**	1	0.02%
HEP / MERCK & CO. INC.	**total**	2	0.04%

	/ 1308D			
	HEP / MERCK & CO. INC. / 1372E	**Recovered**	1	0.02%
	HEP / MERCK & CO. INC. / 1372E	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM	**Emergency Room**	1	0.02%
	HEP / SMITHKLINE BEECHAM	**total**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 2632A2	**Recovered**	1	0.02%
	HEP / SMITHKLINE BEECHAM / 2632A2	**total**	1	0.02%
	HEP / UNKNOWN MANUFACTURER / 1229H	**Not Serious**	1	0.02%
1998	**HEP / UNKNOWN MANUFACTURER / 1229H**	**total**	1	0.02%
	HIBV / PFIZER/WYETH / M010RN	**Emergency Room**	1	0.02%
	HIBV / PFIZER/WYETH / M010RN	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M010RN	**total**	2	0.04%
	HIBV / PFIZER/WYETH / M285RJ	**Emergency Room**	1	0.02%
	HIBV / PFIZER/WYETH / M285RJ	**Recovered**	1	0.02%
	HIBV / PFIZER/WYETH / M285RJ	**total**	2	0.04%
	IPV / CONNAUGHT LTD. / L1112	**Emergency Room**	1	0.02%
	IPV / CONNAUGHT LTD. / L1112	**Recovered**	1	0.02%
	IPV / CONNAUGHT LTD. / L1112	**total**	2	0.04%
	MMR / MERCK & CO. INC. / 0034H	**Recovered**	1	0.02%
	MMR / MERCK & CO. INC. / 0034H	**total**	1	0.02%
	MMR / MERCK & CO. INC. / 0515H	**Emergency Room**	1	0.02%

MMR / MERCK & CO. INC. / 0515H	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0515H	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0785H	**Death**	1	0.02%
MMR / MERCK & CO. INC. / 0785H	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0785H	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1234E	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 1234E	**total**	1	0.02%
OPV / PFIZER/WYETH / 446716	**Not Serious**	1	0.02%
OPV / PFIZER/WYETH / 446716	**total**	1	0.02%
OPV / UNKNOWN MANUFACTURER / 0792C	**Emergency Room**	1	0.02%
OPV / UNKNOWN MANUFACTURER / 0792C	**Recovered**	1	0.02%
OPV / UNKNOWN MANUFACTURER / 0792C	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0986N	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 0986N	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0986N	**total**	2	0.04%
TD / LEDERLE LABORATORIES / 451463	**Recovered**	2	0.04%
TD / LEDERLE LABORATORIES / 451463	**total**	2	0.04%
VARCEL / MERCK & CO. INC.	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC.	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0644H	**Death**	1	0.02%
VARCEL / MERCK & CO.			

	INC. / 0644H	**total**	1	0.02%
	total		44	0.97%
	DT / CONNAUGHT LTD. / U0011AH	**Emergency Room**	1	0.02%
	DT / CONNAUGHT LTD. / U0011AH	**Recovered**	1	0.02%
	DT / CONNAUGHT LTD. / U0011AH	**total**	2	0.04%
	DTAP / SMITHKLINE BEECHAM	**Emergency Room**	1	0.02%
	DTAP / SMITHKLINE BEECHAM	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM	**total**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / 890A2	**Emergency Room**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 890A2	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 890A2	**total**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / 903A2	**Hospitalized**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 903A2	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 903A2	**total**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / 911A1	**Emergency Room**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 911A1	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 911A1	**total**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / 911A2	**Emergency Room**	3	0.07%
	DTAP / SMITHKLINE BEECHAM / 911A2	**Recovered**	3	0.07%
	DTAP / SMITHKLINE BEECHAM / 911A2	**total**	6	0.13%
	DTAP / SMITHKLINE BEECHAM / 916A2	**Recovered**	3	0.07%
	DTAP / SMITHKLINE BEECHAM / 916A2	**total**	3	0.07%
	DTAP / SMITHKLINE			

BEECHAM / 9862A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 9862A2	**total**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES	**Emergency Room**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES	**Recovered**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES	**total**	2	0.04%
FLU3 / CONNAUGHT LABORATORIES / U0104AA	**Emergency Room**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / U0104AA	**Recovered**	1	0.02%
FLU3 / CONNAUGHT LABORATORIES / U0104AA	**total**	2	0.04%
FLU3 / CONNAUGHT LABORATORIES / U0145CA	**Emergency Room**	2	0.04%
FLU3 / CONNAUGHT LABORATORIES / U0145CA	**Recovered**	2	0.04%
FLU3 / CONNAUGHT LABORATORIES / U0145CA	**total**	4	0.09%
FLU3 / PARKDALE PHARMACEUTICALS / 03179P	**Emergency Room**	1	0.02%
FLU3 / PARKDALE PHARMACEUTICALS / 03179P	**total**	1	0.02%
FLU3 / PFIZER/WYETH / 4998212	**Recovered**	1	0.02%
FLU3 / PFIZER/WYETH / 4998212	**Not Serious**	1	0.02%
FLU3 / PFIZER/WYETH / 4998212	**total**	2	0.04%
FLU3 / PFIZER/WYETH / 4998225	**Emergency Room**	1	0.02%
FLU3 / PFIZER/WYETH / 4998225	**Recovered**	1	0.02%

	FLU3 / PFIZER/WYETH / 4998225	total	2	0.04%
	HEP / MERCK & CO. INC. / 1604H	Recovered	1	0.02%
	HEP / MERCK & CO. INC. / 1604H	total	1	0.02%
	HEP / SMITHKLINE BEECHAM	Emergency Room	1	0.02%
	HEP / SMITHKLINE BEECHAM	Recovered	1	0.02%
	HEP / SMITHKLINE BEECHAM	total	2	0.04%
	HEP / SMITHKLINE BEECHAM / 2795A2	Recovered	1	0.02%
	HEP / SMITHKLINE BEECHAM / 2795A2	total	1	0.02%
	HEP / SMITHKLINE BEECHAM / 2934A2	Not Serious	1	0.02%
	HEP / SMITHKLINE BEECHAM / 2934A2	total	1	0.02%
	HEP / SMITHKLINE BEECHAM / 3066A4	Not Serious	1	0.02%
	HEP / SMITHKLINE BEECHAM / 3066A4	total	1	0.02%
	HEP / SMITHKLINE BEECHAM / 3068A2	Hospitalized	1	0.02%
	HEP / SMITHKLINE BEECHAM / 3068A2	Recovered	1	0.02%
	HEP / SMITHKLINE BEECHAM / 3068A2	total	2	0.04%
	HEPA / UNKNOWN MANUFACTURER	Not Serious	1	0.02%
	HEPA / UNKNOWN MANUFACTURER	total	1	0.02%
	HIBV / CONNAUGHT LABORATORIES	Recovered	3	0.07%
	HIBV / CONNAUGHT LABORATORIES	total	3	0.07%
1999	HIBV / CONNAUGHT LABORATORIES / 788AA	Emergency Room	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / 788AA	Recovered	1	0.02%
	HIBV / CONNAUGHT			

LABORATORIES / 788AA	**total**	2	0.04%
HIBV / CONNAUGHT LABORATORIES / N0788AA	**Hospitalized**	1	0.02%
HIBV / CONNAUGHT LABORATORIES / N0788AA	**Recovered**	1	0.02%
HIBV / CONNAUGHT LABORATORIES / N0788AA	**total**	2	0.04%
HIBV / CONNAUGHT LABORATORIES / P1113AA	**Emergency Room**	3	0.07%
HIBV / CONNAUGHT LABORATORIES / P1113AA	**Recovered**	3	0.07%
HIBV / CONNAUGHT LABORATORIES / P1113AA	**total**	6	0.13%
HIBV / PFIZER/WYETH	**Emergency Room**	1	0.02%
HIBV / PFIZER/WYETH	**Recovered**	1	0.02%
HIBV / PFIZER/WYETH	**total**	2	0.04%
HIBV / PFIZER/WYETH / 361453	**Recovered**	1	0.02%
HIBV / PFIZER/WYETH / 361453	**total**	1	0.02%
HIBV / PFIZER/WYETH / P1113AA	**Emergency Room**	1	0.02%
HIBV / PFIZER/WYETH / P1113AA	**Recovered**	1	0.02%
HIBV / PFIZER/WYETH / P1113AA	**total**	2	0.04%
IPV / CONNAUGHT LTD.	**Recovered**	3	0.07%
IPV / CONNAUGHT LTD.	**total**	3	0.07%
IPV / CONNAUGHT LTD. / 4911	**Emergency Room**	1	0.02%
IPV / CONNAUGHT LTD. / 4911	**Recovered**	1	0.02%
IPV / CONNAUGHT LTD. / 4911	**total**	2	0.04%
IPV / CONNAUGHT LTD. /	**Hospitalized**	1	0.02%

N04911			
IPV / CONNAUGHT LTD. / N04911	**Recovered**	1	0.02%
IPV / CONNAUGHT LTD. / N04911	**total**	2	0.04%
IPV / CONNAUGHT LTD. / N0651	**Recovered**	1	0.02%
IPV / CONNAUGHT LTD. / N0651	**total**	1	0.02%
IPV / CONNAUGHT LTD. / N08262	**Emergency Room**	4	0.09%
IPV / CONNAUGHT LTD. / N08262	**Recovered**	4	0.09%
IPV / CONNAUGHT LTD. / N08262	**total**	8	0.18%
LYME / SMITHKLINE BEECHAM / 104B2	**Recovered**	1	0.02%
LYME / SMITHKLINE BEECHAM / 104B2	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0347J	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0347J	**total**	1	0.02%
MMR / MERCK & CO. INC. / 1649H	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 1649H	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1649H	**total**	2	0.04%
OPV / PFIZER/WYETH	**Emergency Room**	1	0.02%
OPV / PFIZER/WYETH	**Recovered**	1	0.02%
OPV / PFIZER/WYETH	**total**	2	0.04%
PPV / MERCK & CO. INC. / U011H	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / U011H	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / U011H	**total**	2	0.04%
PPV / PFIZER/WYETH / 461144	**Emergency Room**	1	0.02%
PPV / PFIZER/WYETH / 461144	**Recovered**	2	0.04%

	PPV / PFIZER/WYETH / 461144	**Not Serious**	1	0.02%
	PPV / PFIZER/WYETH / 461144	**total**	4	0.09%
	RAB / NOVARTIS VACCINES AND DIAGNOSTICS / 208011	**Emergency Room**	1	0.02%
	RAB / NOVARTIS VACCINES AND DIAGNOSTICS / 208011	**Recovered**	1	0.02%
	RAB / NOVARTIS VACCINES AND DIAGNOSTICS / 208011	**total**	2	0.04%
	RAB / PASTEUR MERIEUX INST. / R0399	**Emergency Room**	1	0.02%
	RAB / PASTEUR MERIEUX INST. / R0399	**Recovered**	1	0.02%
	RAB / PASTEUR MERIEUX INST. / R0399	**total**	2	0.04%
	TD / MASS. PUB HLTH BIOL LAB / TD65	**Recovered**	1	0.02%
	TD / MASS. PUB HLTH BIOL LAB / TD65	**total**	1	0.02%
	TD / PFIZER/WYETH / 4998027	**Not Serious**	1	0.02%
	TD / PFIZER/WYETH / 4998027	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1262H	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1262H	**total**	1	0.02%
	YF / CONNAUGHT LABORATORIES	**Not Serious**	1	0.02%
	YF / CONNAUGHT LABORATORIES	**total**	1	0.02%
	total		96	2.12%
	ANTH / MICHIGAN DEPT PUB HLTH / FAV047	**Emergency Room**	1	0.02%
	ANTH / MICHIGAN DEPT PUB HLTH / FAV047	**Recovered**	1	0.02%
	ANTH / MICHIGAN DEPT PUB HLTH / FAV047	**total**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / 911A2	**Emergency Room**	1	0.02%

DTAP / SMITHKLINE BEECHAM / 911A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 911A2	**total**	2	0.04%
DTAP / SMITHKLINE BEECHAM / 913A2	**Recovered**	4	0.09%
DTAP / SMITHKLINE BEECHAM / 913A2	**Not Serious**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 913A2	**total**	5	0.11%
DTAP / SMITHKLINE BEECHAM / 919A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 919A2	**total**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 922A2	**Not Serious**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 922A2	**total**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 997A2	**Not Serious**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 997A2	**total**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A916A2	**Emergency Room**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A916A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A916A2	**total**	2	0.04%
DTAP / SMITHKLINE BEECHAM / A941A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A941A2	**total**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A955A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A955A2	**total**	1	0.02%
DTP / UNKNOWN MANUFACTURER / 955A2	**Not Serious**	1	0.02%
DTP / UNKNOWN MANUFACTURER / 955A2	**total**	1	0.02%
FLU3 / MEDEVA			

PHARMA, LTD. / E67360KA	**Recovered**	1	0.02%
FLU3 / MEDEVA PHARMA, LTD. / E67360KA	**total**	1	0.02%
FLU3 / PFIZER/WYETH / 40085190	**Emergency Room**	1	0.02%
FLU3 / PFIZER/WYETH / 40085190	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / 5100A2	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM / 5100A2	**Not Serious**	1	0.02%
HEP / SMITHKLINE BEECHAM / 5100A2	**total**	2	0.04%
HEP / SMITHKLINE BEECHAM / 5205A2	**Not Serious**	1	0.02%
HEP / SMITHKLINE BEECHAM / 5205A2	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / ENG3139A2	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM / ENG3139A2	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / ENG3198A2	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM / ENG3198A2	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / ENG3201A2	**Emergency Room**	2	0.04%
HEP / SMITHKLINE BEECHAM / ENG3201A2	**Recovered**	2	0.04%
HEP / SMITHKLINE BEECHAM / ENG3201A2	**total**	4	0.09%
HEP / SMITHKLINE BEECHAM / ENG3203A4	**Not Serious**	1	0.02%
HEP / SMITHKLINE BEECHAM / ENG3203A4	**total**	1	0.02%
HIBV / CONNAUGHT LABORATORIES	**Recovered**	4	0.09%
HIBV / CONNAUGHT LABORATORIES	**total**	4	0.09%
HIBV / CONNAUGHT LABORATORIES / P1113AA	**Emergency Room**	1	0.02%

2000	HIBV / CONNAUGHT LABORATORIES / P1113AA	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / P1113AA	total	2	0.04%
	HIBV / CONNAUGHT LABORATORIES / UA483AA	Emergency Room	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA483AA	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA483AA	total	2	0.04%
	HIBV / CONNAUGHT LABORATORIES / UA500AA	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA500AA	total	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA510AA	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA510AA	Not Serious	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA510AA	total	2	0.04%
	HIBV / CONNAUGHT LABORATORIES / UA513ARS	Recovered	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA513ARS	total	1	0.02%
	HIBV / PFIZER/WYETH / U521AA	Not Serious	1	0.02%
	HIBV / PFIZER/WYETH / U521AA	total	1	0.02%
	IPV / CONNAUGHT LTD.	Recovered	4	0.09%
	IPV / CONNAUGHT LTD.	total	4	0.09%
	IPV / CONNAUGHT LTD. / N0826	Not Serious	1	0.02%

IPV / CONNAUGHT LTD. / N0826	**total**	1	0.02%
IPV / CONNAUGHT LTD. / R1294	**Recovered**	1	0.02%
IPV / CONNAUGHT LTD. / R1294	**total**	1	0.02%
IPV / CONNAUGHT LTD. / T0472	**Not Serious**	1	0.02%
IPV / CONNAUGHT LTD. / T0472	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0106K	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0106K	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0932J	**Emergency Room**	2	0.04%
MMR / MERCK & CO. INC. / 0932J	**Recovered**	2	0.04%
MMR / MERCK & CO. INC. / 0932J	**total**	4	0.09%
MMR / MERCK & CO. INC. / 1276J	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1276J	**total**	1	0.02%
MMR / MERCK & CO. INC. / 1714J	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 1714J	**total**	1	0.02%
PNC / PFIZER/WYETH / 427042	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / 427042	**total**	1	0.02%
PNC / PFIZER/WYETH / 471655	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / 471655	**total**	1	0.02%
PNC / PFIZER/WYETH / 473346	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / 473346	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / 473346	**total**	3	0.07%
PNC / PFIZER/WYETH /	**Recovered**	3	0.07%

474718			
PNC / PFIZER/WYETH / 474718	**total**	3	0.07%
PPV / PFIZER/WYETH	**Not Serious**	1	0.02%
PPV / PFIZER/WYETH	**total**	1	0.02%
PPV / PFIZER/WYETH / 465912	**Recovered**	1	0.02%
PPV / PFIZER/WYETH / 465912	**total**	1	0.02%
TD / CONNAUGHT LABORATORIES / 7358AB	**Recovered**	2	0.04%
TD / CONNAUGHT LABORATORIES / 7358AB	**total**	2	0.04%
TD / CONNAUGHT LABORATORIES / U0194AA	**Recovered**	1	0.02%
TD / CONNAUGHT LABORATORIES / U0194AA	**total**	1	0.02%
TD / PFIZER/WYETH / 4998301	**Emergency Room**	1	0.02%
TD / PFIZER/WYETH / 4998301	**Hospitalized**	1	0.02%
TD / PFIZER/WYETH / 4998301	**Recovered**	1	0.02%
TD / PFIZER/WYETH / 4998301	**total**	3	0.07%
TD / UNKNOWN MANUFACTURER / 4988175	**Recovered**	1	0.02%
TD / UNKNOWN MANUFACTURER / 4988175	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**total**	1	0.02%
VARCEL / MERCK & CO. INC.	**Emergency Room**	2	0.04%
VARCEL / MERCK & CO. INC.	**total**	2	0.04%
VARCEL / MERCK & CO.			

	INC. / 0540K	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0540K	**total**	1	0.02%
	total		77	1.7%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 978A2	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 978A2	**total**	1	0.02%
	DTAP / PFIZER/WYETH / 978A2	**Recovered**	1	0.02%
	DTAP / PFIZER/WYETH / 978A2	**total**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 506A2	**Emergency Room**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 506A2	**Hospitalized**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 506A2	**Recovered**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / 506A2	**total**	4	0.09%
	DTAP / SMITHKLINE BEECHAM / A960A2	**Emergency Room**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / A960A2	**Recovered**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / A960A2	**total**	4	0.09%
	DTAP / SMITHKLINE BEECHAM / A997A2	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / A997A2	**total**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / AS06A2	**Emergency Room**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / AS06A2	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / AS06A2	**total**	2	0.04%
	FLU3 / EVANS VACCINES / E10821LA	**Recovered**	2	0.04%
	FLU3 / EVANS VACCINES / E10821LA	**total**	2	0.04%

FLU3 / SANOFI PASTEUR	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U0600AA	**Recovered**	4	0.09%
FLU3 / SANOFI PASTEUR / U0600AA	**total**	4	0.09%
FLU3 / SANOFI PASTEUR / UO598AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UO598AA	**total**	1	0.02%
HBHEPB / MERCK & CO. INC. / 0657L	**Recovered**	1	0.02%
HBHEPB / MERCK & CO. INC. / 0657L	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 3329A2	**Emergency Room**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 3329A2	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 3329A2	**total**	2	0.04%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 3375A4	**Emergency Room**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 3375A4	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 3375A4	**total**	2	0.04%
HEP / MERCK & CO. INC. / 04481	**Emergency Room**	1	0.02%
HEP / MERCK & CO. INC. / 04481	**Recovered**	1	0.02%
HEP / MERCK & CO. INC. / 04481	**total**	2	0.04%
HIBV / CONNAUGHT LABORATORIES / UA513AB	**Emergency Room**	2	0.04%
HIBV / CONNAUGHT LABORATORIES / UA513AB	**Recovered**	2	0.04%

	HIBV / CONNAUGHT LABORATORIES / UA513AB	**total**	4	0.09%
	HIBV / CONNAUGHT LABORATORIES / UA544AA	**Not Serious**	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA544AA	**total**	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA605AA	**Emergency Room**	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA605AA	**Hospitalized**	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / UA605AA	**Recovered**	2	0.04%
	HIBV / CONNAUGHT LABORATORIES / UA605AA	**total**	4	0.09%
	HIBV / CONNAUGHT LABORATORIES / Y9695AA	**Emergency Room**	1	0.02%
2001	**HIBV / CONNAUGHT LABORATORIES / Y9695AA**	**Recovered**	1	0.02%
	HIBV / CONNAUGHT LABORATORIES / Y9695AA	**total**	2	0.04%
	IPV / CONNAUGHT LTD. / R1345	**Emergency Room**	1	0.02%
	IPV / CONNAUGHT LTD. / R1345	**Recovered**	1	0.02%
	IPV / CONNAUGHT LTD. / R1345	**total**	2	0.04%
	IPV / CONNAUGHT LTD. / T0160	**Not Serious**	1	0.02%
	IPV / CONNAUGHT LTD. / T0160	**total**	1	0.02%
	IPV / CONNAUGHT LTD. / T0785	**Recovered**	1	0.02%
	IPV / CONNAUGHT LTD. / T0785	**total**	1	0.02%

IPV / CONNAUGHT LTD. / T1153	**Recovered**	1	0.02%
IPV / CONNAUGHT LTD. / T1153	**total**	1	0.02%
IPV / SANOFI PASTEUR / T1128	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / T1128	**Hospitalized**	1	0.02%
IPV / SANOFI PASTEUR / T1128	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / T1128	**total**	3	0.07%
LYME / GLAXOSMITHKLINE BIOLOGICALS / 128A2	**Permanent Disability**	1	0.02%
LYME / GLAXOSMITHKLINE BIOLOGICALS / 128A2	**total**	1	0.02%
MMR / MERCK & CO. INC. / 1516K	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1516K	**total**	1	0.02%
MMR / MERCK & CO. INC. / 17058J	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 17058J	**total**	1	0.02%
PNC / PFIZER/WYETH	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH	**Recovered**	1	0.02%
PNC / PFIZER/WYETH	**total**	2	0.04%
PNC / PFIZER/WYETH / 473332	**Emergency Room**	2	0.04%
PNC / PFIZER/WYETH / 473332	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / 473332	**total**	4	0.09%
PNC / PFIZER/WYETH / 473333	**Emergency Room**	2	0.04%
PNC / PFIZER/WYETH / 473333	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / 473333	**total**	4	0.09%
PNC / PFIZER/WYETH /	**Emergency**		

473346	**Room**	1	0.02%
PNC / PFIZER/WYETH / 473346	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / 473346	**total**	2	0.04%
PNC / PFIZER/WYETH / 477454	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / 477454	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / 477454	**total**	3	0.07%
PNC / PFIZER/WYETH / 480898	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / 480898	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / 480898	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / 480898	**total**	3	0.07%
PPV / MERCK & CO. INC. / 1197K	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 1197K	**total**	1	0.02%
PPV / PFIZER/WYETH / 466793	**Not Serious**	1	0.02%
PPV / PFIZER/WYETH / 466793	**total**	1	0.02%
TD / CONNAUGHT LABORATORIES / VO375AA	**Permanent Disability**	1	0.02%
TD / CONNAUGHT LABORATORIES / VO375AA	**total**	1	0.02%
TD / SANOFI PASTEUR	**Permanent Disability**	1	0.02%
TD / SANOFI PASTEUR	**Office Visit**	1	0.02%
TD / SANOFI PASTEUR	**Hospitalized**	1	0.02%
TD / SANOFI PASTEUR	**total**	3	0.07%
YF / SANOFI PASTEUR / UA430AA	**Emergency Room**	1	0.02%
YF / SANOFI PASTEUR / UA430AA	**Recovered**	1	0.02%
YF / SANOFI PASTEUR /			

	UA430AA	**total**	2	0.04%
	total		76	1.68%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 542A2	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 542A2	**total**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 512A2	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 512A2	**total**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 528D9	**Emergency Room**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 528D9	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 528D9	**total**	2	0.04%
	DTAP / SMITHKLINE BEECHAM / 546A2	**Not Serious**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 546A2	**total**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 573A2	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / 573A2	**total**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / A532A2	**Emergency Room**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / A532A2	**Recovered**	1	0.02%
	DTAP / SMITHKLINE BEECHAM / A532A2	**total**	2	0.04%
	DTAP / UNKNOWN MANUFACTURER / U0344	**Emergency Room**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER / U0344	**Recovered**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER / U0344	**total**	2	0.04%
	FLU3 / EVANS VACCINES / E35492KA	**Recovered**	1	0.02%

FLU3 / EVANS VACCINES / E35492KA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U0944AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U0944AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UO951AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UO951AA	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS	**Emergency Room**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 5216A2	**Emergency Room**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 5216A2	**total**	1	0.02%
HEP / MERCK & CO. INC. / 0912L	**Not Serious**	1	0.02%
HEP / MERCK & CO. INC. / 0912L	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / 5242A4	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM / 5242A4	**total**	1	0.02%
HEP / SMITHKLINE BEECHAM / 5361A2	**Recovered**	1	0.02%
HEP / SMITHKLINE BEECHAM / 5361A2	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 708B6	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 708B6	**total**	1	0.02%
HEPAB / SMITHKLINE BEECHAM / 218B6	**Recovered**	1	0.02%
HEPAB / SMITHKLINE BEECHAM / 218B6	**total**	1	0.02%

	HIBV / SANOFI PASTEUR / UA535AC	Emergency Room	1	0.02%
	HIBV / SANOFI PASTEUR / UA535AC	Recovered	1	0.02%
	HIBV / SANOFI PASTEUR / UA535AC	total	2	0.04%
	HIBV / SANOFI PASTEUR / UA601AA	Recovered	1	0.02%
	HIBV / SANOFI PASTEUR / UA601AA	total	1	0.02%
	HIBV / SANOFI PASTEUR / UA656AA	Emergency Room	1	0.02%
2002	HIBV / SANOFI PASTEUR / UA656AA	Recovered	1	0.02%
	HIBV / SANOFI PASTEUR / UA656AA	total	2	0.04%
	HIBV / SANOFI PASTEUR / UA656BA	Recovered	1	0.02%
	HIBV / SANOFI PASTEUR / UA656BA	total	1	0.02%
	HIBV / SANOFI PASTEUR / UA728AA	Recovered	1	0.02%
	HIBV / SANOFI PASTEUR / UA728AA	total	1	0.02%
	IPV / SANOFI PASTEUR / 904030	Emergency Room	1	0.02%
	IPV / SANOFI PASTEUR / 904030	Recovered	1	0.02%
	IPV / SANOFI PASTEUR / 904030	total	2	0.04%
	IPV / SANOFI PASTEUR / T1446	Emergency Room	1	0.02%
	IPV / SANOFI PASTEUR / T1446	Recovered	1	0.02%
	IPV / SANOFI PASTEUR / T1446	total	2	0.04%
	IPV / SANOFI PASTEUR / T13902	Recovered	1	0.02%
	IPV / SANOFI PASTEUR / T13902	total	1	0.02%
	IPV / SANOFI PASTEUR / U0344	Not Serious	1	0.02%
	IPV / SANOFI PASTEUR /			

U0344	**total**	1	0.02%
IPV / SANOFI PASTEUR / U0613	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / U0613	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / U0613	**total**	2	0.04%
IPV / SANOFI PASTEUR / U1082	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / U1082	**Hospitalized**	1	0.02%
IPV / SANOFI PASTEUR / U1082	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / U1082	**total**	3	0.07%
MEN / SANOFI PASTEUR / 284AB	**Recovered**	1	0.02%
MEN / SANOFI PASTEUR / 284AB	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0906L	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0906L	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0906L	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1082L	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1082L	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 1082L	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1213L	**Emergency Room**	2	0.04%
MMR / MERCK & CO. INC. / 1213L	**Recovered**	2	0.04%
MMR / MERCK & CO. INC. / 1213L	**total**	4	0.09%
PNC / PFIZER/WYETH / 483176	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / 483176	**total**	2	0.04%
PPV / MERCK & CO. INC. / 1264L	**Not Serious**	1	0.02%

	PPV / MERCK & CO. INC. / 1264L	**total**	1	0.02%
	PPV / MERCK & CO. INC. / 1352L	**Recovered**	1	0.02%
	PPV / MERCK & CO. INC. / 1352L	**total**	1	0.02%
	PPV / PFIZER/WYETH / 484134	**Recovered**	1	0.02%
	PPV / PFIZER/WYETH / 484134	**total**	1	0.02%
	RAB / SANOFI PASTEUR	**Recovered**	1	0.02%
	RAB / SANOFI PASTEUR	**total**	1	0.02%
	TYP / SANOFI PASTEUR / T1229	**Recovered**	1	0.02%
	TYP / SANOFI PASTEUR / T1229	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0203M	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0203M	**total**	1	0.02%
	YF / SANOFI PASTEUR / UB139AB	**Recovered**	1	0.02%
	YF / SANOFI PASTEUR / UB139AB	**total**	1	0.02%
	total		56	1.24%
	ANTH / EMERGENT BIOSOLUTIONS / FAV069	**Recovered**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV069	**total**	1	0.02%
	DT / BSI / TD97	**Recovered**	1	0.02%
	DT / BSI / TD97	**total**	1	0.02%
	DT / SANOFI PASTEUR / U0820AA	**Recovered**	1	0.02%
	DT / SANOFI PASTEUR / U0820AA	**total**	1	0.02%
	DT / SANOFI PASTEUR / U1043AA	**Recovered**	1	0.02%
	DT / SANOFI PASTEUR / U1043AA	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 573F9	**Recovered**	1	0.02%
	DTAP /			

GLAXOSMITHKLINE BIOLOGICALS / 573F9	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 576A2	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 576A2	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 582A2	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 582A2	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 594A2	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 594A2	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 610A2	**Emergency Room**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 610A2	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 616A2	**Emergency Room**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 616A2	**Hospitalized**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 616A2	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 616A2	**total**	3	0.07%
DTAP / SMITHKLINE BEECHAM / 610A2	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 610A2	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21883B2	**Not Serious**	1	0.02%

	DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21883B2	**total**	1	0.02%
	FLU3 / EVANS VACCINES / 765748	**Recovered**	1	0.02%
	FLU3 / EVANS VACCINES / 765748	**total**	1	0.02%
	FLU3 / EVANS VACCINES / 765855	**Recovered**	1	0.02%
	FLU3 / EVANS VACCINES / 765855	**total**	1	0.02%
	FLU3 / EVANS VACCINES / 765954	**Recovered**	1	0.02%
	FLU3 / EVANS VACCINES / 765954	**total**	1	0.02%
	FLU3 / SANOFI PASTEUR / U1133AA	**Emergency Room**	1	0.02%
	FLU3 / SANOFI PASTEUR / U1133AA	**total**	1	0.02%
	FLU3 / SANOFI PASTEUR / U106888	**Emergency Room**	1	0.02%
	FLU3 / SANOFI PASTEUR / U106888	**total**	1	0.02%
	FLUX / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
	FLUX / UNKNOWN MANUFACTURER	**total**	1	0.02%
	HBHEPB / MERCK & CO. INC. / 0367N	**Emergency Room**	1	0.02%
	HBHEPB / MERCK & CO. INC. / 0367N	**Hospitalized**	1	0.02%
	HBHEPB / MERCK & CO. INC. / 0367N	**Recovered**	1	0.02%
	HBHEPB / MERCK & CO. INC. / 0367N	**total**	3	0.07%
	HBHEPB / MERCK & CO. INC. / 0855M	**Recovered**	1	0.02%
	HBHEPB / MERCK & CO. INC. / 0855M	**total**	1	0.02%
	HEP / GLAXOSMITHKLINE BIOLOGICALS / 5372A2	**Recovered**	1	0.02%
2003	**HEP /**			

GLAXOSMITHKLINE BIOLOGICALS / 5372A2	**total**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**total**	1	0.02%
HIBV / PFIZER/WYETH / 481810	**Recovered**	1	0.02%
HIBV / PFIZER/WYETH / 481810	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UA803AA	**Not Serious**	1	0.02%
HIBV / SANOFI PASTEUR / UA803AA	**total**	1	0.02%
IPV / SANOFI PASTEUR / 40555	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / 40555	**total**	1	0.02%
IPV / SANOFI PASTEUR / W0334	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / W0334	**total**	1	0.02%
IPV / SANOFI PASTEUR / W1440	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / W1440	**Hospitalized**	1	0.02%
IPV / SANOFI PASTEUR / W1440	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / W1440	**total**	3	0.07%
JEV / SANOFI PASTEUR / N20BA	**Not Serious**	1	0.02%
JEV / SANOFI PASTEUR / N20BA	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0099N	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0099N	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0129N	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0129N	**total**	1	0.02%
MMR / MERCK & CO.	**Emergency**	1	0.02%

INC. / 0611N	**Room**		
MMR / MERCK & CO. INC. / 0611N	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0879M	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0879M	**total**	1	0.02%
PNC / PFIZER/WYETH / 493242	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / 493242	**total**	1	0.02%
PNC / PFIZER/WYETH / 493472	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / 493472	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / 493472	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / 493472	**total**	3	0.07%
PPV / MERCK & CO. INC. / 1159L	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1159L	**total**	1	0.02%
RAB / SANOFI PASTEUR / W0046	**Not Serious**	1	0.02%
RAB / SANOFI PASTEUR / W0046	**total**	1	0.02%
SMALL / PFIZER/WYETH / 4020077	**Emergency Room**	1	0.02%
SMALL / PFIZER/WYETH / 4020077	**Hospitalized**	1	0.02%
SMALL / PFIZER/WYETH / 4020077	**Recovered**	1	0.02%
SMALL / PFIZER/WYETH / 4020077	**total**	3	0.07%
TTOX / SANOFI PASTEUR / U08318A	**Emergency Room**	1	0.02%
TTOX / SANOFI PASTEUR / U08318A	**Recovered**	1	0.02%
TTOX / SANOFI PASTEUR / U08318A	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 0198N	**Emergency Room**	1	0.02%

	VARCEL / MERCK & CO. INC. / 0198N	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0895M	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0895M	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0895M	**total**	2	0.04%
	VARCEL / MERCK & CO. INC. / 0896N	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0896N	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1156M	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1156M	**total**	1	0.02%
	total		54	1.2%
	ANTH / EMERGENT BIOSOLUTIONS	**Death**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS	**Emergency Room**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS	**Life Threatening**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS	**Not Serious**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS	**total**	4	0.09%
	ANTH / EMERGENT BIOSOLUTIONS / FAV083	**Recovered**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV083	**total**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV084	**Emergency Room**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV084	**Recovered**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV084	**total**	2	0.04%
	DT / SANOFI PASTEUR / U1043BA	**Emergency Room**	1	0.02%
	DT / SANOFI PASTEUR / U1043BA	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE	**Permanent Disability**	1	0.02%

BIOLOGICALS / 587A2			
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 587A2	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 587A2	**total**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 630A2	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 630A2	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 633A2	**Emergency Room**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 633A2	**Recovered**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 633A2	**Not Serious**	4	0.09%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 633A2	**total**	7	0.15%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / A616A2	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / A616A2	**total**	1	0.02%
DTAP / SANOFI PASTEUR / U0996DA	**Not Serious**	1	0.02%
DTAP / SANOFI PASTEUR / U0996DA	**total**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 619AZ	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 619AZ	**total**	1	0.02%
DTAP / SMITHKLINE BEECHAM / 622A2	**Recovered**	2	0.04%
DTAP / SMITHKLINE BEECHAM / 622A2	**total**	2	0.04%
DTAPHEPBIP /			

GLAXOSMITHKLINE BIOLOGICALS / 21899A9	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21899A9	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21919B9	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21919B9	**Hospitalized**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21919B9	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21919B9	**total**	3	0.07%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 2191922	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 2191922	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / 01457AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / 01457AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / 01457AA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / U1421AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U1421AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U1439AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U1439AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U1439AA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / U1557AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U1557AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR	**total**	2	0.04%

	/ U1557AA			
	FLUN3 / MEDIMMUNE VACCINES, INC. / 500333P	**Recovered**	4	0.09%
	FLUN3 / MEDIMMUNE VACCINES, INC. / 500333P	**total**	4	0.09%
	FLUN3 / MEDIMMUNE VACCINES, INC. / 500339P	**Recovered**	1	0.02%
	FLUN3 / MEDIMMUNE VACCINES, INC. / 500339P	**total**	1	0.02%
	HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB005AA	**Not Serious**	1	0.02%
	HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB005AA	**total**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 770A2	**Not Serious**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 770A2	**total**	1	0.02%
	HEPA / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
	HEPA / UNKNOWN MANUFACTURER	**total**	1	0.02%
	HEPAB / GLAXOSMITHKLINE BIOLOGICALS	**Emergency Room**	1	0.02%
	HEPAB / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
	HIBV / SANOFI PASTEUR / UB114AA	**Not Serious**	1	0.02%
2004	**HIBV / SANOFI PASTEUR / UB114AA**	**total**	1	0.02%
	HIBV / SANOFI PASTEUR / UE039AA	**Recovered**	1	0.02%
	HIBV / SANOFI PASTEUR / UE039AA	**total**	1	0.02%

HIBV / SANOFI PASTEUR / UE097AC	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UE097AC	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UE250AC	**Emergency Room**	1	0.02%
HIBV / SANOFI PASTEUR / UE250AC	**Hospitalized**	1	0.02%
HIBV / SANOFI PASTEUR / UE250AC	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UE250AC	**total**	3	0.07%
IPV / SANOFI PASTEUR / W0334	**Permanent Disability**	1	0.02%
IPV / SANOFI PASTEUR / W0334	**Recovered**	2	0.04%
IPV / SANOFI PASTEUR / W0334	**total**	3	0.07%
IPV / SANOFI PASTEUR / W1233	**Not Serious**	1	0.02%
IPV / SANOFI PASTEUR / W1233	**total**	1	0.02%
IPV / SANOFI PASTEUR / X0146	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / X0146	**total**	1	0.02%
IPV / SANOFI PASTEUR / X0316	**Recovered**	2	0.04%
IPV / SANOFI PASTEUR / X0316	**Not Serious**	2	0.04%
IPV / SANOFI PASTEUR / X0316	**total**	4	0.09%
IPV / SANOFI PASTEUR / X0706	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / X0706	**Not Serious**	3	0.07%
IPV / SANOFI PASTEUR / X0706	**total**	4	0.09%
IPV / SANOFI PASTEUR / X1189	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / X1189	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR /			

X1189	**total**	2	0.04%
MMR / MERCK & CO. INC.	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC.	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0131N	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0131N	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0138N	**Permanent Disability**	1	0.02%
MMR / MERCK & CO. INC. / 0138N	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0138N	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0268P	**Recovered**	2	0.04%
MMR / MERCK & CO. INC. / 0268P	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0268P	**total**	3	0.07%
MMR / MERCK & CO. INC. / 0613N	**Recovered**	2	0.04%
MMR / MERCK & CO. INC. / 0613N	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1002M	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 1002M	**total**	1	0.02%
MMR / MERCK & CO. INC. / 1186N	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 1186N	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1186N	**Not Serious**	3	0.07%
MMR / MERCK & CO. INC. / 1186N	**total**	5	0.11%
PNC / PFIZER/WYETH / 494377	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / 494377	**total**	2	0.04%
PNC / PFIZER/WYETH / 495174	**Not Serious**	1	0.02%

PNC / PFIZER/WYETH / 495174	**total**	1	0.02%
PNC / PFIZER/WYETH / A57556E	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / A57556E	**total**	1	0.02%
PNC / PFIZER/WYETH / A74399F	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / A74399F	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / A74399F	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / A74399F	**total**	3	0.07%
PPV / MERCK & CO. INC. / 0579P	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0579P	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0740N	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / 0740N	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0820M	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0820M	**total**	1	0.02%
RAB / NOVARTIS VACCINES AND DIAGNOSTICS / 330011	**Recovered**	2	0.04%
RAB / NOVARTIS VACCINES AND DIAGNOSTICS / 330011	**total**	2	0.04%
RAB / SANOFI PASTEUR / W02139	**Emergency Room**	1	0.02%
RAB / SANOFI PASTEUR / W02139	**Recovered**	1	0.02%
RAB / SANOFI PASTEUR / W02139	**total**	2	0.04%
RAB / UNKNOWN MANUFACTURER / W14192	**Emergency Room**	1	0.02%
RAB / UNKNOWN MANUFACTURER /	**Recovered**	1	0.02%

	W14192			
	RAB / UNKNOWN MANUFACTURER / W14192	**total**	2	0.04%
	SMALL / PFIZER/WYETH	**Emergency Room**	1	0.02%
	SMALL / PFIZER/WYETH	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0078P	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0078P	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1349N	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1349N	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1349N	**total**	2	0.04%
	total		100	2.21%
	ANTH / EMERGENT BIOSOLUTIONS / FAV104	**Emergency Room**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV104	**Hospitalized**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV104	**total**	2	0.04%
	DT / BSI	**Not Serious**	1	0.02%
	DT / BSI	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 14B002BA	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 14B002BA	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 634B2	**Emergency Room**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 634B2	**Recovered**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 634B2	**total**	3	0.07%
	DTAP /			

GLAXOSMITHKLINE BIOLOGICALS / 639A2	**Emergency Room**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 639A2	**Recovered**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 639A2	**total**	3	0.07%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 52809	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 52809	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / A639A2	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / A639A2	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC1YA010BA	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC1YA010BA	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14A009BA	**Emergency Room**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14A009BA	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14A009BA	**total**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B006AA	**Not Serious**	1	0.02%
DTAP /			

GLAXOSMITHKLINE BIOLOGICALS / AC14B006AA	**total**	1	0.02%
DTAP / SANOFI PASTEUR / C3000AA	**Emergency Room**	1	0.02%
DTAP / SANOFI PASTEUR / C3000AA	**Recovered**	1	0.02%
DTAP / SANOFI PASTEUR / C3000AA	**total**	2	0.04%
DTAP / SANOFI PASTEUR / U1259AA	**Permanent Disability**	1	0.02%
DTAP / SANOFI PASTEUR / U1259AA	**total**	1	0.02%
DTAP / SANOFI PASTEUR / U1307BA	**Recovered**	1	0.02%
DTAP / SANOFI PASTEUR / U1307BA	**total**	1	0.02%
DTAP / SANOFI PASTEUR / U1342BA	**Recovered**	1	0.02%
DTAP / SANOFI PASTEUR / U1342BA	**total**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A639AZ	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / A639AZ	**total**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Hospitalized**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**total**	4	0.09%
DTAP / UNKNOWN MANUFACTURER / AC14B002BA	**Emergency Room**	1	0.02%
DTAP / UNKNOWN MANUFACTURER / AC14B002BA	**Recovered**	1	0.02%
DTAP / UNKNOWN MANUFACTURER / AC14B002BA	**total**	2	0.04%

DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21931A2	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21931A2	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21936A2	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 21936A2	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21A001AA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21A001AA	**Hospitalized**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21A001AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21A001AA	**total**	3	0.07%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21A007AA	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21A007AA	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21A008BA	**Recovered**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21A008BA	**total**	2	0.04%
FLU3 / GLAXOSMITHKLINE	**Not Serious**	1	0.02%

BIOLOGICALS / AFLUA126BC			
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA126BC	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U1804AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U1804AA	**Recovered**	2	0.04%
FLU3 / SANOFI PASTEUR / U1804AA	**total**	3	0.07%
FLU3 / SANOFI PASTEUR / U1809AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U1809AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U1815AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U1815AA	**Hospitalized**	1	0.02%
FLU3 / SANOFI PASTEUR / U1815AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U1815AA	**total**	3	0.07%
FLU3 / SANOFI PASTEUR / U1816AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U1816AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U1823AA	**Death**	1	0.02%
FLU3 / SANOFI PASTEUR / U1823AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U1930AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U1930AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U1930AA	**total**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**Not Serious**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**total**	2	0.04%
HEP /			

GLAXOSMITHKLINE BIOLOGICALS / AHBVB030AA	**Emergency Room**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB030AA	**total**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Hospitalized**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**total**	3	0.07%
HEPA / MERCK & CO. INC. / 0003R	**Emergency Room**	1	0.02%
HEPA / MERCK & CO. INC. / 0003R	**Hospitalized**	1	0.02%
HEPA / MERCK & CO. INC. / 0003R	**total**	2	0.04%
HEPA / MERCK & CO. INC. / 1090P	**Emergency Room**	1	0.02%
HEPA / MERCK & CO. INC. / 1090P	**Recovered**	1	0.02%
HEPA / MERCK & CO. INC. / 1090P	**total**	2	0.04%
HEPA / MERCK & CO. INC. / 12064P	**Emergency Room**	1	0.02%
HEPA / MERCK & CO. INC. / 12064P	**Recovered**	1	0.02%
HEPA / MERCK & CO. INC. / 12064P	**total**	2	0.04%
HIBV / SANOFI PASTEUR / 114AA	**Not Serious**	1	0.02%
HIBV / SANOFI PASTEUR / 114AA	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UE414AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UE414AA	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UE420AA	**Recovered**	1	0.02%

2005	HIBV / SANOFI PASTEUR / UE420AA	total	1	0.02%
	HIBV / SANOFI PASTEUR / UE434AA	Emergency Room	1	0.02%
	HIBV / SANOFI PASTEUR / UE434AA	Hospitalized	1	0.02%
	HIBV / SANOFI PASTEUR / UE434AA	Recovered	1	0.02%
	HIBV / SANOFI PASTEUR / UE434AA	total	3	0.07%
	HIBV / SANOFI PASTEUR / UE729AA	Recovered	2	0.04%
	HIBV / SANOFI PASTEUR / UE729AA	total	2	0.04%
	HIBV / UNKNOWN MANUFACTURER	Emergency Room	1	0.02%
	HIBV / UNKNOWN MANUFACTURER	Hospitalized	1	0.02%
	HIBV / UNKNOWN MANUFACTURER	Recovered	1	0.02%
	HIBV / UNKNOWN MANUFACTURER	total	3	0.07%
	IPV / PFIZER/WYETH	Not Serious	1	0.02%
	IPV / PFIZER/WYETH	total	1	0.02%
	IPV / SANOFI PASTEUR / V02402	Emergency Room	1	0.02%
	IPV / SANOFI PASTEUR / V02402	Recovered	1	0.02%
	IPV / SANOFI PASTEUR / V02402	total	2	0.04%
	IPV / SANOFI PASTEUR / X0706	Recovered	2	0.04%
	IPV / SANOFI PASTEUR / X0706	total	2	0.04%
	IPV / SANOFI PASTEUR / X1038	Emergency Room	1	0.02%
	IPV / SANOFI PASTEUR / X1038	Recovered	1	0.02%
	IPV / SANOFI PASTEUR / X1038	total	2	0.04%
	IPV / SANOFI PASTEUR / X1040	Not Serious	1	0.02%

IPV / SANOFI PASTEUR / X1040	**total**	1	0.02%
IPV / SANOFI PASTEUR / X1189	**Recovered**	2	0.04%
IPV / SANOFI PASTEUR / X1189	**total**	2	0.04%
IPV / SANOFI PASTEUR / X1212	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / X1212	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / X1212	**total**	2	0.04%
IPV / SANOFI PASTEUR / Y0264	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / Y0264	**total**	1	0.02%
IPV / SANOFI PASTEUR / Y0343	**Not Serious**	1	0.02%
IPV / SANOFI PASTEUR / Y0343	**total**	1	0.02%
IPV / SANOFI PASTEUR / Y1248	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / Y1248	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / Y1248	**total**	2	0.04%
IPV / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
IPV / UNKNOWN MANUFACTURER	**Hospitalized**	1	0.02%
IPV / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
IPV / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
IPV / UNKNOWN MANUFACTURER	**total**	4	0.09%
MEN / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
MEN / UNKNOWN MANUFACTURER	**total**	1	0.02%
MMR / MERCK & CO. INC.	**Emergency Room**	1	0.02%
MMR / MERCK & CO.	**Not Serious**	1	0.02%

INC.			
MMR / MERCK & CO. INC.	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0030R	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0030R	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0045P	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0045P	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0313P	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0313P	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0313P	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0346P	**Emergency Room**	2	0.04%
MMR / MERCK & CO. INC. / 0346P	**Recovered**	2	0.04%
MMR / MERCK & CO. INC. / 0346P	**total**	4	0.09%
MMR / MERCK & CO. INC. / 0378R	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0378R	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0608P	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0608P	**Recovered**	3	0.07%
MMR / MERCK & CO. INC. / 0608P	**total**	4	0.09%
MMR / MERCK & CO. INC. / 0635D	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0635D	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0780P	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0780P	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0780P	**total**	2	0.04%

MMR / MERCK & CO. INC. / 0938P	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0938P	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0938P	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1186N	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 1186N	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1186N	**total**	2	0.04%
MMR / MERCK & CO. INC. / 11503	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 11503	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U1572AC	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U1572AC	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U1589AA	**Not Serious**	1	0.02%
MNQ / SANOFI PASTEUR / U1589AA	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U1641AA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U1641AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U1641AA	**total**	2	0.04%
PNC / PFIZER/WYETH	**Emergency Room**	2	0.04%
PNC / PFIZER/WYETH	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH	**Recovered**	1	0.02%
PNC / PFIZER/WYETH	**total**	4	0.09%
PNC / PFIZER/WYETH / A56117K	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / A56117K	**total**	1	0.02%
PNC / PFIZER/WYETH / A67182B	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / A67182B	**total**	1	0.02%

PNC / PFIZER/WYETH / A67182K/UE434AA	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / A67182K/UE434AA	**total**	1	0.02%
PNC / PFIZER/WYETH / A74400A	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / A74400A	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / A74400A	**total**	3	0.07%
PNC / PFIZER/WYETH / A74404C	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / A74404C	**total**	1	0.02%
PNC / PFIZER/WYETH / A94439H	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / A94439H	**total**	2	0.04%
PNC / PFIZER/WYETH / A98339E	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / A98339E	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / A98339E	**total**	2	0.04%
PPV / MERCK & CO. INC.	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC.	**total**	1	0.02%
PPV / MERCK & CO. INC. / 055R	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 055R	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 055R	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0692P	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0692P	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0741R	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 0741R	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0741R	**total**	2	0.04%
PPV / MERCK & CO. INC.	**Emergency**	1	0.02%

/ 0748P	**Room**		
PPV / MERCK & CO. INC. / 0748P	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0748P	**total**	2	0.04%
TD / AVENTIS PASTEUR / U127AA	**Emergency Room**	1	0.02%
TD / AVENTIS PASTEUR / U127AA	**total**	1	0.02%
TD / AVENTIS PASTEUR / U1207BA	**Recovered**	1	0.02%
TD / AVENTIS PASTEUR / U1207BA	**total**	1	0.02%
TD / AVENTIS PASTEUR / U1597AA	**Not Serious**	1	0.02%
TD / AVENTIS PASTEUR / U1597AA	**total**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / TD107	**Emergency Room**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / TD107	**Hospitalized**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / TD107	**Recovered**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / TD107	**total**	3	0.07%
TD / SANOFI PASTEUR / U1207BA	**Emergency Room**	1	0.02%
TD / SANOFI PASTEUR / U1207BA	**Recovered**	1	0.02%
TD / SANOFI PASTEUR / U1207BA	**total**	2	0.04%
TD / SANOFI PASTEUR / U1347AA	**Emergency Room**	1	0.02%
TD / SANOFI PASTEUR / U1347AA	**Hospitalized**	1	0.02%
TD / SANOFI PASTEUR / U1347AA	**total**	2	0.04%
TYP / SANOFI PASTEUR / X01102	**Emergency Room**	1	0.02%
TYP / SANOFI PASTEUR / X01102	**Hospitalized**	1	0.02%
TYP / SANOFI PASTEUR / X01102	**total**	2	0.04%

	VARCEL / MERCK & CO. INC. / 0826P	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0826P	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0826P	**total**	2	0.04%
	VARCEL / MERCK & CO. INC. / 0896P	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0896P	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0896P	**total**	2	0.04%
	VARCEL / MERCK & CO. INC. / 0897P	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0897P	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1344N	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1344N	**total**	1	0.02%
	total		160	3.54%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B006AA	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B006AA	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B018AA	**Emergency Room**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B018AA	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B018AA	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B018AA	**total**	3	0.07%

DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B033AA	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B033AA	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B034AA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B034AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B034AA	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B034AA	**total**	3	0.07%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B051AA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B051AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B051AA	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B056AA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B056AA	**Hospitalized**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS /	**Recovered**	6	0.13%

AC21B056AA			
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B056AA	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B056AA	**total**	9	0.2%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B064AA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B064AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B064AA	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B137AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B137AA	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21013AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21013AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 2F601511	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 2F601511	**total**	1	0.02%
FLU3 /			

GLAXOSMITHKLINE BIOLOGICALS / AFLUA240AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA240AA	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 71210	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 71210	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 71210	**total**	2	0.04%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 72008	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 72008	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U217UEA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U217UEA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U220FA	**Hospitalized**	1	0.02%
FLU3 / SANOFI PASTEUR / U220FA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U2164AA	**Permanent Disability**	1	0.02%
FLU3 / SANOFI PASTEUR / U2164AA	**Hospitalized, Prolonged**	1	0.02%
FLU3 / SANOFI PASTEUR / U2164AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U2164AA	**Life Threatening**	1	0.02%
FLU3 / SANOFI PASTEUR / U2164AA	**total**	4	0.09%
FLU3 / SANOFI PASTEUR / U2166AB	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U2166AB	**Recovered**	1	0.02%

	FLU3 / SANOFI PASTEUR / U2166AB	**total**	2	0.04%
	FLU3 / SANOFI PASTEUR / U2243AA	**Emergency Room**	1	0.02%
	FLU3 / SANOFI PASTEUR / U2243AA	**Recovered**	1	0.02%
	FLU3 / SANOFI PASTEUR / U2243AA	**total**	2	0.04%
	FLUX / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
	FLUX / UNKNOWN MANUFACTURER	**total**	1	0.02%
	HEP / MERCK & CO. INC. / 1120R	**Not Serious**	1	0.02%
	HEP / MERCK & CO. INC. / 1120R	**total**	1	0.02%
	HIBV / SANOFI PASTEUR	**Recovered**	1	0.02%
	HIBV / SANOFI PASTEUR	**total**	1	0.02%
	HIBV / SANOFI PASTEUR / UE785AA	**Emergency Room**	3	0.07%
	HIBV / SANOFI PASTEUR / UE785AA	**Recovered**	7	0.15%
	HIBV / SANOFI PASTEUR / UE785AA	**Not Serious**	1	0.02%
	HIBV / SANOFI PASTEUR / UE785AA	**total**	11	0.24%
	HIBV / SANOFI PASTEUR / UE798AA	**Emergency Room**	1	0.02%
	HIBV / SANOFI PASTEUR / UE798AA	**Recovered**	1	0.02%
	HIBV / SANOFI PASTEUR / UE798AA	**total**	2	0.04%
	HIBV / SANOFI PASTEUR / UE825AA	**Emergency Room**	1	0.02%
2006	**HIBV / SANOFI PASTEUR / UE825AA**	**Hospitalized**	1	0.02%
	HIBV / SANOFI PASTEUR / UE825AA	**Recovered**	2	0.04%
	HIBV / SANOFI PASTEUR / UE825AA	**total**	4	0.09%
	HIBV / SANOFI PASTEUR / UE946AA	**Hospitalized**	1	0.02%
	HIBV / SANOFI PASTEUR	**Recovered**	1	0.02%

/ UE946AA			
HIBV / SANOFI PASTEUR / UE946AA	**total**	2	0.04%
HIBV / SANOFI PASTEUR / UF119AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UF119AA	**total**	1	0.02%
HPV4 / MERCK & CO. INC.	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC.	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC.	**total**	2	0.04%
IPV / SANOFI PASTEUR / Y0264	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / Y0264	**total**	1	0.02%
IPV / SANOFI PASTEUR / Y0575	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / Y0575	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / Y0575	**total**	2	0.04%
IPV / SANOFI PASTEUR / Y1030	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / Y1030	**total**	1	0.02%
IPV / SANOFI PASTEUR / Y1049	**Not Serious**	1	0.02%
IPV / SANOFI PASTEUR / Y1049	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0239R	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0239R	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0239R	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0378R	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0378R	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0378R	**total**	2	0.04%

MMR / MERCK & CO. INC. / 0491R	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0491R	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0491R	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0730R	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0730R	**total**	1	0.02%
MMRV / MERCK & CO. INC.	**Emergency Room**	1	0.02%
MMRV / MERCK & CO. INC.	**total**	1	0.02%
MMRV / MERCK & CO. INC. / 1091F	**Recovered**	2	0.04%
MMRV / MERCK & CO. INC. / 1091F	**total**	2	0.04%
MMRV / MERCK & CO. INC. / 1132R	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / 1132R	**total**	1	0.02%
MMRV / MERCK & CO. INC. / 1138R	**Emergency Room**	1	0.02%
MMRV / MERCK & CO. INC. / 1138R	**Hospitalized**	1	0.02%
MMRV / MERCK & CO. INC. / 1138R	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / 1138R	**total**	3	0.07%
MNQ / SANOFI PASTEUR / U2115AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U2115AA	**total**	1	0.02%
PNC / PFIZER/WYETH / B08503B	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / B08503B	**total**	1	0.02%
PNC / PFIZER/WYETH / B08637F	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / B08637F	**Recovered**	1	0.02%
PNC / PFIZER/WYETH /			

B08637F	**total**	2	0.04%
PNC / PFIZER/WYETH / B08640E	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / B08640E	**Recovered**	3	0.07%
PNC / PFIZER/WYETH / B08640E	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / B08640E	**total**	5	0.11%
PNC / PFIZER/WYETH / B08653B	**Emergency Room**	2	0.04%
PNC / PFIZER/WYETH / B08653B	**Recovered**	6	0.13%
PNC / PFIZER/WYETH / B08653B	**total**	8	0.18%
PNC / PFIZER/WYETH / B97283C	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / B97283C	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0088F	**Hospitalized, Prolonged**	1	0.02%
PPV / MERCK & CO. INC. / 0088F	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0088F	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0485F	**Recovered**	3	0.07%
PPV / MERCK & CO. INC. / 0485F	**total**	3	0.07%
RAB / SANOFI PASTEUR / 20401	**Recovered**	1	0.02%
RAB / SANOFI PASTEUR / 20401	**total**	1	0.02%
RV5 / MERCK & CO. INC. / 0410F	**Emergency Room**	2	0.04%
RV5 / MERCK & CO. INC. / 0410F	**Recovered**	3	0.07%
RV5 / MERCK & CO. INC. / 0410F	**total**	5	0.11%
SMALL / PFIZER/WYETH	**Not Serious**	1	0.02%
SMALL / PFIZER/WYETH	**total**	1	0.02%
TD / SANOFI PASTEUR / U1880DA	**Not Serious**	1	0.02%

TD / SANOFI PASTEUR / U1880DA	**total**	1	0.02%
TDAP / SANOFI PASTEUR	**Emergency Room**	2	0.04%
TDAP / SANOFI PASTEUR	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR	**total**	3	0.07%
TDAP / SANOFI PASTEUR / C245AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C245AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C2457AA	**Emergency Room**	2	0.04%
TDAP / SANOFI PASTEUR / C2457AA	**Recovered**	2	0.04%
TDAP / SANOFI PASTEUR / C2457AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C2457AA	**total**	5	0.11%
TDAP / SANOFI PASTEUR / C2609AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C2609AA	**total**	1	0.02%
TTOX / SANOFI PASTEUR / U1704CA	**Not Serious**	1	0.02%
TTOX / SANOFI PASTEUR / U1704CA	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0784R	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 0784R	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0784R	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 0946R	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 0946R	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1048F	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 1048F	**Recovered**	1	0.02%
VARCEL / MERCK & CO.			

	INC. / 1048F	**total**	2	0.04%
	VARZOS / MERCK & CO. INC.	**Emergency Room**	1	0.02%
	VARZOS / MERCK & CO. INC.	**total**	1	0.02%
	total		130	2.88%
	ANTH / EMERGENT BIOSOLUTIONS / FAV102	**Emergency Room**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV102	**Recovered**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV102	**total**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B035AA	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B035AA	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B042BA	**Recovered**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B042BA	**Not Serious**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B042BA	**total**	4	0.09%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B044	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B044	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B044AA	**Emergency Room**	1	0.02%

DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B044AA	**Recovered**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B044AA	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B044AA	**total**	4	0.09%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B046AA	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B046AA	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B049AA	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B049AA	**total**	1	0.02%
DTAP / SANOFI PASTEUR / 02552AA	**Recovered**	1	0.02%
DTAP / SANOFI PASTEUR / 02552AA	**total**	1	0.02%
DTAP / SMITHKLINE BEECHAM / AC14B035AA	**Recovered**	1	0.02%
DTAP / SMITHKLINE BEECHAM / AC14B035AA	**total**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
DTAP / UNKNOWN	**total**	3	0.07%

MANUFACTURER			
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B070BA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B070BA	**Hospitalized**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B070BA	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B070BA	**total**	3	0.07%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B074AA	**Death**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B074AA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B074AA	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B090AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B090AA	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B090AA	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B097AB	**Hospitalized**	1	0.02%
DTAPHEPBIP /			

GLAXOSMITHKLINE BIOLOGICALS / AC21B097AB	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B114BB	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B114BB	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B127AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B127AA	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B127AA	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B129AA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B129AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B129AA	**total**	2	0.04%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA032AA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA032AA	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 80682	**Emergency Room**	1	0.02%

FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 80682	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U2448AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U2448AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U2479AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U2479AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U2492AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U2492AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U2529AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U2529AA	**total**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB129AA	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB129AA	**total**	1	0.02%
HIBV / SANOFI PASTEUR / 201AA	**Emergency Room**	1	0.02%
HIBV / SANOFI PASTEUR / 201AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / 201AA	**total**	2	0.04%
HIBV / SANOFI PASTEUR / UE957AB	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UE957AB	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UF014AA	**Emergency Room**	1	0.02%
HIBV / SANOFI PASTEUR			

/ UF014AA	**Hospitalized**	2	0.04%
HIBV / SANOFI PASTEUR / UF014AA	**Not Serious**	1	0.02%
HIBV / SANOFI PASTEUR / UF014AA	**total**	4	0.09%
HIBV / SANOFI PASTEUR / UF021AA	**Death**	1	0.02%
HIBV / SANOFI PASTEUR / UF021AA	**Emergency Room**	1	0.02%
HIBV / SANOFI PASTEUR / UF021AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UF021AA	**Not Serious**	1	0.02%
HIBV / SANOFI PASTEUR / UF021AA	**total**	4	0.09%
HIBV / SANOFI PASTEUR / UF110AA	**Recovered**	2	0.04%
HIBV / SANOFI PASTEUR / UF110AA	**Not Serious**	1	0.02%
HIBV / SANOFI PASTEUR / UF110AA	**total**	3	0.07%
HIBV / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
HIBV / UNKNOWN MANUFACTURER	**total**	1	0.02%
HPV4 / MERCK & CO. INC.	**Emergency Room**	2	0.04%
HPV4 / MERCK & CO. INC.	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC.	**total**	3	0.07%
HPV4 / MERCK & CO. INC. / 0013U	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / 0013U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0013U	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / 0388U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0388U	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0522U	**Recovered**	1	0.02%

HPV4 / MERCK & CO. INC. / 0522U	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0525U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0525U	**Not Serious**	2	0.04%
HPV4 / MERCK & CO. INC. / 0525U	**total**	3	0.07%
HPV4 / MERCK & CO. INC. / 0680U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0680U	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 09284	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC. / 09284	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0929U	**Hospitalized**	1	0.02%
HPV4 / MERCK & CO. INC. / 0929U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0929U	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / 0930U	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC. / 0930U	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 1061U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 1061U	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 1263U	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / 1263U	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 1447F	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 1447F	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC. / 1447F	**total**	2	0.04%
IPV / SANOFI PASTEUR	**Not Serious**	1	0.02%
IPV / SANOFI PASTEUR	**total**	1	0.02%
IPV / SANOFI PASTEUR /			

	2001	**Not Serious**	1	0.02%
	IPV / SANOFI PASTEUR / 2001	**total**	1	0.02%
	IPV / SANOFI PASTEUR / 20001	**Recovered**	1	0.02%
2007	**IPV / SANOFI PASTEUR / 20001**	**total**	1	0.02%
	IPV / SANOFI PASTEUR / 20548	**Not Serious**	1	0.02%
	IPV / SANOFI PASTEUR / 20548	**total**	1	0.02%
	IPV / SANOFI PASTEUR / 20873	**Not Serious**	1	0.02%
	IPV / SANOFI PASTEUR / 20873	**total**	1	0.02%
	IPV / SANOFI PASTEUR / V10312	**Recovered**	1	0.02%
	IPV / SANOFI PASTEUR / V10312	**total**	1	0.02%
	IPV / SANOFI PASTEUR / Z0018	**Not Serious**	1	0.02%
	IPV / SANOFI PASTEUR / Z0018	**total**	1	0.02%
	IPV / SANOFI PASTEUR / Z0018-2	**Not Serious**	1	0.02%
	IPV / SANOFI PASTEUR / Z0018-2	**total**	1	0.02%
	IPV / SANOFI PASTEUR / Z0306	**Recovered**	1	0.02%
	IPV / SANOFI PASTEUR / Z0306	**total**	1	0.02%
	IPV / SANOFI PASTEUR / Z0324	**Emergency Room**	1	0.02%
	IPV / SANOFI PASTEUR / Z0324	**Recovered**	1	0.02%
	IPV / SANOFI PASTEUR / Z0324	**total**	2	0.04%
	IPV / SANOFI PASTEUR / Z0873	**Recovered**	1	0.02%
	IPV / SANOFI PASTEUR / Z0873	**total**	1	0.02%
	MMR / MERCK & CO.	**Recovered**	1	0.02%

INC. / 0284U			
MMR / MERCK & CO. INC. / 0284U	**total**	1	0.02%
MMR / MERCK & CO. INC. / 1325F	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1325F	**total**	1	0.02%
MMRV / MERCK & CO. INC. / 0096U	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / 0096U	**total**	1	0.02%
MMRV / MERCK & CO. INC. / 0227U	**Emergency Room**	1	0.02%
MMRV / MERCK & CO. INC. / 0227U	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / 0227U	**total**	2	0.04%
MMRV / MERCK & CO. INC. / 0301U	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC. / 0301U	**total**	1	0.02%
MMRV / MERCK & CO. INC. / 138TE	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC. / 138TE	**total**	1	0.02%
MMRV / MERCK & CO. INC. / 1118F	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / 1118F	**total**	1	0.02%
MMRV / MERCK & CO. INC. / 1387F	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / 1387F	**total**	1	0.02%
MMRV / MERCK & CO. INC. / 1481F	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC. / 1481F	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U2115AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U2115AA	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U2182AA	**Emergency Room**	1	0.02%

MNQ / SANOFI PASTEUR / U2182AA	**Hospitalized**	1	0.02%
MNQ / SANOFI PASTEUR / U2182AA	**Recovered**	2	0.04%
MNQ / SANOFI PASTEUR / U2182AA	**total**	4	0.09%
MNQ / SANOFI PASTEUR / U2234AA	**Recovered**	2	0.04%
MNQ / SANOFI PASTEUR / U2234AA	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U2386BA	**Not Serious**	1	0.02%
MNQ / SANOFI PASTEUR / U2386BA	**total**	1	0.02%
PNC / PFIZER/WYETH / 808691K	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / 808691K	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / 808691K	**total**	2	0.04%
PNC / PFIZER/WYETH / 870143AA	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / 870143AA	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / 870143AA	**total**	2	0.04%
PNC / PFIZER/WYETH / B08674	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / B08674	**total**	1	0.02%
PNC / PFIZER/WYETH / B08674B	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / B08674B	**total**	1	0.02%
PNC / PFIZER/WYETH / B08674C	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / B08674C	**total**	1	0.02%
PNC / PFIZER/WYETH / B08682F	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / B08682F	**total**	1	0.02%
PNC / PFIZER/WYETH /	**Recovered**	1	0.02%

B08690E			
PNC / PFIZER/WYETH / B08690E	**total**	1	0.02%
PNC / PFIZER/WYETH / B08700H	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / B08700H	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / B08700H	**total**	2	0.04%
PNC / PFIZER/WYETH / BO8674B	**Death**	1	0.02%
PNC / PFIZER/WYETH / BO8674B	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / BO8674B	**total**	2	0.04%
PPV / MERCK & CO. INC.	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC.	**Recovered**	1	0.02%
PPV / MERCK & CO. INC.	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0038U	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0038U	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0698U	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 0698U	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0888F	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / 0888F	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0889F	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0889F	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0958F	**Permanent Disability**	1	0.02%
PPV / MERCK & CO. INC. / 0958F	**Emergency Room**	2	0.04%
PPV / MERCK & CO. INC. / 0958F	**Recovered**	2	0.04%
PPV / MERCK & CO. INC.	**total**	5	0.11%

/ 0958F			
PPV / MERCK & CO. INC. / 0959F	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 0959F	**total**	1	0.02%
PPV / MERCK & CO. INC. / 1344U	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1344U	**total**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**total**	1	0.02%
RAB / NOVARTIS VACCINES AND DIAGNOSTICS / 387011A	**Recovered**	1	0.02%
RAB / NOVARTIS VACCINES AND DIAGNOSTICS / 387011A	**total**	1	0.02%
RV5 / MERCK & CO. INC.	**Not Serious**	1	0.02%
RV5 / MERCK & CO. INC.	**total**	1	0.02%
RV5 / MERCK & CO. INC. / 0504U	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / 0504U	**Not Serious**	1	0.02%
RV5 / MERCK & CO. INC. / 0504U	**total**	2	0.04%
RV5 / MERCK & CO. INC. / 0507U	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / 0507U	**total**	1	0.02%
RV5 / MERCK & CO. INC. / 0726F	**Death**	1	0.02%
RV5 / MERCK & CO. INC. / 0726F	**Emergency Room**	1	0.02%
RV5 / MERCK & CO. INC. / 0726F	**total**	2	0.04%
RV5 / MERCK & CO. INC. / 0979F	**Emergency Room**	1	0.02%
RV5 / MERCK & CO. INC. / 0979F	**Hospitalized**	2	0.04%
RV5 / MERCK & CO. INC. / 0979F	**total**	3	0.07%

RV5 / MERCK & CO. INC. / 1231F	**Not Serious**	1	0.02%
RV5 / MERCK & CO. INC. / 1231F	**total**	1	0.02%
RV5 / MERCK & CO. INC. / 1232F	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / 1232F	**total**	1	0.02%
TD / SANOFI PASTEUR / U1707DA	**Emergency Room**	1	0.02%
TD / SANOFI PASTEUR / U1707DA	**Recovered**	1	0.02%
TD / SANOFI PASTEUR / U1707DA	**total**	2	0.04%
TD / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
TD / UNKNOWN MANUFACTURER	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B007AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B007AA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B012AA	**Recovered**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B012AA	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B12AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B12AA	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
UNK / UNKNOWN	**Recovered**	1	0.02%

MANUFACTURER			
UNK / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**total**	3	0.07%
VARCEL / MERCK & CO. INC. / 0111U	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0111U	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0340U	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0340U	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 04574	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 04574	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0535U	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 0535U	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0837U	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 0837U	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1251U	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1251U	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1333U	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1333U	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 1333U	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 1334F	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1334F	**total**	1	0.02%
VARZOS / MERCK & CO. INC.	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC.	**total**	1	0.02%

	VARZOS / MERCK & CO. INC. / 0743U	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0743U	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0886U	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0886U	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / 1080U	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / 1080U	**total**	1	0.02%
	total		166	3.67%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 4B054AA	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 4B054AA	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B042BA	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B042BA	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B051AA	**Emergency Room**	3	0.07%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B051AA	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B051AA	**total**	4	0.09%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B060AB	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE	**total**	1	0.02%

BIOLOGICALS / AC14B060AB			
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B0606AB	**Emergency Room**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B0606AB	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B064AA	**Emergency Room**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B064AA	**Recovered**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B064AA	**total**	4	0.09%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14BO64AA	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14BO64AA	**total**	1	0.02%
DTAP / SANOFI PASTEUR / C2927AA	**Recovered**	1	0.02%
DTAP / SANOFI PASTEUR / C2927AA	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B129AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B129AA	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B139AA	**Not Serious**	1	0.02%

DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B139AA	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B142AA	**Emergency Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B142AA	**Hospitalized**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B142AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B142AA	**Life Threatening**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B142AA	**total**	4	0.09%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B149AA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B149AA	**total**	1	0.02%
FLU3 / CSL LIMITED / 01849111A	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / 01849111A	**total**	1	0.02%
FLU3 / CSL LIMITED / 02449111A	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / 02449111A	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AALLA154AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE	**total**	1	0.02%

BIOLOGICALS / AALLA154AA			
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA207AA	**Not Serious**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA207AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA386AA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA386AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA386AA	**total**	2	0.04%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 87877	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 87877	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U2783CA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U2783CA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U2787EA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U2787EA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U2829AA	**Emergency Room**	2	0.04%
FLU3 / SANOFI PASTEUR / U2829AA	**Recovered**	2	0.04%
FLU3 / SANOFI PASTEUR / U2829AA	**total**	4	0.09%
FLUN3 / MEDIMMUNE VACCINES, INC. / 500561P	**Not Serious**	1	0.02%

FLUN3 / MEDIMMUNE VACCINES, INC. / 500561P	**total**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / IN500561P	**Recovered**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / IN500561P	**total**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Recovered**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**total**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB200BA	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB200BA	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB216AA	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB216AA	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB245AA	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB245AA	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB245AA	**total**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB247AA	**Emergency Room**	1	0.02%
HEPA /			

GLAXOSMITHKLINE BIOLOGICALS / AHAVB247AA	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB247AA	**total**	2	0.04%
HEPA / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
HEPA / UNKNOWN MANUFACTURER	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UF292AA	**Not Serious**	1	0.02%
HIBV / SANOFI PASTEUR / UF292AA	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UF345AC	**Emergency Room**	1	0.02%
HIBV / SANOFI PASTEUR / UF345AC	**Hospitalized**	1	0.02%
HIBV / SANOFI PASTEUR / UF345AC	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UF345AC	**Life Threatening**	1	0.02%
HIBV / SANOFI PASTEUR / UF345AC	**total**	4	0.09%
HIBV / SANOFI PASTEUR / UF368AB	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UF368AB	**total**	1	0.02%
HPV4 / MERCK & CO. INC.	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC.	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC.	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / 0070X	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / 0070X	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0070X	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / 0381X	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO.			

INC. / 0381X	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0515U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0515U	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0525U	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC. / 0525U	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0843X	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0843X	**Life Threatening**	1	0.02%
HPV4 / MERCK & CO. INC. / 0843X	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / 1448U	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / 1448U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 1448U	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / 1740U	**Recovered**	3	0.07%
HPV4 / MERCK & CO. INC. / 1740U	**total**	3	0.07%
HPV4 / MERCK & CO. INC. / 1968U	**Recovered**	2	0.04%
HPV4 / MERCK & CO. INC. / 1968U	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC. / 1968U	**total**	3	0.07%
IPV / SANOFI PASTEUR / 0492	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / 0492	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / 0492	**total**	2	0.04%
IPV / SANOFI PASTEUR / A0169	**Emergency Room**	2	0.04%
IPV / SANOFI PASTEUR / A0169	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / A0169	**total**	3	0.07%

IPV / SANOFI PASTEUR / A01692	**Not Serious**	1	0.02%
IPV / SANOFI PASTEUR / A01692	**total**	1	0.02%
IPV / SANOFI PASTEUR / A029U	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / A029U	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / A029U	**total**	2	0.04%
IPV / SANOFI PASTEUR / A0298	**Not Serious**	1	0.02%
IPV / SANOFI PASTEUR / A0298	**total**	1	0.02%
IPV / SANOFI PASTEUR / A0301	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / A0301	**Not Serious**	1	0.02%
IPV / SANOFI PASTEUR / A0301	**total**	2	0.04%
IPV / SANOFI PASTEUR / A0492	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / A0492	**total**	1	0.02%
IPV / SANOFI PASTEUR / Z0306-2	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / Z0306-2	**total**	1	0.02%
IPV / UNKNOWN MANUFACTURER / 942440	**Emergency Room**	1	0.02%
IPV / UNKNOWN MANUFACTURER / 942440	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0147X	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0147X	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0147X	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0203U	**Permanent Disability**	1	0.02%
MMR / MERCK & CO. INC. / 0203U	**Emergency Room**	1	0.02%

MMR / MERCK & CO. INC. / 0203U	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0411U	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0411U	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0424U	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0424U	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0424U	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0526U	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0526U	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0539F	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0539F	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0809U	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0809U	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0866U	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0866U	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0891X	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 0891X	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0891X	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0984X	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0984X	**total**	1	0.02%
MMR / MERCK & CO. INC. / 1309U	**Emergency Room**	2	0.04%
MMR / MERCK & CO. INC. / 1309U	**Recovered**	1	0.02%
MMR / MERCK & CO.			

	INC. / 1309U	Not Serious	1	0.02%
	MMR / MERCK & CO. INC. / 1309U	total	4	0.09%
2008	MMR / UNKNOWN MANUFACTURER / 1925U	Emergency Room	1	0.02%
	MMR / UNKNOWN MANUFACTURER / 1925U	total	1	0.02%
	MNQ / SANOFI PASTEUR / U273AA	Emergency Room	1	0.02%
	MNQ / SANOFI PASTEUR / U273AA	Recovered	1	0.02%
	MNQ / SANOFI PASTEUR / U273AA	total	2	0.04%
	MNQ / SANOFI PASTEUR / U2384BA	Recovered	2	0.04%
	MNQ / SANOFI PASTEUR / U2384BA	total	2	0.04%
	MNQ / SANOFI PASTEUR / U2423AA	Not Serious	1	0.02%
	MNQ / SANOFI PASTEUR / U2423AA	total	1	0.02%
	MNQ / SANOFI PASTEUR / U2632AA	Not Serious	1	0.02%
	MNQ / SANOFI PASTEUR / U2632AA	total	1	0.02%
	MNQ / SANOFI PASTEUR / U2633AA	Recovered	1	0.02%
	MNQ / SANOFI PASTEUR / U2633AA	total	1	0.02%
	MNQ / SANOFI PASTEUR / U2638AA	Emergency Room	1	0.02%
	MNQ / SANOFI PASTEUR / U2638AA	Recovered	1	0.02%
	MNQ / SANOFI PASTEUR / U2638AA	total	2	0.04%
	MNQ / SANOFI PASTEUR / U2661AA	Recovered	2	0.04%
	MNQ / SANOFI PASTEUR / U2661AA	Life Threatening	1	0.02%
	MNQ / SANOFI PASTEUR / U2661AA	total	3	0.07%

MNQ / SANOFI PASTEUR / U2686AA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U2686AA	**total**	1	0.02%
PNC / PFIZER/WYETH / B08700H	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / B08700H	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / B08700H	**total**	2	0.04%
PNC / PFIZER/WYETH / C25655	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / C25655	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / C25655	**total**	2	0.04%
PNC / PFIZER/WYETH / C57536	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / C57536	**total**	1	0.02%
PNC / PFIZER/WYETH / C57538	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / C57538	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / C57538	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / C57538	**Life Threatening**	1	0.02%
PNC / PFIZER/WYETH / C57538	**total**	5	0.11%
PPV / MERCK & CO. INC. / 1380U	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 1380U	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1380U	**total**	2	0.04%
PPV / MERCK & CO. INC. / 1541U	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / 1541U	**total**	1	0.02%
PPV / MERCK & CO. INC. / 1960U	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC.			

/ 1960U	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1960U	**total**	2	0.04%
PPV / MERCK & CO. INC. / 9722106	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 9722106	**total**	1	0.02%
RV5 / MERCK & CO. INC. / 0144X	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / 0144X	**total**	1	0.02%
RV5 / MERCK & CO. INC. / 0970U	**Emergency Room**	1	0.02%
RV5 / MERCK & CO. INC. / 0970U	**Hospitalized**	1	0.02%
RV5 / MERCK & CO. INC. / 0970U	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / 0970U	**Life Threatening**	1	0.02%
RV5 / MERCK & CO. INC. / 0970U	**total**	4	0.09%
RV5 / MERCK & CO. INC. / 170U	**Not Serious**	1	0.02%
RV5 / MERCK & CO. INC. / 170U	**total**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / TD170	**Emergency Room**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / TD170	**Recovered**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / TD170	**total**	2	0.04%
TD / MASS. PUB HLTH BIOL LAB / TD199	**Recovered**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / TD199	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B06AA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B06AA	**Recovered**	1	0.02%

TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B06AA	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B019AA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B019AA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B020AA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B020AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B020AA	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B027AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B027AA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC528030AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC528030AA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC5213019AA	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS /	**total**	1	0.02%

AC5213019AA			
TDAP / GLAXOSMITHKLINE BIOLOGICALS / ACS2BO30AA	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / ACS2BO30AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C2766AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C2766AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C2766AA	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C2768A	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C2768A	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C2768A	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C2774AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C2774AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C2844AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C2844AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C2862AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C2862AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C2888AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C2888AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C2889AA	**Recovered**	3	0.07%
TDAP / SANOFI PASTEUR / C2889AA	**total**	3	0.07%
TDAP / SANOFI PASTEUR / C2938AA	**Emergency Room**	1	0.02%

TDAP / SANOFI PASTEUR / C2938AA	**Not Serious**	2	0.04%
TDAP / SANOFI PASTEUR / C2938AA	**total**	3	0.07%
TDAP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
TDAP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
TDAP / UNKNOWN MANUFACTURER	**total**	2	0.04%
TDAP / UNKNOWN MANUFACTURER / AC14B049AA	**Emergency Room**	1	0.02%
TDAP / UNKNOWN MANUFACTURER / AC14B049AA	**total**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 3001291	**Recovered**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 3001291	**total**	1	0.02%
VARCEL / MERCK & CO. INC.	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC.	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0273Y	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 0273Y	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0273Y	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 0334X	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0334X	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0390X	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 0390X	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0536X	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 0536X	**Recovered**	2	0.04%
VARCEL / MERCK & CO.			

INC. / 0536X	**total**	3	0.07%
VARCEL / MERCK & CO. INC. / 0954X	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 0954X	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1273U	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 1273U	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1273U	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 1465U	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 1465U	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1465U	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 1471U	**Emergency Room**	2	0.04%
VARCEL / MERCK & CO. INC. / 1471U	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1471U	**total**	3	0.07%
VARCEL / MERCK & CO. INC. / 1512U	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 1512U	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1768U	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 1768U	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 1768U	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 1805U	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 1805U	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1805U	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 1897U	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 1897U	**Recovered**	1	0.02%

VARCEL / MERCK & CO. INC. / 1897U	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 9724308	**Not Serious**	2	0.04%
VARCEL / MERCK & CO. INC. / 9724308	**total**	2	0.04%
VARCEL / UNKNOWN MANUFACTURER / 008X	**Emergency Room**	1	0.02%
VARCEL / UNKNOWN MANUFACTURER / 008X	**total**	1	0.02%
VARZOS / MERCK & CO. INC.	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC.	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC.	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / 0159X	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / 0159X	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 0159X	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / 0161X	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / 0161X	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 0293X	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / 0293X	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 0298K	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 0298K	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 0298X	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 0298X	**Hospitalized**	1	0.02%
VARZOS / MERCK & CO. INC. / 0298X	**Recovered**	2	0.04%
VARZOS / MERCK & CO. INC. / 0298X	**Not Serious**	1	0.02%
VARZOS / MERCK & CO.	**total**	5	0.11%

INC. / 0298X			
VARZOS / MERCK & CO. INC. / 0300X	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 0300X	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 0412X	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 0412X	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 1429U	**Recovered**	4	0.09%
VARZOS / MERCK & CO. INC. / 1429U	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 1429U	**total**	5	0.11%
VARZOS / MERCK & CO. INC. / 1820U	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 1820U	**Recovered**	2	0.04%
VARZOS / MERCK & CO. INC. / 1820U	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 1820U	**total**	4	0.09%
VARZOS / MERCK & CO. INC. / 1825U	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 1825U	**Hospitalized**	1	0.02%
VARZOS / MERCK & CO. INC. / 1825U	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / 1835U	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 1835U	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 1873U	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 1873U	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / UNKNOWN	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / UNKNOWN	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / UNKNOWN	**total**	2	0.04%

	total		221	4.89%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B064AA	**Emergency Room**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B064AA	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B064AA	**total**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B066AA	**Emergency Room**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B066AA	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B066AA	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B066AA	**total**	3	0.07%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B080AA	**Emergency Room**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B080AA	**Recovered**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B080AA	**total**	4	0.09%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B100A	**Not Serious**	1	0.02%
	DTAP /			

GLAXOSMITHKLINE BIOLOGICALS / AC14B100A	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B177CA	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B177CA	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B115AA	**Not Serious**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B115AA	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B137AA	**Emergency Room**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B137AA	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC203137AA	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC203137AA	**total**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C3295AA	**Hospitalized**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C3295AA	**Recovered**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C3295AA	**total**	2	0.04%
FLU(H1N1) / CSL LIMITED / 00147911A	**Emergency Room**	1	0.02%
FLU(H1N1) / CSL LIMITED / 00147911A	**Recovered**	1	0.02%
FLU(H1N1) / CSL			

LIMITED / 00147911A	**total**	2	0.04%
FLU(H1N1) / CSL LIMITED / 00449611A	**Not Serious**	1	0.02%
FLU(H1N1) / CSL LIMITED / 00449611A	**total**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS	**Recovered**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS	**total**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 10208P1	**Recovered**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 10208P1	**total**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102042P1	**Recovered**	5	0.11%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102042P1	**total**	5	0.11%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102124P1	**Emergency Room**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102124P1	**Recovered**	6	0.13%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102124P1	**Not Serious**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102124P1	**total**	8	0.18%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102128P1	**Recovered**	9	0.2%

FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102128P1	**Not Serious**	3	0.07%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102128P1	**total**	12	0.27%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102130P1	**Emergency Room**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102130P1	**Recovered**	2	0.04%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102130P1	**total**	3	0.07%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102139P1	**Recovered**	6	0.13%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102139P1	**total**	6	0.13%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102140P1	**Recovered**	3	0.07%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102140P1	**total**	3	0.07%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1008133P	**Hospitalized**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1008133P	**Recovered**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS /	**total**	2	0.04%

1008133P			
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1009224P	**Emergency Room**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1009224P	**total**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1009231P	**Recovered**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1009231P	**total**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1013282P	**Emergency Room**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1013282P	**Recovered**	3	0.07%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 1013282P	**total**	4	0.09%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / LA102128P1	**Recovered**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / LA102128P1	**total**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / UP008AA	**Recovered**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / UP008AA	**total**	1	0.02%
FLU(H1N1) / SANOFI	**Emergency**		

PASTEUR	**Room**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR	**Hospitalized**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR	**total**	3	0.07%
FLU(H1N1) / SANOFI PASTEUR / JP008AA	**Not Serious**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / JP008AA	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP001AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP001AA	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP008AA	**Recovered**	3	0.07%
FLU(H1N1) / SANOFI PASTEUR / UP008AA	**Not Serious**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP008AA	**total**	5	0.11%
FLU(H1N1) / SANOFI PASTEUR / UP010AA	**Emergency Room**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP010AA	**Recovered**	7	0.15%
FLU(H1N1) / SANOFI PASTEUR / UP010AA	**Not Serious**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP010AA	**total**	10	0.22%
FLU(H1N1) / SANOFI PASTEUR / UP01017AA	**Not Serious**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP01017AA	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP013AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP013AA	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP017AA	**Emergency Room**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP017AA	**Recovered**	13	0.29%
FLU(H1N1) / SANOFI	**Not Serious**	2	0.04%

PASTEUR / UP017AA			
FLU(H1N1) / SANOFI PASTEUR / UP017AA	**total**	17	0.38%
FLU(H1N1) / SANOFI PASTEUR / UP022AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP022AA	**Not Serious**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP022AA	**total**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP025AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP025AA	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP027AB	**Recovered**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP027AB	**Not Serious**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP027AB	**total**	3	0.07%
FLU(H1N1) / SANOFI PASTEUR / UP037DA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP037DA	**Not Serious**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP037DA	**total**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP044AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP044AA	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP067AA	**Recovered**	3	0.07%
FLU(H1N1) / SANOFI PASTEUR / UP067AA	**total**	3	0.07%
FLU(H1N1) / SANOFI PASTEUR / UP076AA	**Emergency Room**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP076AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP076AA	**total**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP077AB	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP077AB	**total**	1	0.02%

FLU(H1N1) / SANOFI PASTEUR / UP10AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP10AA	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UT023AA	**Not Serious**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UT023AA	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / VP017AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / VP017AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLL279AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLL279AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA25AA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA25AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA25AA	**total**	2	0.04%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA281AA	**Not Serious**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA281AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA456AA	**Recovered**	9	0.2%
FLU3 / GLAXOSMITHKLINE			

BIOLOGICALS / AFLUA456AA	**Not Serious**	2	0.04%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA456AA	**total**	11	0.24%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUAU56AA	**Not Serious**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUAU56AA	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 89980	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 89980	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 102128P1	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 102128P1	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1009225PA	**Not Serious**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1009225PA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U3177AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U3177AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U3207AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U3207AA	**Recovered**	2	0.04%
FLU3 / SANOFI PASTEUR	**total**	3	0.07%

	/ U3207AA			
	FLU3 / SANOFI PASTEUR / U3210AA	**Recovered**	1	0.02%
	FLU3 / SANOFI PASTEUR / U3210AA	**total**	1	0.02%
	FLU3 / SANOFI PASTEUR / U3262H	**Emergency Room**	1	0.02%
2009	**FLU3 / SANOFI PASTEUR / U3262H**	**total**	1	0.02%
	FLU3 / SANOFI PASTEUR / U33352AA	**Emergency Room**	1	0.02%
	FLU3 / SANOFI PASTEUR / U33352AA	**Recovered**	1	0.02%
	FLU3 / SANOFI PASTEUR / U33352AA	**total**	2	0.04%
	FLU3 / SANOFI PASTEUR / UT2792FA	**Emergency Room**	1	0.02%
	FLU3 / SANOFI PASTEUR / UT2792FA	**Recovered**	1	0.02%
	FLU3 / SANOFI PASTEUR / UT2792FA	**total**	2	0.04%
	FLU3 / SANOFI PASTEUR / UT3178D	**Emergency Room**	1	0.02%
	FLU3 / SANOFI PASTEUR / UT3178D	**total**	1	0.02%
	FLU3 / SANOFI PASTEUR / UT32531A	**Emergency Room**	1	0.02%
	FLU3 / SANOFI PASTEUR / UT32531A	**Recovered**	1	0.02%
	FLU3 / SANOFI PASTEUR / UT32531A	**total**	2	0.04%
	FLUN(H1N1) / MEDIMMUNE VACCINES, INC.	**Emergency Room**	1	0.02%
	FLUN(H1N1) / MEDIMMUNE VACCINES, INC.	**total**	1	0.02%
	FLUN(H1N1) / MEDIMMUNE VACCINES, INC. / 500759P	**Emergency Room**	1	0.02%
	FLUN(H1N1) / MEDIMMUNE VACCINES, INC. / 500759P	**Recovered**	1	0.02%

FLUN(H1N1) / MEDIMMUNE VACCINES, INC. / 500759P	**total**	2	0.04%
FLUN(H1N1) / MEDIMMUNE VACCINES, INC. / 500778P	**Recovered**	4	0.09%
FLUN(H1N1) / MEDIMMUNE VACCINES, INC. / 500778P	**total**	4	0.09%
FLUN(H1N1) / MEDIMMUNE VACCINES, INC. / 500799	**Recovered**	1	0.02%
FLUN(H1N1) / MEDIMMUNE VACCINES, INC. / 500799	**total**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC.	**Emergency Room**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC.	**total**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / 500723P	**Recovered**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / 500723P	**total**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / 500741P	**Emergency Room**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / 500741P	**total**	1	0.02%
FLUX(H1N1) / UNKNOWN MANUFACTURER	**Recovered**	2	0.04%
FLUX(H1N1) / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
FLUX(H1N1) / UNKNOWN MANUFACTURER	**total**	3	0.07%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB663AA	**Hospitalized**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB663AA	**Recovered**	1	0.02%

HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB663AA	**total**	2	0.04%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB697CA	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB697CA	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB329CA	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB329CA	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB329CA	**total**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB330BA	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB330BA	**total**	1	0.02%
HEPA / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
HEPA / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
HEPA / UNKNOWN MANUFACTURER	**total**	2	0.04%
HIBV / SANOFI PASTEUR / UF606AA	**Not Serious**	1	0.02%
HIBV / SANOFI PASTEUR / UF606AA	**total**	1	0.02%
HPV4 / MERCK & CO. INC.	**Not Serious**	1	0.02%
HPV4 / MERCK & CO.	**total**	1	0.02%

INC.			
HPV4 / MERCK & CO. INC. / 0653X	**Emergency Room**	2	0.04%
HPV4 / MERCK & CO. INC. / 0653X	**Recovered**	2	0.04%
HPV4 / MERCK & CO. INC. / 0653X	**total**	4	0.09%
HPV4 / MERCK & CO. INC. / 0672Y	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0672Y	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0819Y	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / 0819Y	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0819Y	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / 1312X	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC. / 1312X	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 1740U	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 1740U	**total**	1	0.02%
IPV / SANOFI PASTEUR / A09962	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / A09962	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / A09962	**total**	2	0.04%
IPV / SANOFI PASTEUR / AC208136AA	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / AC208136AA	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / AC208136AA	**total**	2	0.04%
IPV / SANOFI PASTEUR / B0009	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / B0009	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / B0009	**total**	2	0.04%

IPV / SANOFI PASTEUR / B0475	**Emergency Room**	1	0.02%
IPV / SANOFI PASTEUR / B0475	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / B0475	**total**	2	0.04%
IPV / SANOFI PASTEUR / D0037	**Not Serious**	1	0.02%
IPV / SANOFI PASTEUR / D0037	**total**	1	0.02%
MMR / MERCK & CO. INC. / 04264	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 04264	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 04264	**total**	2	0.04%
MMR / MERCK & CO. INC. / 0931X	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0931X	**total**	1	0.02%
MMR / MERCK & CO. INC. / 1369X	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 1369X	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1369X	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1469X	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 1469X	**Recovered**	2	0.04%
MMR / MERCK & CO. INC. / 1469X	**total**	3	0.07%
MMR / MERCK & CO. INC. / 1506X	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 1506X	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1506X	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 1506X	**total**	3	0.07%
MMR / MERCK & CO. INC. / 1773X	**Emergency Room**	1	0.02%
MMR / MERCK & CO.			

INC. / 1773X	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1773X	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U2911AA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U2911AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U2911AA	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U3062AA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U3062AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U3062AA	**total**	2	0.04%
PNC / PFIZER/WYETH / D05879	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / D05879	**total**	1	0.02%
PNC / PFIZER/WYETH / D15050	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / D15050	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / D15050	**total**	2	0.04%
PNC / PFIZER/WYETH / D34438	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / D34438	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / D34438	**total**	2	0.04%
PNC / PFIZER/WYETH / D36145	**Not Serious**	1	0.02%
PNC / PFIZER/WYETH / D36145	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0509Y	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0509Y	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / 0509Y	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0527Y	**Emergency Room**	1	0.02%

PPV / MERCK & CO. INC. / 0527Y	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0527Y	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0982X	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 0982X	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0982X	**total**	2	0.04%
PPV / MERCK & CO. INC. / 1314Y	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1314Y	**total**	1	0.02%
PPV / MERCK & CO. INC. / 1538U	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1538U	**total**	1	0.02%
PPV / MERCK & CO. INC. / 1596X	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 1596X	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1596X	**total**	2	0.04%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / A41FA734A	**Hospitalized**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / A41FA734A	**Recovered**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / A41FA734A	**total**	2	0.04%
TDAP / SANOFI PASTEUR / AC208136AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / AC208136AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / AC208136AA	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C2865AA	**Recovered**	1	0.02%

TDAP / SANOFI PASTEUR / C2865AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3029AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C3029AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3068AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C3068AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3098AA	**Recovered**	3	0.07%
TDAP / SANOFI PASTEUR / C3098AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C3098AA	**total**	4	0.09%
TDAP / SANOFI PASTEUR / C3158AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C3158AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3246BA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C3246BA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C3246BA	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C3249AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C3249AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3355AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C3355AA	**total**	1	0.02%
TDAP / UNKNOWN MANUFACTURER / AC52B049B	**Emergency Room**	1	0.02%
TDAP / UNKNOWN MANUFACTURER / AC52B049B	**Recovered**	1	0.02%
TDAP / UNKNOWN MANUFACTURER / AC52B049B	**total**	2	0.04%

UNK / UNKNOWN MANUFACTURER	**Recovered**	2	0.04%
UNK / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**total**	3	0.07%
UNK / UNKNOWN MANUFACTURER / UP008AA	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER / UP008AA	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 04944	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 04944	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 04944	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 0581Y	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0581Y	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0803Y	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 0803Y	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1072Y	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1072Y	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1282X	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1282X	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1397X	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 1397X	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1397X	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 1397X	**total**	3	0.07%
VARCEL / MERCK & CO.	**Emergency**	1	0.02%

	INC. / 1541X	**Room**		
	VARCEL / MERCK & CO. INC. / 1541X	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1541X	**total**	2	0.04%
	VARCEL / MERCK & CO. INC. / 17384	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 17384	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 17384	**total**	2	0.04%
	VARZOS / MERCK & CO. INC.	**Not Serious**	2	0.04%
	VARZOS / MERCK & CO. INC.	**total**	2	0.04%
	VARZOS / MERCK & CO. INC. / 0139X	**Emergency Room**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0139X	**total**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER	**total**	1	0.02%
	total		271	6%
	DT / SANOFI PASTEUR / U35063A	**Not Serious**	1	0.02%
	DT / SANOFI PASTEUR / U35063A	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B091AA	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B091AA	**total**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**total**	1	0.02%
	DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS /	**Not Serious**	1	0.02%

AC21B248CA			
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B248CA	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B115AA	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B115AA	**total**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C35333AA	**Permanent Disability**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C35333AA	**Emergency Room**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C35333AA	**Hospitalized**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C35333AA	**total**	3	0.07%
FLU(H1N1) / GLAXOSMITHKLINE BIOLOGICALS / AFLUA536AA	**Emergency Room**	1	0.02%
FLU(H1N1) / GLAXOSMITHKLINE BIOLOGICALS / AFLUA536AA	**Recovered**	1	0.02%
FLU(H1N1) / GLAXOSMITHKLINE BIOLOGICALS / AFLUA536AA	**total**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UH180AA	**Emergency Room**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UH180AA	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UH180AA	**total**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP033AB	**Emergency Room**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP033AB	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP033AB	**total**	2	0.04%

FLU(H1N1) / SANOFI PASTEUR / UP089AA	**Recovered**	3	0.07%
FLU(H1N1) / SANOFI PASTEUR / UP089AA	**Not Serious**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP089AA	**total**	4	0.09%
FLU(H1N1) / SANOFI PASTEUR / UP099AA	**Recovered**	2	0.04%
FLU(H1N1) / SANOFI PASTEUR / UP099AA	**Not Serious**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP099AA	**total**	3	0.07%
FLU(H1N1) / SANOFI PASTEUR / UT0459A	**Emergency Room**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UT0459A	**Recovered**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UT0459A	**total**	2	0.04%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA615AA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA615AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA525BA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA525BA	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 111796P1	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 111796P1	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS /	**Not Serious**	1	0.02%

111822P1			
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 111822P1	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 112946P1	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 112946P1	**Recovered**	2	0.04%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 112946P1	**total**	3	0.07%
FLU3 / SANOFI PASTEUR / U3566A3N	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U3566A3N	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U3566AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U3566AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U3632AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U3632AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U3719AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U3719AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U32733A	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U32733A	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH180AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UH180AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH180AA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR	**Emergency**		

/ UT3568BA	**Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UT3568BA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UT3568BA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / UT3644AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UT3644AA	**total**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / 501017P	**Recovered**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / 501017P	**total**	1	0.02%
FLUX(H1N1) / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
FLUX(H1N1) / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
FLUX(H1N1) / UNKNOWN MANUFACTURER	**total**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**Recovered**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**Not Serious**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**total**	4	0.09%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB17BA	**Emergency Room**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB17BA	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB17BA	**total**	2	0.04%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB799AA	**Permanent Disability**	1	0.02%
HEP /			

2010	GLAXOSMITHKLINE BIOLOGICALS / AHBVB799AA	Emergency Room	1	0.02%
	HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB799AA	Hospitalized	1	0.02%
	HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB799AA	total	3	0.07%
	HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB910AA	Emergency Room	1	0.02%
	HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB910AA	Recovered	1	0.02%
	HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVB910AA	total	2	0.04%
	HIBV / SANOFI PASTEUR	Not Serious	1	0.02%
	HIBV / SANOFI PASTEUR	total	1	0.02%
	HIBV / SANOFI PASTEUR / AHIBC252C	Emergency Room	1	0.02%
	HIBV / SANOFI PASTEUR / AHIBC252C	total	1	0.02%
	HPV4 / MERCK & CO. INC. / 1099Y	Emergency Room	1	0.02%
	HPV4 / MERCK & CO. INC. / 1099Y	Hospitalized	1	0.02%
	HPV4 / MERCK & CO. INC. / 1099Y	total	2	0.04%
	HPV4 / MERCK & CO. INC. / 1333Y	Emergency Room	1	0.02%
	HPV4 / MERCK & CO. INC. / 1333Y	Recovered	3	0.07%
	HPV4 / MERCK & CO. INC. / 1333Y	total	4	0.09%
	IPV / SANOFI PASTEUR / D0532	Recovered	1	0.02%
	IPV / SANOFI PASTEUR / D0532	total	1	0.02%

MEN / SANOFI PASTEUR / U3088AA	**Recovered**	1	0.02%
MEN / SANOFI PASTEUR / U3088AA	**Life Threatening**	1	0.02%
MEN / SANOFI PASTEUR / U3088AA	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1289Y	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1289Y	**total**	1	0.02%
MMRV / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
MMRV / UNKNOWN MANUFACTURER	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U330600AA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U330600AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U330600AA	**total**	2	0.04%
PNC / PFIZER/WYETH / D84740	**Permanent Disability**	1	0.02%
PNC / PFIZER/WYETH / D84740	**Emergency Room**	1	0.02%
PNC / PFIZER/WYETH / D84740	**Hospitalized**	1	0.02%
PNC / PFIZER/WYETH / D84740	**total**	3	0.07%
PNC13 / PFIZER/WYETH	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH	**total**	1	0.02%
PNC13 / PFIZER/WYETH / 913965NDO	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / 913965NDO	**total**	1	0.02%
PNC13 / PFIZER/WYETH / E47469	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / E47469	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / E47469	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0466Z	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC.	**total**	1	0.02%

/ 0466Z			
PPV / MERCK & CO. INC. / 0508Y	**Not Serious**	2	0.04%
PPV / MERCK & CO. INC. / 0508Y	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0611Y	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 0611Y	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0611Y	**total**	2	0.04%
PPV / MERCK & CO. INC. / 0978Z	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0978Z	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / 0978Z	**total**	2	0.04%
PPV / MERCK & CO. INC. / 1110Z	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1110Z	**total**	1	0.02%
RAB / SANOFI PASTEUR / D1101	**Emergency Room**	1	0.02%
RAB / SANOFI PASTEUR / D1101	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / A41FA966A	**Permanent Disability**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / A41FA966A	**Emergency Room**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / A41FA966A	**Hospitalized**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / A41FA966A	**total**	3	0.07%
TD / MASS. PUB HLTH BIOL LAB / A019B	**Not Serious**	1	0.02%
TD / MASS. PUB HLTH			

BIOL LAB / A019B	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B061CA	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B061CA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B062AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B062AA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B063AA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B063AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B063AA	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C3353AA	**Not Serious**	2	0.04%
TDAP / SANOFI PASTEUR / C3353AA	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C3446AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C3446AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3475AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C3475AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3486AA	**Emergency Room**	1	0.02%
TDAP / SANOFI	**total**	1	0.02%

	PASTEUR / C3486AA			
	TDAP / SANOFI PASTEUR / C3518AA	**Not Serious**	1	0.02%
	TDAP / SANOFI PASTEUR / C3518AA	**total**	1	0.02%
	TYP / BERNA BIOTECH, LTD. / 3001879	**Not Serious**	1	0.02%
	TYP / BERNA BIOTECH, LTD. / 3001879	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0026Z	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0026Z	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0410Z	**Not Serious**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0410Z	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0758Z	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0758Z	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0758Z	**total**	2	0.04%
	VARCEL / MERCK & CO. INC. / 1411X	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1411X	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1411X	**total**	2	0.04%
	VARZOS / MERCK & CO. INC.	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC.	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / 1543Z	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / 1543Z	**total**	1	0.02%
	total		108	2.39%
	DT / SANOFI PASTEUR / U3870CA	**Emergency Room**	1	0.02%
	DT / SANOFI PASTEUR / U3870CA	**Recovered**	1	0.02%

DT / SANOFI PASTEUR / U3870CA	**total**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B118CA	**Emergency Room**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B118CA	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B118CA	**total**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B136BB	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B136BB	**total**	1	0.02%
DTAP / SANOFI PASTEUR / C3539AAND	**Emergency Room**	1	0.02%
DTAP / SANOFI PASTEUR / C3539AAND	**Hospitalized**	1	0.02%
DTAP / SANOFI PASTEUR / C3539AAND	**total**	2	0.04%
DTAP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B280DA	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / AC21B280DA	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B171CA	**Emergency Room**	1	0.02%

DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B171CA	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B171CA	**total**	2	0.04%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B171FA	**Not Serious**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B171FA	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B172AA	**Death**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B172AA	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B178CB	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B178CB	**total**	1	0.02%
FLU3 / CSL LIMITED / N57117	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / N57117	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS /	**Not Serious**	1	0.02%

AFLLA678AA			
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA678AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLAA614AA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLAA614AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLAA614AA	**total**	2	0.04%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA614BA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA614BA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA614BA	**total**	2	0.04%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA616AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA616AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA636BA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA636BA	**total**	1	0.02%
FLU3 /			

GLAXOSMITHKLINE BIOLOGICALS / AFLUA652AA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA652AA	**Hospitalized**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA652AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA652AA	**total**	3	0.07%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1100701	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1100701	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1100901	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1100901	**Hospitalized**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1100901	**Life Threatening**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1100901	**total**	3	0.07%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1101001	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1101001	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / 111	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / 111	**Hospitalized**	1	0.02%
FLU3 / SANOFI PASTEUR / 111	**Recovered**	1	0.02%

FLU3 / SANOFI PASTEUR / 111	**Life Threatening**	1	0.02%
FLU3 / SANOFI PASTEUR / 111	**total**	4	0.09%
FLU3 / SANOFI PASTEUR / 49281038965	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / 49281038965	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH436AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UH436AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH436AA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / UH452AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH452AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH452AC	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH452AC	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH454AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH454AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UH454AA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / UH459AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH459AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH462AC	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UH462AC	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH462AC	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / UH470AD	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH470AD	**total**	1	0.02%
FLU3 / SANOFI PASTEUR	**Emergency**	2	0.04%

/ UH475AB	**Room**		
FLU3 / SANOFI PASTEUR / UH475AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH475AB	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UH475AB	**total**	4	0.09%
FLU3 / SANOFI PASTEUR / UH476AC	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH476AC	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH476AD	**Death**	1	0.02%
FLU3 / SANOFI PASTEUR / UH476AD	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UT414CA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UT414CA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UT445AA	**Hospitalized**	1	0.02%
FLU3 / SANOFI PASTEUR / UT445AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UT491AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UT491AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UT3656BA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UT3656BA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4197B	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4197B	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4197B	**total**	2	0.04%
FLUN3 / MEDIMMUNE VACCINES, INC. / 501105P	**Not Serious**	1	0.02%
FLUN3 / MEDIMMUNE VACCINES, INC. / 501105P	**total**	1	0.02%

	FLUX / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
	FLUX / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
	FLUX / UNKNOWN MANUFACTURER	**total**	2	0.04%
	HEP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
	HEP / UNKNOWN MANUFACTURER	**total**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB458AA	**Recovered**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB458AA	**total**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB462BA	**Emergency Room**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB462BA	**Recovered**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB462BA	**total**	2	0.04%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB481AB	**Not Serious**	1	0.02%
2011	**HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB481AB**	**total**	1	0.02%
	HEPAB / GLAXOSMITHKLINE BIOLOGICALS / AHABB208AA	**Death**	1	0.02%
	HEPAB / GLAXOSMITHKLINE BIOLOGICALS / AHABB208AA	**Emergency Room**	1	0.02%

HEPAB / GLAXOSMITHKLINE BIOLOGICALS / AHABB208AA	**Hospitalized**	1	0.02%
HEPAB / GLAXOSMITHKLINE BIOLOGICALS / AHABB208AA	**Life Threatening**	1	0.02%
HEPAB / GLAXOSMITHKLINE BIOLOGICALS / AHABB208AA	**total**	4	0.09%
HIBV / SANOFI PASTEUR / UH239AB	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UH239AB	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UH241AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UH241AA	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0337Z	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0337Z	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0690AA	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / 0690AA	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0692AA	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / 0692AA	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0692AA	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC. / 0692AA	**total**	3	0.07%
HPV4 / MERCK & CO. INC. / 1167Z	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 1167Z	**total**	1	0.02%
IPV / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
IPV / UNKNOWN	**total**	1	0.02%

MANUFACTURER			
MMR / GLAXOSMITHKLINE BIOLOGICALS / UNKNOWN	**Recovered**	1	0.02%
MMR / GLAXOSMITHKLINE BIOLOGICALS / UNKNOWN	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0048AA	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 0048AA	**total**	1	0.02%
MMR / MERCK & CO. INC. / 0409Z	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 0409Z	**total**	1	0.02%
MMR / MERCK & CO. INC. / 08312	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 08312	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 08312	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1045Z	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / 1045Z	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / 1045Z	**total**	2	0.04%
MMR / MERCK & CO. INC. / 1427Z	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / 1427Z	**total**	1	0.02%
MMR / MERCK & CO. INC. / Z2090	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / Z2090	**total**	1	0.02%
MMR / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
MMR / UNKNOWN MANUFACTURER	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U3544AA	**Not Serious**	1	0.02%

MNQ / SANOFI PASTEUR / U3544AA	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U3671AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U3671AA	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U3837AA	**Emergency Room**	2	0.04%
MNQ / SANOFI PASTEUR / U3837AA	**Hospitalized**	1	0.02%
MNQ / SANOFI PASTEUR / U3837AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U3837AA	**total**	4	0.09%
MNQ / SANOFI PASTEUR / U3848AA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U3848AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U3848AA	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U4008AA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U4008AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U4008AA	**total**	2	0.04%
MNQ / SANOFI PASTEUR / UA3668AAN	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / UA3668AAN	**total**	1	0.02%
PNC / PFIZER/WYETH / 914515	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / 914515	**total**	1	0.02%
PNC13 / PFIZER/WYETH / 915186	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / 915186	**total**	1	0.02%
PNC13 / PFIZER/WYETH / E55587	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / E55587	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Recovered**	1	0.02%

/ 0454AA			
PPV / MERCK & CO. INC. / 0454AA	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0466Z	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / 0466Z	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0614AA	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0614AA	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0811AA	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / 0811AA	**total**	1	0.02%
PPV / MERCK & CO. INC. / 0932Z	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 0932Z	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 0932Z	**total**	2	0.04%
PPV / MERCK & CO. INC. / 1011AA	**Hospitalized**	1	0.02%
PPV / MERCK & CO. INC. / 1011AA	**total**	1	0.02%
PPV / MERCK & CO. INC. / 1110Z	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 1110Z	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1110Z	**total**	2	0.04%
PPV / MERCK & CO. INC. / 1138AA	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 1138AA	**total**	1	0.02%
PPV / MERCK & CO. INC. / 1150Z	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 1150Z	**total**	1	0.02%
PPV / MERCK & CO. INC. / 1211Z	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 1211Z	**total**	1	0.02%

PPV / MERCK & CO. INC. / 12117	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / 12117	**total**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**Not Serious**	2	0.04%
PPV / UNKNOWN MANUFACTURER	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B060BA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B060BA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B060BA	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B066AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B066AA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B070BA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B070BA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B078BA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B078BA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE	**Recovered**	1	0.02%

BIOLOGICALS / AC523048AC			
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC523048AC	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3448AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C3448AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3490AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C3490AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3519AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C3519AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3900AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C3900AA	**Hospitalized**	1	0.02%
TDAP / SANOFI PASTEUR / C3900AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C3900AA	**total**	3	0.07%
TDAP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
TDAP / UNKNOWN MANUFACTURER	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0116AA	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 0116AA	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0458AA	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 0458AA	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0687Z	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 0687Z	**total**	1	0.02%
VARCEL / MERCK & CO.			

	INC. / 0827AA	**Not Serious**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0827AA	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0996Z	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0996Z	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / 0996Z	**total**	2	0.04%
	VARCEL / MERCK & CO. INC. / 1104Z	**Not Serious**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1104Z	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1272Z	**Death**	1	0.02%
	VARCEL / MERCK & CO. INC. / 1272Z	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / E008344	**Emergency Room**	1	0.02%
	VARCEL / MERCK & CO. INC. / E008344	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / Z9660	**Recovered**	1	0.02%
	VARCEL / MERCK & CO. INC. / Z9660	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0356AA	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0356AA	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0751AA	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0751AA	**Not Serious**	4	0.09%
	VARZOS / MERCK & CO. INC. / 0751AA	**total**	5	0.11%
	total		148	3.28%
	DTAP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**Hospitalized**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**Recovered**	3	0.07%

DTAP / UNKNOWN MANUFACTURER	**total**	5	0.11%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B187AA	**Emergency Room**	2	0.04%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B187AA	**total**	2	0.04%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B204AA	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B204AA	**total**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C4045AA	**Recovered**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C4045AA	**total**	1	0.02%
FLU3 / CSL LIMITED / 06749211A	**Emergency Room**	1	0.02%
FLU3 / CSL LIMITED / 06749211A	**total**	1	0.02%
FLU3 / CSL LIMITED / P50708	**Not Serious**	1	0.02%
FLU3 / CSL LIMITED / P50708	**total**	1	0.02%
FLU3 / CSL LIMITED / P50808	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / P50808	**total**	1	0.02%
FLU3 / CSL LIMITED / P58406	**Not Serious**	1	0.02%
FLU3 / CSL LIMITED / P58406	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLLA739AA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS /	**total**	1	0.02%

AFLLA739AA			
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLU707AA	**Not Serious**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLU707AA	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA715BA	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA715BA	**Hospitalized**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA715BA	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / AFLUA715BA	**total**	3	0.07%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1203901	**Not Serious**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1203901	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1205301	**Not Serious**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1205301	**total**	1	0.02%
FLU3 / SANOFI PASTEUR	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U4482BA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U4482BA	**Hospitalized**	1	0.02%
FLU3 / SANOFI PASTEUR / U4482BA	**Recovered**	1	0.02%

FLU3 / SANOFI PASTEUR / U4482BA	**total**	3	0.07%
FLU3 / SANOFI PASTEUR / U4483AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U4483AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U4483AA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / U4490AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U4490AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U4499AA	**Recovered**	3	0.07%
FLU3 / SANOFI PASTEUR / U4499AA	**total**	3	0.07%
FLU3 / SANOFI PASTEUR / U4525AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U4525AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH715AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UH715AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH718AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UH718AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH746AC	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH746AC	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4149CA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4149CA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4159CA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4159CA	**total**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
FLUX / UNKNOWN	**Recovered**	3	0.07%

MANUFACTURER			
FLUX / UNKNOWN MANUFACTURER	**Life Threatening**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**total**	6	0.13%
FLUX / UNKNOWN MANUFACTURER / 33332001201	**Recovered**	1	0.02%
FLUX / UNKNOWN MANUFACTURER / 33332001201	**total**	1	0.02%
FLUX / UNKNOWN MANUFACTURER / D58507	**Emergency Room**	1	0.02%
FLUX / UNKNOWN MANUFACTURER / D58507	**Recovered**	1	0.02%
FLUX / UNKNOWN MANUFACTURER / D58507	**total**	2	0.04%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVC022DA	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVC022DA	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB481BB	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB481BB	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB492BA	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB492BA	**Recovered**	1	0.02%

HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB492BA	**total**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB513AA	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB513AA	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB522AA	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB522AA	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB523AA	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB523AA	**Hospitalized**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB523AA	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB523AA	**total**	3	0.07%
HPV4 / MERCK & CO. INC.	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC.	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 0131AE	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / 0131AE	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 0131AE	**total**	2	0.04%

	HPV4 / MERCK & CO. INC. / 0459AE	Office Visit	1	0.02%
	HPV4 / MERCK & CO. INC. / 0459AE	Emergency Doctor/Room	1	0.02%
	HPV4 / MERCK & CO. INC. / 0459AE	total	2	0.04%
	HPV4 / MERCK & CO. INC. / 1696AA	Emergency Room	1	0.02%
	HPV4 / MERCK & CO. INC. / 1696AA	Recovered	1	0.02%
	HPV4 / MERCK & CO. INC. / 1696AA	total	2	0.04%
	MMR / MERCK & CO. INC. / 0009AE	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 0009AE	total	1	0.02%
	MMR / MERCK & CO. INC. / 0403AA	Recovered	1	0.02%
2012	MMR / MERCK & CO. INC. / 0403AA	total	1	0.02%
	MMR / MERCK & CO. INC. / 0412AE	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 0412AE	total	1	0.02%
	MMR / MERCK & CO. INC. / 0497AE	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / 0497AE	total	1	0.02%
	MMR / MERCK & CO. INC. / 0683AE	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 0683AE	total	1	0.02%
	MMR / MERCK & CO. INC. / 0853AA	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / 0853AA	total	1	0.02%
	MMR / MERCK & CO. INC. / 1003AA	Not Serious	1	0.02%
	MMR / MERCK & CO. INC. / 1003AA	total	1	0.02%
	MMR / UNKNOWN MANUFACTURER	Recovered	1	0.02%
	MMR / UNKNOWN	total	1	0.02%

MANUFACTURER			
MNQ / SANOFI PASTEUR	Recovered	1	0.02%
MNQ / SANOFI PASTEUR	total	1	0.02%
MNQ / SANOFI PASTEUR / U3906AA	Emergency Room	1	0.02%
MNQ / SANOFI PASTEUR / U3906AA	Recovered	1	0.02%
MNQ / SANOFI PASTEUR / U3906AA	total	2	0.04%
MNQ / SANOFI PASTEUR / U4244AA	Not Serious	1	0.02%
MNQ / SANOFI PASTEUR / U4244AA	total	1	0.02%
PNC13 / PFIZER/WYETH / 917243	Recovered	1	0.02%
PNC13 / PFIZER/WYETH / 917243	total	1	0.02%
PNC13 / PFIZER/WYETH / F17155	Recovered	1	0.02%
PNC13 / PFIZER/WYETH / F17155	total	1	0.02%
PPV / MERCK & CO. INC.	Emergency Room	1	0.02%
PPV / MERCK & CO. INC.	Recovered	1	0.02%
PPV / MERCK & CO. INC.	total	2	0.04%
PPV / MERCK & CO. INC. / 1138AA	Not Serious	1	0.02%
PPV / MERCK & CO. INC. / 1138AA	total	1	0.02%
PPV / MERCK & CO. INC. / 1853AA	Recovered	1	0.02%
PPV / MERCK & CO. INC. / 1853AA	total	1	0.02%
PPV / MERCK & CO. INC. / 11070AA	Emergency Room	1	0.02%
PPV / MERCK & CO. INC. / 11070AA	Recovered	1	0.02%
PPV / MERCK & CO. INC. / 11070AA	total	2	0.04%
PPV / MERCK & CO. INC. / H010515	Not Serious	1	0.02%
PPV / MERCK & CO. INC.	total	1	0.02%

/ H010515			
PPV / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B078AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B078AA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B080DA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B080DA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B080DA	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B081BA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AC52B081BA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / C4136BA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / C4136BA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C3927AA	**Office Visit**	1	0.02%
TDAP / SANOFI PASTEUR / C3927AA	**Emergency Doctor/Room**	1	0.02%

TDAP / SANOFI PASTEUR / C3927AA	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C4023AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4023AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4034AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4034AA	**Recovered**	2	0.04%
TDAP / SANOFI PASTEUR / C4034AA	**total**	3	0.07%
TDAP / SANOFI PASTEUR / C4167AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C4167AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4169AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C4169AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4278AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C4278AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / U4046AB	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / U4046AB	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0414AE	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0414AE	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0605AA	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0605AA	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 0977AA	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 0977AA	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1062AA	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO.			

INC. / 1062AA	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1062AA	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / 1410AA	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / 1410AA	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / 1433AA	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1433AA	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / H010853	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / H010853	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / H015137	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / H015137	**total**	1	0.02%
VARZOS / MERCK & CO. INC.	**Permanent Disability**	1	0.02%
VARZOS / MERCK & CO. INC.	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC.	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / 0168AE	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 0168AE	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / 0168AE	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / 0239AC	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 0239AC	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 0239AE	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 0239AE	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / 0239AE	**Not Serious**	1	0.02%
VARZOS / MERCK & CO.	**total**	3	0.07%

INC. / 0239AE			
VARZOS / MERCK & CO. INC. / 0599AE	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 0599AE	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 1198AA	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 1198AA	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / 1198AA	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / 1254AA	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / 1254AA	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / 1266AA	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 1266AA	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / 1266AA	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / 1270AA	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / 1270AA	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / H011332	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / H011332	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / H016765	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / H016765	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / J007211	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / J007211	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / J007211	**total**	2	0.04%
VARZOS / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
VARZOS / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%

	VARZOS / UNKNOWN MANUFACTURER	**total**	2	0.04%
	YF / SANOFI PASTEUR / UH277AA	**Recovered**	1	0.02%
	YF / SANOFI PASTEUR / UH277AA	**total**	1	0.02%
	total		130	2.88%
	ANTH / EMERGENT BIOSOLUTIONS / FAV309	**Not Serious**	1	0.02%
	ANTH / EMERGENT BIOSOLUTIONS / FAV309	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B151AA	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B151AA	**total**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**total**	2	0.04%
	DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B204AA	**Recovered**	1	0.02%
	DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B204AA	**Not Serious**	1	0.02%
	DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B204AA	**total**	2	0.04%
	DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B225BA	**Emergency Room**	1	0.02%
	DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B225BA	**Recovered**	1	0.02%

DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B225BA	**total**	2	0.04%
FLU3 / CSL LIMITED / R54407	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / R54407	**total**	1	0.02%
FLU3 / CSL LIMITED / R55208	**Emergency Room**	1	0.02%
FLU3 / CSL LIMITED / R55208	**Hospitalized**	1	0.02%
FLU3 / CSL LIMITED / R55208	**total**	2	0.04%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 39TFS	**Emergency Room**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 39TFS	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 45BL3	**Not Serious**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 45BL3	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / FJ94N	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / FJ94N	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / HZ5EX	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / HZ5EX	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / T3959	**Not Serious**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / T3959	**total**	1	0.02%
FLU3 / NOVARTIS			

VACCINES AND DIAGNOSTICS / 13443P	**Not Serious**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 13443P	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 13471P	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 13471P	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 13471P	**total**	2	0.04%
FLU3 / SANOFI PASTEUR	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U4692BA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U4692BA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U4692BA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / U4713AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U4713AA	**Recovered**	2	0.04%
FLU3 / SANOFI PASTEUR / U4713AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U4713AA	**total**	4	0.09%
FLU3 / SANOFI PASTEUR / U4717AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U4717AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U4764AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U4764AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U4764AA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / U4781AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U4781AA	**Hospitalized**	1	0.02%

FLU3 / SANOFI PASTEUR / U4781AA	**Recovered**	2	0.04%
FLU3 / SANOFI PASTEUR / U4781AA	**total**	4	0.09%
FLU3 / SANOFI PASTEUR / U4784AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U4784AA	**Not Serious**	2	0.04%
FLU3 / SANOFI PASTEUR / U4784AA	**total**	3	0.07%
FLU3 / SANOFI PASTEUR / U42628A	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U42628A	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH746AC	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH746AC	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH894AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH894AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH900AC	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH900AC	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH908AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UH908AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH917AB	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UH917AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4470BA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UT4470BA	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / AHBVC095CA	**Recovered**	1	0.02%
HEP /			

	GLAXOSMITHKLINE BIOLOGICALS / AHBVC095CA	**total**	1	0.02%
	HEP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
	HEP / UNKNOWN MANUFACTURER	**Hospitalized, Prolonged**	1	0.02%
	HEP / UNKNOWN MANUFACTURER	**Recovered**	2	0.04%
	HEP / UNKNOWN MANUFACTURER	**Life Threatening**	1	0.02%
	HEP / UNKNOWN MANUFACTURER	**total**	5	0.11%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB355AA	**Hospitalized**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB355AA	**Recovered**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB355AA	**total**	2	0.04%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB641AA	**Emergency Room**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB641AA	**Recovered**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / AHAVB641AA	**total**	2	0.04%
	HIBV / SANOFI PASTEUR / UH770AA	**Recovered**	1	0.02%
	HIBV / SANOFI PASTEUR / UH770AA	**total**	1	0.02%
2013	**HIBV / SANOFI PASTEUR / UH811AA**	**Recovered**	1	0.02%
	HIBV / SANOFI PASTEUR / UH811AA	**total**	1	0.02%

HIBV / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
HIBV / UNKNOWN MANUFACTURER	**total**	1	0.02%
MMR / MERCK & CO. INC. / H011885	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / H011885	**Hospitalized**	1	0.02%
MMR / MERCK & CO. INC. / H011885	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / H011885	**total**	3	0.07%
MMR / MERCK & CO. INC. / H017435	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / H017435	**total**	1	0.02%
MMR / MERCK & CO. INC. / J002866	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / J002866	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / J002866	**total**	2	0.04%
PNC13 / PFIZER/WYETH / G31937	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / G31937	**total**	1	0.02%
PNC13 / PFIZER/WYETH / G49716	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / G49716	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Recovered**	1	0.02%
PPV / MERCK & CO. INC.	**total**	1	0.02%
PPV / MERCK & CO. INC. / H012650	**Not Serious**	2	0.04%
PPV / MERCK & CO. INC. / H012650	**total**	2	0.04%
PPV / MERCK & CO. INC. / H016283	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / H016283	**total**	1	0.02%
PPV / MERCK & CO. INC. / H018944	**Recovered**	1	0.02%

PPV / MERCK & CO. INC. / H018944	**total**	1	0.02%
PPV / MERCK & CO. INC. / J001180	**Not Serious**	2	0.04%
PPV / MERCK & CO. INC. / J001180	**total**	2	0.04%
PPV / MERCK & CO. INC. / J004058	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / J004058	**total**	1	0.02%
PPV / MERCK & CO. INC. / J004064	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / J004064	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / J004064	**Not Serious**	2	0.04%
PPV / MERCK & CO. INC. / J004064	**total**	4	0.09%
PPV / MERCK & CO. INC. / J004332	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / J004332	**total**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**total**	1	0.02%
RAB / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
RAB / UNKNOWN MANUFACTURER	**total**	1	0.02%
SMALL / EMERGENT BIOSOLUTIONS / VV04003A	**Not Serious**	1	0.02%
SMALL / EMERGENT BIOSOLUTIONS / VV04003A	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
TDAP / SANOFI	**Recovered**	1	0.02%

PASTEUR / C4034AA			
TDAP / SANOFI PASTEUR / C4034AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4137AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C4137AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4196AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C4196AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4332BA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4332BA	**Hospitalized**	1	0.02%
TDAP / SANOFI PASTEUR / C4332BA	**total**	2	0.04%
TDAP / SANOFI PASTEUR / U4617AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / U4617AA	**total**	1	0.02%
TYP / SANOFI PASTEUR / H1482	**Not Serious**	1	0.02%
TYP / SANOFI PASTEUR / H1482	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / H018790	**Hospitalized**	1	0.02%
VARCEL / MERCK & CO. INC. / H018790	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / H018790	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / J001179	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / J001179	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / J006114	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / J006114	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / J006114	**total**	2	0.04%
VARZOS / MERCK & CO. INC.	**Office Visit**	2	0.04%

VARZOS / MERCK & CO. INC.	**Not Serious**	30	0.66%
VARZOS / MERCK & CO. INC.	**total**	32	0.71%
VARZOS / MERCK & CO. INC. / H019038	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / H019038	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / H019092	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / H019092	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / H020001	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / H020001	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / H020001	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / H021291	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / H021291	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / H022153	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / H022153	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / J000434	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / J000434	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / J000853	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / J000853	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / J000853	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / J001006	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / J001006	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / J001694	**Not Serious**	1	0.02%

	VARZOS / MERCK & CO. INC. / J001694	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / J001697	**Emergency Room**	1	0.02%
	VARZOS / MERCK & CO. INC. / J001697	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / J002241	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / J002241	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / J003798	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / J003798	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / J004600	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / J004600	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / J006827	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / J006827	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / J007600	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / J007600	**total**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER / 00006496341	**Emergency Room**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER / 00006496341	**total**	1	0.02%
	total		143	3.17%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC7AG	**Emergency Room**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC7AG	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC7AG	**total**	2	0.04%
	DTAP /			

GLAXOSMITHKLINE BIOLOGICALS / H7E57	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / H7E57	**total**	1	0.02%
DTAP / SANOFI PASTEUR / C4496AA	**Emergency Room**	1	0.02%
DTAP / SANOFI PASTEUR / C4496AA	**total**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Not Serious**	2	0.04%
DTAP / UNKNOWN MANUFACTURER	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 4M7GD	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 4M7GD	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 5A5T5	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 5A5T5	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 23MJ7	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 23MJ7	**total**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C4642AA	**Not Serious**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C4642AA	**total**	1	0.02%
FLU3 / CSL LIMITED / 33332-0014-1	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / 33332-0014-1	**total**	1	0.02%
FLU3 / CSL LIMITED / T57906	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / T57906	**total**	1	0.02%
FLU3 / CSL LIMITED /	**Recovered**	1	0.02%

T58106			
FLU3 / CSL LIMITED / T58106	**Not Serious**	1	0.02%
FLU3 / CSL LIMITED / T58106	**total**	2	0.04%
FLU3 / CSL LIMITED / T58706	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / T58706	**total**	1	0.02%
FLU3 / CSL LIMITED / T59106	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / T59106	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 9X3L3	**Not Serious**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 9X3L3	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / T3959	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / T3959	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / TK5ME	**Recovered**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / TK5ME	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 14625P	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 14625P	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 145402	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 145402	**total**	1	0.02%
FLU3 / NOVARTIS	**Emergency**		

VACCINES AND DIAGNOSTICS / 1411301	**Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1411301	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1411301	**total**	2	0.04%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1411501	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1411501	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1412201	**Death**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1412201	**Hospitalized**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1412201	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / 65023BA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / 65023BA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U4995AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U4995AA	**Recovered**	3	0.07%
FLU3 / SANOFI PASTEUR / U4995AA	**total**	4	0.09%
FLU3 / SANOFI PASTEUR / U5016AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U5016AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U5017AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U5017AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U5018BA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR	**Recovered**	1	0.02%

/ U5018BA			
FLU3 / SANOFI PASTEUR / U5018BA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / U5019AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U5019AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U5042AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U5042AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U5055AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U5055AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH888AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH888AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UH895AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UH895AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI190AC	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UI190AC	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / LY2FS	**Emergency Room**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / LY2FS	**total**	1	0.02%
FLU4 / SANOFI PASTEUR	**Emergency Room**	1	0.02%
FLU4 / SANOFI PASTEUR	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR	**total**	2	0.04%
FLU4 / SANOFI PASTEUR / UI169AA	**Emergency Room**	1	0.02%
FLU4 / SANOFI PASTEUR / UI169AA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UI169AA	**total**	2	0.04%

FLU4 / SANOFI PASTEUR / UI171AC	**Not Serious**	2	0.04%
FLU4 / SANOFI PASTEUR / UI171AC	**total**	2	0.04%
FLUC3 / NOVARTIS VACCINES AND DIAGNOSTICS / 014011A	**Death**	1	0.02%
FLUC3 / NOVARTIS VACCINES AND DIAGNOSTICS / 014011A	**total**	1	0.02%
FLUC3 / NOVARTIS VACCINES AND DIAGNOSTICS / 015021A	**Not Serious**	1	0.02%
FLUC3 / NOVARTIS VACCINES AND DIAGNOSTICS / 015021A	**total**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / CH2023	**Recovered**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / CH2023	**total**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / CJ2105	**Recovered**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / CJ2105	**total**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / CK2057	**Not Serious**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / CK2057	**total**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Recovered**	3	0.07%
FLUX / UNKNOWN MANUFACTURER	**Not Serious**	5	0.11%
FLUX / UNKNOWN MANUFACTURER	**total**	9	0.2%
FLUX / UNKNOWN MANUFACTURER / T58106	**Permanent Disability**	1	0.02%
FLUX / UNKNOWN MANUFACTURER / T58106	**total**	1	0.02%
FLUX / UNKNOWN MANUFACTURER /	**Permanent**	1	0.02%

	U499ODA	**Disability**		
	FLUX / UNKNOWN MANUFACTURER / U499ODA	**Emergency Room**	1	0.02%
	FLUX / UNKNOWN MANUFACTURER / U499ODA	**total**	2	0.04%
	HEP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
	HEP / UNKNOWN MANUFACTURER	**total**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 4G7P2	**Not Serious**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 4G7P2	**total**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 55D24	**Recovered**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 55D24	**total**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / N4341	**Not Serious**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / N4341	**total**	1	0.02%
2014	**HEPA / GLAXOSMITHKLINE BIOLOGICALS / T9J3M**	**Recovered**	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / T9J3M	**total**	1	0.02%
	HIBV / SANOFI PASTEUR / UH874AA	**Recovered**	1	0.02%
	HIBV / SANOFI PASTEUR / UH874AA	**total**	1	0.02%
	HIBV / SANOFI PASTEUR / UI047AA	**Recovered**	1	0.02%
	HIBV / SANOFI PASTEUR / UI047AA	**total**	1	0.02%

HIBV / SANOFI PASTEUR / UI11AA	**Emergency Room**	1	0.02%
HIBV / SANOFI PASTEUR / UI11AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UI11AA	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / J008423	**Hospitalized**	1	0.02%
HPV4 / MERCK & CO. INC. / J008423	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / J009243	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / J009243	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / J015378	**Office Visit**	1	0.02%
HPV4 / MERCK & CO. INC. / J015378	**Emergency Doctor/Room**	1	0.02%
HPV4 / MERCK & CO. INC. / J015378	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / K001631	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / K001631	**total**	1	0.02%
IPV / SANOFI PASTEUR / J1406	**Recovered**	1	0.02%
IPV / SANOFI PASTEUR / J1406	**total**	1	0.02%
MEN / SANOFI PASTEUR / UH322AA	**Not Serious**	1	0.02%
MEN / SANOFI PASTEUR / UH322AA	**total**	1	0.02%
MMR / MERCK & CO. INC. / J002866	**Emergency Room**	1	0.02%
MMR / MERCK & CO. INC. / J002866	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / J002866	**total**	2	0.04%
MMR / MERCK & CO. INC. / J005846	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / J005846	**total**	1	0.02%
MMR / MERCK & CO.	**Emergency**	1	0.02%

INC. / J010208	**Room**		
MMR / MERCK & CO. INC. / J010208	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / J010208	**total**	2	0.04%
MMR / MERCK & CO. INC. / J015595	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / J015595	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U4561AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U4561AA	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U4678AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U4678AA	**total**	1	0.02%
PNC13 / PFIZER/WYETH / G20393	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / G20393	**total**	1	0.02%
PNC13 / PFIZER/WYETH / G66539	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / G66539	**total**	1	0.02%
PNC13 / PFIZER/WYETH / G95397	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / G95397	**total**	1	0.02%
PNC13 / PFIZER/WYETH / H65738	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / H65738	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / H65738	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / H65738	**total**	3	0.07%
PPV / MERCK & CO. INC. / J004196	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / J004196	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / J004196	**total**	2	0.04%

PPV / MERCK & CO. INC. / J004387	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / J004387	**total**	1	0.02%
PPV / MERCK & CO. INC. / J005011	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / J005011	**total**	1	0.02%
PPV / MERCK & CO. INC. / J005068	**Emergency Room**	2	0.04%
PPV / MERCK & CO. INC. / J005068	**total**	2	0.04%
PPV / MERCK & CO. INC. / J011405	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / J011405	**total**	1	0.02%
PPV / MERCK & CO. INC. / K004483	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / K004483	**total**	1	0.02%
PPV / MERCK & CO. INC. / K005957	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / K005957	**total**	1	0.02%
PPV / MERCK & CO. INC. / K007773	**Recovered**	2	0.04%
PPV / MERCK & CO. INC. / K007773	**total**	2	0.04%
PPV / MERCK & CO. INC. / K007822	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / K007822	**total**	1	0.02%
PPV / MERCK & CO. INC. / K009105	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / K009105	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / A41FB416A	**Recovered**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS /	**total**	1	0.02%

A41FB416A			
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 4EK53	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 4EK53	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9M9AA	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9M9AA	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9M9AA	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / N59M3	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / N59M3	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / N59M3	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C4347AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C4347AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4430AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4430AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4456AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4456AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4565AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4565AA	**total**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 3000740	**Not Serious**	1	0.02%
TYP / BERNA BIOTECH,	**total**	1	0.02%

LTD. / 3000740			
TYP / BERNA BIOTECH, LTD. / 13228002	**Emergency Room**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 13228002	**Recovered**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 13228002	**total**	2	0.04%
TYP / SANOFI PASTEUR / J1201	**Not Serious**	1	0.02%
TYP / SANOFI PASTEUR / J1201	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / H018237	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / H018237	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / J006108	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / J006108	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / J008980	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / J008980	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / J009165	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / J009165	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / J009165	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / J009732	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / J009732	**total**	1	0.02%
VARZOS / MERCK & CO. INC.	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC.	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / J008435	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / J008435	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / J008435	**total**	2	0.04%

	VARZOS / MERCK & CO. INC. / J013133	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / J013133	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / J013450	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / J013450	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / K000329	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / K000329	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / K000727	**Emergency Room**	1	0.02%
	VARZOS / MERCK & CO. INC. / K000727	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / K003603	**Emergency Room**	1	0.02%
	VARZOS / MERCK & CO. INC. / K003603	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / K003603	**total**	2	0.04%
	VARZOS / MERCK & CO. INC. / K006438	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / K006438	**total**	1	0.02%
	YF / SANOFI PASTEUR / U1068AA	**Not Serious**	1	0.02%
	YF / SANOFI PASTEUR / U1068AA	**total**	1	0.02%
	total		139	3.08%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / F4327	**Emergency Room**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / F4327	**Hospitalized**	1	0.02%

DTAP / GLAXOSMITHKLINE BIOLOGICALS / F4327	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / F4327	**total**	3	0.07%
DTAP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
DTAP / UNKNOWN MANUFACTURER	**total**	2	0.04%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 3N7Y7	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 3N7Y7	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B256AA	**Not Serious**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AC20B256AA	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / T325H	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / T325H	**total**	1	0.02%
DTP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
DTP / UNKNOWN MANUFACTURER	**total**	1	0.02%
FLU3 / CSL LIMITED / U58808	**Recovered**	1	0.02%
FLU3 / CSL LIMITED / U58808	**total**	1	0.02%
FLU3 / GLAXOSMITHKLINE BIOLOGICALS / 43E97	**Not Serious**	1	0.02%
FLU3 / GLAXOSMITHKLINE	**total**	1	0.02%

BIOLOGICALS / 43E97			
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 15722P	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 15722P	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U5309AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U5309AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U5309AA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / U5310CA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U5310CA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U5310CA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / U5319DA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / U5319DA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U5319DA	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / UI428AB	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UI428AB	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UI428AB	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / UI436AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UI436AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI442AB	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UI442AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI442AB	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / UI456AA	**Recovered**	1	0.02%

FLU3 / SANOFI PASTEUR / UI456AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI459AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI459AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI520AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI520AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI524AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI524AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI4355AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI4355AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / VI459AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / VI459AB	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7DT2Y	**Emergency Room**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7DT2Y	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7HZ73	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7HZ73	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 59CK3	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 59CK3	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 93T79	**Emergency Room**	1	0.02%
FLU4 /			

GLAXOSMITHKLINE BIOLOGICALS / 93T79	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7754S	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7754S	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / L94EX	**Emergency Room**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / L94EX	**Hospitalized**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / L94EX	**total**	2	0.04%
FLU4 / SANOFI PASTEUR / UI439AB	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UI439AB	**total**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / FJ2099	**Recovered**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / FJ2099	**total**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Emergency Room**	3	0.07%
FLUX / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**total**	4	0.09%
HEP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Recovered**	2	0.04%
HEP / UNKNOWN MANUFACTURER	**total**	3	0.07%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 2F559	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 2F559	**total**	1	0.02%
HEPA /	**Emergency**		

GLAXOSMITHKLINE BIOLOGICALS / 3RB2G	**Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 3RB2G	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 3RB2G	**total**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 59N59	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 59N59	**Hospitalized**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 59N59	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 59N59	**total**	3	0.07%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X9LB7	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X9LB7	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X9LB7	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / K007264	**Emergency Room**	2	0.04%
HPV4 / MERCK & CO. INC. / K007264	**Recovered**	3	0.07%
HPV4 / MERCK & CO. INC. / K007264	**total**	5	0.11%
HPV4 / MERCK & CO. INC. / K007828	**Emergency Room**	2	0.04%
HPV4 / MERCK & CO. INC. / K007828	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / K007828	**total**	3	0.07%
HPV9 / MERCK & CO. INC. / K026247	**Emergency Room**	1	0.02%
HPV9 / MERCK & CO.	**total**	1	0.02%

	INC. / K026247			
	IPV / SANOFI PASTEUR	Recovered	1	0.02%
	IPV / SANOFI PASTEUR	total	1	0.02%
	MMR / MERCK & CO. INC. / K002528	Not Serious	1	0.02%
	MMR / MERCK & CO. INC. / K002528	total	1	0.02%
	MMR / MERCK & CO. INC. / K016154	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / K016154	total	1	0.02%
2015	MMR / MERCK & CO. INC. / K024036	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / K024036	Recovered	1	0.02%
	MMR / MERCK & CO. INC. / K024036	total	2	0.04%
	MMR / UNKNOWN MANUFACTURER	Recovered	1	0.02%
	MMR / UNKNOWN MANUFACTURER	total	1	0.02%
	MMRV / MERCK & CO. INC. / K020756	Recovered	1	0.02%
	MMRV / MERCK & CO. INC. / K020756	total	1	0.02%
	MMRV / MERCK & CO. INC. / L002421	Recovered	1	0.02%
	MMRV / MERCK & CO. INC. / L002421	total	1	0.02%
	MNQ / SANOFI PASTEUR / U4680AA	Recovered	1	0.02%
	MNQ / SANOFI PASTEUR / U4680AA	total	1	0.02%
	MNQ / SANOFI PASTEUR / U4798AA	Recovered	1	0.02%
	MNQ / SANOFI PASTEUR / U4798AA	total	1	0.02%
	MNQ / SANOFI PASTEUR / U4923BA	Emergency Room	1	0.02%
	MNQ / SANOFI PASTEUR / U4923BA	total	1	0.02%
	MNQ / SANOFI PASTEUR	Emergency	1	0.02%

/ U4986AA	**Room**		
MNQ / SANOFI PASTEUR / U4986AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U4986AA	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U5058AB	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U5058AB	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U5178AA	**Not Serious**	1	0.02%
MNQ / SANOFI PASTEUR / U5178AA	**total**	1	0.02%
PNC13 / PFIZER/WYETH	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH	**Not Serious**	2	0.04%
PNC13 / PFIZER/WYETH	**total**	3	0.07%
PNC13 / PFIZER/WYETH / J67646	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / J67646	**total**	1	0.02%
PNC13 / PFIZER/WYETH / L13518	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / L13518	**total**	1	0.02%
PNC13 / PFIZER/WYETH / L43700	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / L43700	**total**	1	0.02%
PNC13 / PFIZER/WYETH / L53937	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / L53937	**total**	1	0.02%
PNC13 / PFIZER/WYETH / L53938	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / L53938	**total**	1	0.02%
PNC13 / PFIZER/WYETH / L72442	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / L72442	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / L72442	**total**	2	0.04%
PNC13 / PFIZER/WYETH /	**Emergency**		

L74251	**Room**	1	0.02%
PNC13 / PFIZER/WYETH / L74251	**total**	1	0.02%
PNC13 / PFIZER/WYETH / L84631	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / L84631	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / L84631	**total**	2	0.04%
PNC13 / PFIZER/WYETH / L87117	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / L87117	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / L87117	**total**	2	0.04%
PNC13 / PFIZER/WYETH / L99261	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / L99261	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M06901	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / M06901	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M20639	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / M20639	**Recovered**	2	0.04%
PNC13 / PFIZER/WYETH / M20639	**total**	3	0.07%
PNC13 / PFIZER/WYETH / U361230	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / U361230	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Emergency Room**	2	0.04%
PPV / MERCK & CO. INC.	**Recovered**	1	0.02%
PPV / MERCK & CO. INC.	**total**	3	0.07%
PPV / MERCK & CO. INC. / K004483	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / K004483	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Emergency**	1	0.02%

/ K006681	**Room**		
PPV / MERCK & CO. INC. / K006681	**Hospitalized**	1	0.02%
PPV / MERCK & CO. INC. / K006681	**total**	2	0.04%
PPV / MERCK & CO. INC. / K007826	**Recovered**	2	0.04%
PPV / MERCK & CO. INC. / K007826	**total**	2	0.04%
PPV / MERCK & CO. INC. / K008409	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / K008409	**total**	1	0.02%
PPV / MERCK & CO. INC. / K020215	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / K020215	**total**	1	0.02%
PPV / MERCK & CO. INC. / K024976	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / K024976	**total**	1	0.02%
PPV / MERCK & CO. INC. / L001311	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / L001311	**total**	1	0.02%
PPV / MERCK & CO. INC. / L021367	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / L021367	**total**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / HM4FY	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / HM4FY	**total**	1	0.02%
TDAP / SANOFI PASTEUR	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR	**Life Threatening**	1	0.02%

TDAP / SANOFI PASTEUR	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C4689AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4689AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C4689AA	**total**	2	0.04%
TDAP / SANOFI PASTEUR / C4730PA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4730PA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4765AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / C4765AA	**Not Serious**	2	0.04%
TDAP / SANOFI PASTEUR / C4765AA	**total**	3	0.07%
TDAP / SANOFI PASTEUR / C4774AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C4774AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / U4971AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / U4971AA	**total**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 3003000	**Recovered**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 3003000	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / J004155	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / J004155	**Hospitalized**	1	0.02%
VARCEL / MERCK & CO. INC. / J004155	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / J004155	**total**	3	0.07%
VARCEL / MERCK & CO. INC. / L001326	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / L001326	**total**	1	0.02%
VARCEL / MERCK & CO.	**Emergency**		

INC. / L023593	**Room**	1	0.02%
VARCEL / MERCK & CO. INC. / L023593	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / L023593	**total**	2	0.04%
VARZOS / MERCK & CO. INC. / K015308	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / K015308	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / K018176	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / K018176	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / K021919	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / K021919	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / K023624	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC. / K023624	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / L012478	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / L012478	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / L013546	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / L013546	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / L028282	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / L028282	**total**	1	0.02%
VARZOS / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
VARZOS / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
VARZOS / UNKNOWN MANUFACTURER	**total**	2	0.04%
YF / SANOFI PASTEUR / UH841AA	**Recovered**	1	0.02%
YF / SANOFI PASTEUR / UH841AA	**total**	1	0.02%

	total		141	3.12%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 22M9L	**Emergency Room**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 22M9L	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 22M9L	**total**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / Z2M9L	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / Z2M9L	**total**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
	DTAP / UNKNOWN MANUFACTURER	**total**	1	0.02%
	DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 33E9E	**Recovered**	1	0.02%
	DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 33E9E	**total**	1	0.02%
	DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 4922C	**Recovered**	1	0.02%
	DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 4922C	**total**	1	0.02%
	DTAPHEPBIP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
	DTAPHEPBIP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
	DTAPHEPBIP / UNKNOWN MANUFACTURER	**total**	2	0.04%
	DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 3N7Y7	**Not Serious**	2	0.04%

DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 3N7Y7	**total**	2	0.04%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 43HB3	**Not Serious**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 43HB3	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / H53CL	**Emergency Room**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / H53CL	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / T325H	**Not Serious**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / T325H	**total**	1	0.02%
FLU3 / CSL LIMITED / WT54006	**Emergency Room**	1	0.02%
FLU3 / CSL LIMITED / WT54006	**total**	1	0.02%
FLU3 / CSL LIMITED / WT56908	**Emergency Room**	1	0.02%
FLU3 / CSL LIMITED / WT56908	**total**	1	0.02%
FLU3 / CSL LIMITED / WT57208	**Emergency Room**	1	0.02%
FLU3 / CSL LIMITED / WT57208	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1619521	**Not Serious**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1619521	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1620201	**Not Serious**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1620201	**total**	1	0.02%

FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1620261	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1620261	**Hospitalized**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1620261	**total**	2	0.04%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1620301	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1620301	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U5304AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U5304AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI620AB	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UI620AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI659AA	**Emergency Room**	1	0.02%
FLU3 / SANOFI PASTEUR / UI659AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI659AA	**total**	2	0.04%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 3CG9P	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 3CG9P	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 4A2E2	**Emergency Room**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 4A2E2	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / A3AD2	**Emergency Room**	1	0.02%

FLU4 / GLAXOSMITHKLINE BIOLOGICALS / A3AD2	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / A3AD2	**total**	2	0.04%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / AT3CC	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / AT3CC	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / C54L3	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / C54L3	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / U5J99AC	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / U5J99AC	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / U5338BA	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR / U5338BA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / U5599AC	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / U5599AC	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UI440AB	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UI440AB	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UI643AE	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR / UI643AE	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UI678AD	**Recovered**	2	0.04%
FLU4 / SANOFI PASTEUR / UI678AD	**total**	2	0.04%
FLU4 / SANOFI PASTEUR	**Not Serious**	1	0.02%

/ UI678AE			
FLU4 / SANOFI PASTEUR / UI678AE	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UI684AB	**Emergency Room**	1	0.02%
FLU4 / SANOFI PASTEUR / UI684AB	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UI684AB	**total**	2	0.04%
FLU4 / SANOFI PASTEUR / UI691AB	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UI691AB	**total**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 165803	**Emergency Room**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 165803	**Recovered**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 165803	**total**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 5DE7C	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 5DE7C	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 5G943	**Not Serious**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 5G943	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / FB3A3	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / FB3A3	**total**	1	0.02%

HEP / GLAXOSMITHKLINE BIOLOGICALS / P22P3	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / P22P3	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 294X9	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 294X9	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 294X9	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 294X9	**total**	3	0.07%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 793JR	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 793JR	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X9LB7	**Emergency Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X9LB7	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UI378AAA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UI378AAA	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / L019297	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / L019297	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / L019297	**total**	2	0.04%
HPV4 / MERCK & CO. INC. / L043213	**Emergency Room**	1	0.02%
HPV4 / MERCK & CO. INC. / L043213	**Recovered**	1	0.02%

2016	HPV4 / MERCK & CO. INC. / L043213	total	2	0.04%
	HPV9 / MERCK & CO. INC. / L019297	Recovered	2	0.04%
	HPV9 / MERCK & CO. INC. / L019297	total	2	0.04%
	HPV9 / MERCK & CO. INC. / L043213	Not Serious	1	0.02%
	HPV9 / MERCK & CO. INC. / L043213	total	1	0.02%
	HPV9 / MERCK & CO. INC. / L044475	Emergency Room	1	0.02%
	HPV9 / MERCK & CO. INC. / L044475	total	1	0.02%
	HPV9 / MERCK & CO. INC. / M011117	Not Serious	1	0.02%
	HPV9 / MERCK & CO. INC. / M011117	total	1	0.02%
	HPV9 / MERCK & CO. INC. / M016193	Emergency Room	1	0.02%
	HPV9 / MERCK & CO. INC. / M016193	Recovered	1	0.02%
	HPV9 / MERCK & CO. INC. / M016193	total	2	0.04%
	MMR / MERCK & CO. INC.	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC.	total	1	0.02%
	MMR / MERCK & CO. INC. / K002816	Not Serious	1	0.02%
	MMR / MERCK & CO. INC. / K002816	total	1	0.02%
	MMR / MERCK & CO. INC. / K014833	Emergency Room	1	0.02%
	MMR / MERCK & CO. INC. / K014833	total	1	0.02%
	MMR / MERCK & CO. INC. / K074036	Not Serious	1	0.02%
	MMR / MERCK & CO. INC. / K074036	total	1	0.02%
	MMRV / MERCK & CO. INC. / K013867	Not Serious	1	0.02%
	MMRV / MERCK & CO.	total	1	0.02%

INC. / K013867			
MMRV / MERCK & CO. INC. / L031098	**Emergency Room**	1	0.02%
MMRV / MERCK & CO. INC. / L031098	**total**	1	0.02%
MMRV / MERCK & CO. INC. / L039269	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / L039269	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U5058AC	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U5058AC	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U5058AC	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U5186AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U5186AA	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U5228BA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U5228BA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U5228BA	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U5410AA	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U5410AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U5410AA	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U5460BA	**Recovered**	2	0.04%
MNQ / SANOFI PASTEUR / U5460BA	**total**	2	0.04%
PNC13 / PFIZER/WYETH / L13522	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / L13522	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M29042	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / M29042	**total**	1	0.02%

PNC13 / PFIZER/WYETH / M35763	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / M35763	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M50259	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / M50259	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M56442	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / M56442	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M59340	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / M59340	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M67951	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / M67951	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M79320	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / M79320	**total**	1	0.02%
PNC13 / PFIZER/WYETH / M94708	**Emergency Room**	1	0.02%
PNC13 / PFIZER/WYETH / M94708	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / M94708	**total**	2	0.04%
PNC13 / PFIZER/WYETH / N16560	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / N16560	**total**	1	0.02%
PPV / MERCK & CO. INC. / K020215	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / K020215	**total**	1	0.02%
PPV / MERCK & CO. INC. / L014876	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / L014876	**total**	1	0.02%
PPV / MERCK & CO. INC.			

/ L019835	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / L019835	**total**	1	0.02%
PPV / MERCK & CO. INC. / L019836	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / L019836	**total**	1	0.02%
PPV / MERCK & CO. INC. / L022262	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / L022262	**total**	1	0.02%
PPV / MERCK & CO. INC. / L024129	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / L024129	**total**	1	0.02%
PPV / MERCK & CO. INC. / M022086	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / M022086	**total**	1	0.02%
PPV / MERCK & CO. INC. / M023460	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / M023460	**total**	1	0.02%
PPV / MERCK & CO. INC. / M026317	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / M026317	**total**	1	0.02%
PPV / MERCK & CO. INC. / M037533	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / M037533	**total**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**Not Serious**	2	0.04%
PPV / UNKNOWN MANUFACTURER	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9GE5D	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9GE5D	**Hospitalized**	1	0.02%
TDAP / GLAXOSMITHKLINE	**Recovered**	1	0.02%

BIOLOGICALS / 9GE5D			
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9GE5D	**Life Threatening**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9GE5D	**total**	4	0.09%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9Y57K	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9Y57K	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9Y57K	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 542F3	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 542F3	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AH4LF	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / AH4LF	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / LZ972	**Permanent Disability**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / LZ972	**Emergency Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / LZ972	**Recovered**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / LZ972	**total**	3	0.07%
TDAP / SANOFI PASTEUR	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR	**total**	1	0.02%
TDAP / SANOFI			

PASTEUR / 78222	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / 78222	**total**	1	0.02%
TDAP / SANOFI PASTEUR / U5243AA	**Emergency Room**	1	0.02%
TDAP / SANOFI PASTEUR / U5243AA	**total**	1	0.02%
TDAP / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
TDAP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
TDAP / UNKNOWN MANUFACTURER	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / L026405	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / L026405	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / L026408	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / L026408	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / M000995	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / M000995	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / M006726	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / M006726	**total**	1	0.02%
VARZOS / MERCK & CO. INC.	**Emergency Room**	1	0.02%
VARZOS / MERCK & CO. INC.	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / L029481	**Recovered**	1	0.02%
VARZOS / MERCK & CO. INC. / L029481	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / L032397	**Not Serious**	1	0.02%
VARZOS / MERCK & CO. INC. / L032397	**total**	1	0.02%
VARZOS / MERCK & CO. INC. / L039126	**Emergency Room**	1	0.02%

	VARZOS / MERCK & CO. INC. / L039126	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / L039126	**total**	2	0.04%
	VARZOS / MERCK & CO. INC. / L046896	**Permanent Disability**	1	0.02%
	VARZOS / MERCK & CO. INC. / L046896	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / M027117	**Emergency Room**	1	0.02%
	VARZOS / MERCK & CO. INC. / M027117	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / M033335	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / M033335	**total**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER	**Recovered**	2	0.04%
	VARZOS / UNKNOWN MANUFACTURER	**total**	2	0.04%
	total		135	2.99%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 33H9N	**Office Visit**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 33H9N	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 425KY	**Not Serious**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 425KY	**total**	1	0.02%
	DTAP / SANOFI PASTEUR / C5101AA	**Not Serious**	1	0.02%
	DTAP / SANOFI PASTEUR / C5101AA	**total**	1	0.02%
	DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 2YZ27	**Recovered**	1	0.02%
	DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 2YZ27	**total**	1	0.02%
	DTAPHEPBIP /			

GLAXOSMITHKLINE BIOLOGICALS / 9B4CD	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 9B4CD	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 92443	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 92443	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / J7K97	**Office Visit**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / J7K97	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 5S5TJ	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 5S5TJ	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 43HB3	**Office Visit**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 43HB3	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 3425B	**Emergency Room**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 3425B	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 3425B	**total**	2	0.04%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AF543	**Emergency Room**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AF543	**total**	1	0.02%
DTAPIPV /			

GLAXOSMITHKLINE BIOLOGICALS / Y2N22	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / Y2N22	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / Y2NZ2	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / Y2NZ2	**total**	1	0.02%
FLU3 / CSL LIMITED / XT31908	**Not Serious**	1	0.02%
FLU3 / CSL LIMITED / XT31908	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS	**Not Serious**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS	**total**	1	0.02%
FLU3 / SANOFI PASTEUR	**Office Visit**	1	0.02%
FLU3 / SANOFI PASTEUR	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI722AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UI722AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI740AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UI740AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI811AB	**Office Visit**	1	0.02%
FLU3 / SANOFI PASTEUR / UI811AB	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI811AB	**total**	2	0.04%
FLU3 / SANOFI PASTEUR / UI845AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UI845AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI882AA	**Office Visit**	2	0.04%
FLU3 / SANOFI PASTEUR			

/ UI882AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI882AA	**total**	3	0.07%
FLU3 / SANOFI PASTEUR / UI887AA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / UI887AA	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**Emergency Doctor/Room**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**total**	2	0.04%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 4E532	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 4E532	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 5GC54	**Office Visit**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 5GC54	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 9M3F7	**Office Visit**	2	0.04%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 9M3F7	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 9M3F7	**total**	3	0.07%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 255C4	**Emergency Room**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 255C4	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE	**total**	2	0.04%

BIOLOGICALS / 255C4			
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 572KT	**Office Visit**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 572KT	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / A2Z34	**Emergency Room**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / A2Z34	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / C559A	**Office Visit**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / C559A	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / C559A	**total**	2	0.04%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / G294R	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / G294R	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / Z55C4	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / Z55C4	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / U1826AD	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / U1826AD	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / U5913A	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR / U5913A	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UI829AA	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR			

/ UI829AA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UI864AA	**Emergency Room**	1	0.02%
FLU4 / SANOFI PASTEUR / UI864AA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UT5954LA	**Permanent Disability**	1	0.02%
FLU4 / SANOFI PASTEUR / UT5954LA	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UT5954LA	**Emergency Doctor/Room**	1	0.02%
FLU4 / SANOFI PASTEUR / UT5954LA	**Hospitalized**	1	0.02%
FLU4 / SANOFI PASTEUR / UT5954LA	**total**	4	0.09%
FLU4 / SEQIRUS, INC. / XF32908	**Office Visit**	1	0.02%
FLU4 / SEQIRUS, INC. / XF32908	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC. / XF32908	**Not Serious**	1	0.02%
FLU4 / SEQIRUS, INC. / XF32908	**total**	3	0.07%
FLU4 / SEQIRUS, INC. / XF33008	**Office Visit**	1	0.02%
FLU4 / SEQIRUS, INC. / XF33008	**Emergency Doctor/Room**	1	0.02%
FLU4 / SEQIRUS, INC. / XF33008	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC. / XF33008	**total**	3	0.07%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 179002	**Not Serious**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 179002	**total**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 179401	**Office Visit**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 179401	**total**	1	0.02%

FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1790002	**Recovered**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1790002	**total**	1	0.02%
FLUC4 / SEQIRUS, INC. / 195218	**Office Visit**	1	0.02%
FLUC4 / SEQIRUS, INC. / 195218	**total**	1	0.02%
FLUC4 / SEQIRUS, INC. / 195223	**Office Visit**	1	0.02%
FLUC4 / SEQIRUS, INC. / 195223	**total**	1	0.02%
FLUC4 / SEQIRUS, INC. / 195234	**Not Serious**	1	0.02%
FLUC4 / SEQIRUS, INC. / 195234	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 92324	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 92324	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / DA22F	**Not Serious**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / DA22F	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / GY3H5	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / GY3H5	**total**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Office Visit**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Emergency Doctor/Room**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
HEP / UNKNOWN MANUFACTURER	**total**	3	0.07%

2017	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 23F25	Emergency Doctor/Room	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 23F25	total	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 544E6	Not Serious	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 544E6	total	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 954G2	Emergency Room	1	0.02%
	HEPA / GLAXOSMITHKLINE BIOLOGICALS / 954G2	total	1	0.02%
	HEPAB / GLAXOSMITHKLINE BIOLOGICALS / DX7D3	Recovered	1	0.02%
	HEPAB / GLAXOSMITHKLINE BIOLOGICALS / DX7D3	total	1	0.02%
	HIBV / SANOFI PASTEUR / U1762AA	Office Visit	1	0.02%
	HIBV / SANOFI PASTEUR / U1762AA	total	1	0.02%
	HIBV / SANOFI PASTEUR / U1772AAA	Recovered	1	0.02%
	HIBV / SANOFI PASTEUR / U1772AAA	total	1	0.02%
	HIBV / SANOFI PASTEUR / UI762AA	Recovered	1	0.02%
	HIBV / SANOFI PASTEUR / UI762AA	total	1	0.02%
	HIBV / SANOFI PASTEUR / UI766AA	Office Visit	1	0.02%
	HIBV / SANOFI PASTEUR / UI766AA	total	1	0.02%
	HIBV / SANOFI PASTEUR / UI804AA	Not Serious	1	0.02%
	HIBV / SANOFI PASTEUR / UI804AA	total	1	0.02%

HPV4 / MERCK & CO. INC.	**Office Visit**	1	0.02%
HPV4 / MERCK & CO. INC.	**Emergency Doctor/Room**	1	0.02%
HPV4 / MERCK & CO. INC.	**Hospitalized**	1	0.02%
HPV4 / MERCK & CO. INC.	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC.	**total**	4	0.09%
HPV9 / MERCK & CO. INC.	**Not Serious**	1	0.02%
HPV9 / MERCK & CO. INC.	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / M040412	**Not Serious**	1	0.02%
HPV9 / MERCK & CO. INC. / M040412	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / M042853	**Office Visit**	1	0.02%
HPV9 / MERCK & CO. INC. / M042853	**Recovered**	1	0.02%
HPV9 / MERCK & CO. INC. / M042853	**total**	2	0.04%
IPV / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
IPV / UNKNOWN MANUFACTURER	**total**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / 15C601	**Office Visit**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / 15C601	**Recovered**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / 15C601	**total**	2	0.04%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / 157601	**Emergency Room**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / 157601	**Recovered**	1	0.02%

MENB / NOVARTIS VACCINES AND DIAGNOSTICS / 157601	**total**	2	0.04%
MMR / MERCK & CO. INC.	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC.	**total**	1	0.02%
MMR / MERCK & CO. INC. / N039913	**Office Visit**	1	0.02%
MMR / MERCK & CO. INC. / N039913	**total**	1	0.02%
MMRV / MERCK & CO. INC. / M043306	**Emergency Room**	1	0.02%
MMRV / MERCK & CO. INC. / M043306	**Recovered**	2	0.04%
MMRV / MERCK & CO. INC. / M043306	**total**	3	0.07%
MMRV / MERCK & CO. INC. / N000336	**Office Visit**	1	0.02%
MMRV / MERCK & CO. INC. / N000336	**total**	1	0.02%
MMRV / MERCK & CO. INC. / N013863	**Emergency Room**	1	0.02%
MMRV / MERCK & CO. INC. / N013863	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U55BAB	**Emergency Room**	1	0.02%
MNQ / SANOFI PASTEUR / U55BAB	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U55BAB	**total**	2	0.04%
PNC13 / PFIZER/WYETH	**Office Visit**	2	0.04%
PNC13 / PFIZER/WYETH	**Emergency Doctor/Room**	1	0.02%
PNC13 / PFIZER/WYETH	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH	**total**	4	0.09%
PNC13 / PFIZER/WYETH / M88543	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / M88543	**total**	1	0.02%
PNC13 / PFIZER/WYETH / R37130	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH /			

R37130	**total**	1	0.02%
PNC13 / PFIZER/WYETH / R56665	**Office Visit**	1	0.02%
PNC13 / PFIZER/WYETH / R56665	**total**	1	0.02%
PNC13 / PFIZER/WYETH / R70447	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / R70447	**total**	1	0.02%
PNC13 / PFIZER/WYETH / R70448	**Office Visit**	1	0.02%
PNC13 / PFIZER/WYETH / R70448	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / R70448	**total**	2	0.04%
PNC13 / PFIZER/WYETH / R75238	**Office Visit**	2	0.04%
PNC13 / PFIZER/WYETH / R75238	**total**	2	0.04%
PNC13 / PFIZER/WYETH / S35326	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / S35326	**total**	1	0.02%
PPV / MERCK & CO. INC. / L019836	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / L019836	**total**	1	0.02%
PPV / MERCK & CO. INC. / L024132	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / L024132	**total**	1	0.02%
PPV / MERCK & CO. INC. / L029073	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / L029073	**total**	1	0.02%
PPV / MERCK & CO. INC. / M022086	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / M022086	**total**	1	0.02%
PPV / MERCK & CO. INC. / M0370533	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / M0370533	**total**	1	0.02%

PPV / MERCK & CO. INC. / M040804	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / M040804	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / M040804	**total**	2	0.04%
PPV / MERCK & CO. INC. / MO36161	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / MO36161	**total**	1	0.02%
PPV / MERCK & CO. INC. / N003993	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / N003993	**total**	1	0.02%
PPV / MERCK & CO. INC. / N005096	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / N005096	**total**	1	0.02%
PPV / MERCK & CO. INC. / N010106	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / N010106	**total**	1	0.02%
PPV / MERCK & CO. INC. / N013541	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / N013541	**total**	1	0.02%
PPV / MERCK & CO. INC. / N027624	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / N027624	**total**	1	0.02%
PPV / MERCK & CO. INC. / NO13541	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / NO13541	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / NO13541	**total**	2	0.04%
PPV / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
PPV / UNKNOWN MANUFACTURER	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / 22X97	**Recovered**	1	0.02%

RV1 / GLAXOSMITHKLINE BIOLOGICALS / 22X97	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / MD33Y	**Not Serious**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / MD33Y	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / Z23PT	**Recovered**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / Z23PT	**total**	1	0.02%
RV5 / MERCK & CO. INC. / M043836	**Not Serious**	1	0.02%
RV5 / MERCK & CO. INC. / M043836	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	**Life Threatening**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / LZ972	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / LZ972	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / T975M	**Not Serious**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / T975M	**total**	2	0.04%
TDAP / SANOFI PASTEUR / U5770AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / U5770AA	**total**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 3003145	**Not Serious**	1	0.02%
TYP / BERNA BIOTECH, LTD. / 3003145	**total**	1	0.02%

	TYP / SANOFI PASTEUR / M01131	**Recovered**	1	0.02%
	TYP / SANOFI PASTEUR / M01131	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / L031066	**Not Serious**	1	0.02%
	VARCEL / MERCK & CO. INC. / L031066	**total**	1	0.02%
	VARCEL / MERCK & CO. INC. / M035688	**Not Serious**	1	0.02%
	VARCEL / MERCK & CO. INC. / M035688	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / M038350	**Office Visit**	1	0.02%
	VARZOS / MERCK & CO. INC. / M038350	**Recovered**	2	0.04%
	VARZOS / MERCK & CO. INC. / M038350	**total**	3	0.07%
	VARZOS / MERCK & CO. INC. / M038351	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / M038351	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / N011366	**Office Visit**	1	0.02%
	VARZOS / MERCK & CO. INC. / N011366	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / N011366	**total**	2	0.04%
	VARZOS / MERCK & CO. INC. / N012493	**Emergency Doctor/Room**	1	0.02%
	VARZOS / MERCK & CO. INC. / N012493	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / N025387	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / N025387	**total**	1	0.02%
	total		148	3.28%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / HY2G7	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / HY2G7	**Not Serious**	1	0.02%

DTAP / GLAXOSMITHKLINE BIOLOGICALS / HY2G7	**total**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / T79X3	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / T79X3	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS	**Death**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS	**Emergency Doctor/Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS	**Hospitalized**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS	**total**	3	0.07%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 9A2KC	**Emergency Doctor/Room**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 9A2KC	**Hospitalized**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 9A2KC	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 9A2KC	**Life Threatening**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 9A2KC	**total**	4	0.09%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AF543	**Emergency Doctor/Room**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / AF543	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / G9P35	**Hospitalized**	1	0.02%

DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / G9P35	**total**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C5500CA	**Office Visit**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C5500CA	**total**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C5230AA	**Recovered**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C5230AA	**total**	1	0.02%
FLU3 / CSL LIMITED	**Office Visit**	1	0.02%
FLU3 / CSL LIMITED	**total**	1	0.02%
FLU3 / SANOFI PASTEUR	**Office Visit**	1	0.02%
FLU3 / SANOFI PASTEUR	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UI997AB	**Office Visit**	1	0.02%
FLU3 / SANOFI PASTEUR / UI997AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UJ030AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UJ030AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UJ043AB	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UJ043AB	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 2XF7E	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 2XF7E	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 9455T	**Emergency Doctor/Room**	1	0.02%
FLU4 /			

GLAXOSMITHKLINE BIOLOGICALS / 9455T	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 9455T	**total**	2	0.04%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / B4J3H	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / B4J3H	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / TM925	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / TM925	**total**	1	0.02%
FLU4 / SANOFI PASTEUR	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ025AC	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ025AC	**Emergency Doctor/Room**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ025AC	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ025AC	**total**	3	0.07%
FLU4 / SANOFI PASTEUR / UJ041AB	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ041AB	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ087AB	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ087AB	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ087AB	**total**	2	0.04%
FLU4 / SANOFI PASTEUR / UT5949KA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UT5949KA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UT5954JA	**Emergency Room**	1	0.02%
FLU4 / SANOFI PASTEUR			

/ UT5954JA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UT5954JA	**total**	2	0.04%
FLU4 / SANOFI PASTEUR / UT6310MA	**Emergency Doctor/Room**	1	0.02%
FLU4 / SANOFI PASTEUR / UT6310MA	**total**	1	0.02%
FLU4 / SEQIRUS, INC.	**Office Visit**	1	0.02%
FLU4 / SEQIRUS, INC.	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC.	**total**	2	0.04%
FLU4 / SEQIRUS, INC. / 2544611A	**Office Visit**	1	0.02%
FLU4 / SEQIRUS, INC. / 2544611A	**total**	1	0.02%
FLU4 / SEQIRUS, INC. / U6263CA	**Permanent Disability**	1	0.02%
FLU4 / SEQIRUS, INC. / U6263CA	**Office Visit**	1	0.02%
FLU4 / SEQIRUS, INC. / U6263CA	**total**	2	0.04%
FLU4 / SEQIRUS, INC. / YF39908	**Office Visit**	1	0.02%
FLU4 / SEQIRUS, INC. / YF39908	**Emergency Doctor/Room**	1	0.02%
FLU4 / SEQIRUS, INC. / YF39908	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC. / YF39908	**total**	3	0.07%
FLU4 / SEQIRUS, INC. / YF44409	**Not Serious**	1	0.02%
FLU4 / SEQIRUS, INC. / YF44409	**total**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 250793	**Office Visit**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 250793	**total**	1	0.02%
FLUC4 / SEQIRUS, INC. / 252671	**Office Visit**	2	0.04%
FLUC4 / SEQIRUS, INC. / 252671	**Emergency Doctor/Room**	1	0.02%
FLUC4 / SEQIRUS, INC. /			

252671	**total**	3	0.07%
FLUX / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 3KT7B	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 3KT7B	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 23F25	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 23F25	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 5953X	**Not Serious**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 5953X	**total**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AC9F4	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / AC9F4	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / JP742	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / JP742	**total**	1	0.02%
HIBV / MERCK & CO. INC.	**Death**	1	0.02%
HIBV / MERCK & CO.	**Emergency**		

INC.	**Doctor/Room**	1	0.02%
HIBV / MERCK & CO. INC.	**Hospitalized**	1	0.02%
HIBV / MERCK & CO. INC.	**total**	3	0.07%
HIBV / SANOFI PASTEUR / UI909AA	**Emergency Doctor/Room**	1	0.02%
HIBV / SANOFI PASTEUR / UI909AA	**Hospitalized**	1	0.02%
HIBV / SANOFI PASTEUR / UI909AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UI909AA	**Life Threatening**	1	0.02%
HIBV / SANOFI PASTEUR / UI909AA	**total**	4	0.09%
HPV9 / MERCK & CO. INC.	**Not Serious**	1	0.02%
HPV9 / MERCK & CO. INC.	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / 90651	**Recovered**	1	0.02%
HPV9 / MERCK & CO. INC. / 90651	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / N025429	**Not Serious**	1	0.02%
HPV9 / MERCK & CO. INC. / N025429	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / R017457	**Office Visit**	1	0.02%
HPV9 / MERCK & CO. INC. / R017457	**Recovered**	1	0.02%
HPV9 / MERCK & CO. INC. / R017457	**total**	2	0.04%
MMR / MERCK & CO. INC. / N011005	**Office Visit**	1	0.02%
MMR / MERCK & CO. INC. / N011005	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / N011005	**total**	2	0.04%
MMR / MERCK & CO. INC. / N013869	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / N013869	**total**	1	0.02%

MMR / MERCK & CO. INC. / R017628	**Office Visit**	1	0.02%
MMR / MERCK & CO. INC. / R017628	**total**	1	0.02%
MMRV / MERCK & CO. INC. / N023001	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / N023001	**total**	1	0.02%
MMRV / MERCK & CO. INC. / N023965	**Emergency Doctor/Room**	1	0.02%
MMRV / MERCK & CO. INC. / N023965	**total**	1	0.02%
MMRV / MERCK & CO. INC. / R017626	**Hospitalized**	1	0.02%
MMRV / MERCK & CO. INC. / R017626	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U5823AA	**Office Visit**	1	0.02%
MNQ / SANOFI PASTEUR / U5823AA	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U5917AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U5917AA	**Not Serious**	1	0.02%
MNQ / SANOFI PASTEUR / U5917AA	**total**	2	0.04%
MNQ / SANOFI PASTEUR / U5986AA	**Office Visit**	1	0.02%
MNQ / SANOFI PASTEUR / U5986AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U5986AA	**total**	2	0.04%
PNC13 / PFIZER/WYETH	**Death**	1	0.02%
PNC13 / PFIZER/WYETH	**Office Visit**	1	0.02%
PNC13 / PFIZER/WYETH	**Emergency Doctor/Room**	1	0.02%
PNC13 / PFIZER/WYETH	**Hospitalized**	1	0.02%
PNC13 / PFIZER/WYETH	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH	**total**	5	0.11%
PNC13 / PFIZER/WYETH / 531241	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH /	**total**	1	0.02%

	531241			
	PNC13 / PFIZER/WYETH / S58703	**Recovered**	1	0.02%
	PNC13 / PFIZER/WYETH / S58703	**total**	1	0.02%
	PNC13 / PFIZER/WYETH / S74423	**Office Visit**	1	0.02%
	PNC13 / PFIZER/WYETH / S74423	**Recovered**	1	0.02%
	PNC13 / PFIZER/WYETH / S74423	**total**	2	0.04%
	PNC13 / PFIZER/WYETH / T94429	**Not Serious**	1	0.02%
	PNC13 / PFIZER/WYETH / T94429	**total**	1	0.02%
	PNC13 / PFIZER/WYETH / W28770	**Emergency Doctor/Room**	1	0.02%
	PNC13 / PFIZER/WYETH / W28770	**Hospitalized**	1	0.02%
	PNC13 / PFIZER/WYETH / W28770	**Recovered**	1	0.02%
	PNC13 / PFIZER/WYETH / W28770	**Life Threatening**	1	0.02%
	PNC13 / PFIZER/WYETH / W28770	**total**	4	0.09%
2018	**PNC13 / PFIZER/WYETH / W51924**	**Office Visit**	1	0.02%
	PNC13 / PFIZER/WYETH / W51924	**total**	1	0.02%
	PPV / MERCK & CO. INC.	**Not Serious**	1	0.02%
	PPV / MERCK & CO. INC.	**total**	1	0.02%
	PPV / MERCK & CO. INC. / M037533	**Office Visit**	1	0.02%
	PPV / MERCK & CO. INC. / M037533	**total**	1	0.02%
	PPV / MERCK & CO. INC. / M043424	**Hospitalized**	1	0.02%
	PPV / MERCK & CO. INC. / M043424	**total**	1	0.02%
	PPV / MERCK & CO. INC. / N003993	**Permanent Disability**	1	0.02%
	PPV / MERCK & CO. INC. / N003993	**total**	1	0.02%

PPV / MERCK & CO. INC. / N012127	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / N012127	**total**	1	0.02%
PPV / MERCK & CO. INC. / N013521	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / N013521	**total**	1	0.02%
PPV / MERCK & CO. INC. / N019838	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / N019838	**total**	1	0.02%
PPV / MERCK & CO. INC. / N019983	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / N019983	**Emergency Doctor/Room**	1	0.02%
PPV / MERCK & CO. INC. / N019983	**Hospitalized**	1	0.02%
PPV / MERCK & CO. INC. / N019983	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / N019983	**total**	4	0.09%
PPV / MERCK & CO. INC. / N023651	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / N023651	**total**	1	0.02%
PPV / MERCK & CO. INC. / N025384	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / N025384	**total**	1	0.02%
PPV / MERCK & CO. INC. / N025656	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / N025656	**total**	1	0.02%
PPV / MERCK & CO. INC. / R007722	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / R007722	**total**	1	0.02%
PPV / MERCK & CO. INC. / R009408	**Emergency Doctor/Room**	1	0.02%
PPV / MERCK & CO. INC. / R009408	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Office Visit**	1	0.02%

/ R012497			
PPV / MERCK & CO. INC. / R012497	**Emergency Doctor/Room**	1	0.02%
PPV / MERCK & CO. INC. / R012497	**total**	2	0.04%
RV1 / GLAXOSMITHKLINE BIOLOGICALS	**Death**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS	**Emergency Doctor/Room**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS	**Hospitalized**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS	**total**	3	0.07%
RV5 / MERCK & CO. INC. / N034401	**Emergency Doctor/Room**	1	0.02%
RV5 / MERCK & CO. INC. / N034401	**Hospitalized**	1	0.02%
RV5 / MERCK & CO. INC. / N034401	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / N034401	**Life Threatening**	1	0.02%
RV5 / MERCK & CO. INC. / N034401	**total**	4	0.09%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9GM3R	**Emergency Doctor/Room**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9GM3R	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 9GM3R	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 393D9	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 393D9	**total**	1	0.02%
TDAP / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%

TDAP / UNKNOWN MANUFACTURER	**total**	1	0.02%
TYP / BERNA BIOTECH, LTD.	**Not Serious**	1	0.02%
TYP / BERNA BIOTECH, LTD.	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER / 4492P	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER / 4492P	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / M004328	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / M004328	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / M039318	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / M039318	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / N024566	**Office Visit**	1	0.02%
VARCEL / MERCK & CO. INC. / N024566	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / N026071	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / N026071	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / N027000	**Office Visit**	1	0.02%
VARCEL / MERCK & CO. INC. / N027000	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / N027000	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / N031002	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / N031002	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / N79Z5	**Office Visit**	1	0.02%
VARCEL / MERCK & CO.			

INC. / N79Z5	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / NO26O71	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / NO26O71	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Emergency Room**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	6	0.13%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	6	0.13%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**total**	15	0.33%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3Z4KL	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3Z4KL	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 9YD45	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 9YD45	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 32GR4	**Recovered**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 32GR4	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 32GR4	**total**	3	0.07%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 95LX9	**Emergency Doctor/Room**	1	0.02%
VARZOS /			

GLAXOSMITHKLINE BIOLOGICALS / 95LX9	**Recovered**	5	0.11%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 95LX9	**total**	6	0.13%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 524S7	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 524S7	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 992H3	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 992H3	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 4492P	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 4492P	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / B5EK2	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / B5EK2	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / B3276	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / B3276	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / B3276	**total**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / B9739	**Recovered**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / B9739	**total**	2	0.04%
VARZOS /			

GLAXOSMITHKLINE BIOLOGICALS / CH2X7	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / CH2X7	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / FZ3ND	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / FZ3ND	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / G2ZF2	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / G2ZF2	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / H547E	**Recovered**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / H547E	**total**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / HG4P3	**Office Visit**	3	0.07%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / HG4P3	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / HG4P3	**total**	4	0.09%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / HM3NC	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / HM3NC	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / L7F7E	**Emergency Doctor/Room**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / L7F7E	**Not Serious**	2	0.04%
VARZOS /			

GLAXOSMITHKLINE BIOLOGICALS / L7F7E	**total**	3	0.07%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / L757E	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / L757E	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / LT533	**Permanent Disability**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / LT533	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / N003993	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / N003993	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / TP5E5	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / TP5E5	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / XC534	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / XC534	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / Y2YKE	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / Y2YKE	**Emergency Doctor/Room**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / Y2YKE	**Hospitalized**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / Y2YKE	**Recovered**	1	0.02%
VARZOS /			

	GLAXOSMITHKLINE BIOLOGICALS / Y2YKE	**total**	4	0.09%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / Z9RR4	**Recovered**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / Z9RR4	**total**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / ZN22Z	**Office Visit**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / ZN22Z	**total**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER	**total**	1	0.02%
	YF / SANOFI PASTEUR / U1680AA	**Not Serious**	1	0.02%
	YF / SANOFI PASTEUR / U1680AA	**total**	1	0.02%
	total		197	4.36%
	COVID19 / MODERNA / 011J20A	**Office Visit**	1	0.02%
	COVID19 / MODERNA / 011J20A	**total**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 2C7F9	**Office Visit**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 2C7F9	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 2C7F9	**Not Serious**	2	0.04%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 2C7F9	**total**	5	0.11%
	DTAP / GLAXOSMITHKLINE BIOLOGICALS / 267F9	**Recovered**	1	0.02%
	DTAP / GLAXOSMITHKLINE	**total**	1	0.02%

BIOLOGICALS / 267F9			
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / KZ4TM	**Office Visit**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / KZ4TM	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / KZ4TM	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / MG92G	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / MG92G	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 2F254	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 2F254	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 94496	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 94496	**total**	1	0.02%
DTAPIPV / SANOFI PASTEUR	**Recovered**	1	0.02%
DTAPIPV / SANOFI PASTEUR	**total**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C5656AA	**Office Visit**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C5656AA	**total**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR	**Not Serious**	1	0.02%

DTAPIPVHIB / SANOFI PASTEUR	**total**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C5506AA	**Not Serious**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / C5506AA	**total**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / UI991AAA	**Recovered**	3	0.07%
DTAPIPVHIB / SANOFI PASTEUR / UI991AAA	**total**	3	0.07%
DTAPIPVHIB / SANOFI PASTEUR / UJ084AA	**Recovered**	1	0.02%
DTAPIPVHIB / SANOFI PASTEUR / UJ084AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / 49281-0405-65	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / 49281-0405-65	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UJ052AB	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / UJ052AB	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / UJ245AA	**Office Visit**	1	0.02%
FLU3 / SANOFI PASTEUR / UJ245AA	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 2DB5X	**Emergency Doctor/Room**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 2DB5X	**Hospitalized**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 2DB5X	**Recovered**	2	0.04%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 2DB5X	**total**	4	0.09%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 3FS25	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 3FS25	**total**	1	0.02%

FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7AR35	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7AR35	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / 2277M	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / 2277M	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / 2277M	**total**	2	0.04%
FLU4 / SANOFI PASTEUR / UJ231AB	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ231AB	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ231AB	**total**	2	0.04%
FLU4 / SEQIRUS, INC. / YF37606	**Not Serious**	1	0.02%
FLU4 / SEQIRUS, INC. / YF37606	**total**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 260388	**Not Serious**	1	0.02%
FLUA3 / NOVARTIS VACCINES AND DIAGNOSTICS / 260388	**total**	1	0.02%
FLUC4 / SEQIRUS, INC. / 261199	**Office Visit**	1	0.02%
FLUC4 / SEQIRUS, INC. / 261199	**total**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA1919	**Office Visit**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA1919	**total**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA1939	**Emergency Room**	1	0.02%

FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA1939	**total**	1	0.02%
HEP / DYNAVAX TECHNOLOGIES CORPORATION / 933093	**Hospitalized**	1	0.02%
HEP / DYNAVAX TECHNOLOGIES CORPORATION / 933093	**Recovered**	1	0.02%
HEP / DYNAVAX TECHNOLOGIES CORPORATION / 933093	**total**	2	0.04%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 2L2B9	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 2L2B9	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 42229	**Recovered**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 42229	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / R013540	**Not Serious**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / R013540	**total**	1	0.02%
HEP / MERCK & CO. INC. / R021372	**Not Serious**	1	0.02%
HEP / MERCK & CO. INC. / R021372	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**total**	2	0.04%
HEPA /			

GLAXOSMITHKLINE BIOLOGICALS / 7KS9P	**Office Visit**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 7KS9P	**Emergency Doctor/Room**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 7KS9P	**total**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 279H2	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 279H2	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 5953X	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 5953X	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / BE554	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / BE554	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X34HF	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X34HF	**total**	1	0.02%
HEPA / MERCK & CO. INC. / N031940	**Not Serious**	1	0.02%
HEPA / MERCK & CO. INC. / N031940	**total**	1	0.02%
HIBV / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
HIBV / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
HIBV / GLAXOSMITHKLINE BIOLOGICALS / UI950AA	**Recovered**	1	0.02%

HIBV / GLAXOSMITHKLINE BIOLOGICALS / UI950AA	**total**	1	0.02%
HIBV / SANOFI PASTEUR	**Office Visit**	1	0.02%
HIBV / SANOFI PASTEUR	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UJ03344	**Not Serious**	1	0.02%
HIBV / SANOFI PASTEUR / UJ03344	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 1614897	**Recovered**	1	0.02%
HPV4 / MERCK & CO. INC. / 1614897	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / R017134	**Office Visit**	1	0.02%
HPV4 / MERCK & CO. INC. / R017134	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / 1621929	**Not Serious**	1	0.02%
HPV9 / MERCK & CO. INC. / 1621929	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / R023606	**Office Visit**	1	0.02%
HPV9 / MERCK & CO. INC. / R023606	**Recovered**	1	0.02%
HPV9 / MERCK & CO. INC. / R023606	**total**	2	0.04%
HPV9 / MERCK & CO. INC. / R032767	**Recovered**	1	0.02%
HPV9 / MERCK & CO. INC. / R032767	**total**	1	0.02%
IPV / SANOFI PASTEUR / P1A461M	**Office Visit**	1	0.02%
IPV / SANOFI PASTEUR / P1A461M	**total**	1	0.02%
MMR / MERCK & CO. INC.	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC.	**total**	1	0.02%
MMR / MERCK & CO. INC. / N023154	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / N023154	**total**	1	0.02%

	MMR / MERCK & CO. INC. / R011221	Recovered	2	0.04%
	MMR / MERCK & CO. INC. / R011221	total	2	0.04%
	MMR / MERCK & CO. INC. / R028004	Office Visit	1	0.02%
	MMR / MERCK & CO. INC. / R028004	Not Serious	1	0.02%
	MMR / MERCK & CO. INC. / R028004	total	2	0.04%
	MMR / MERCK & CO. INC. / RO31679	Not Serious	1	0.02%
	MMR / MERCK & CO. INC. / RO31679	total	1	0.02%
	MMRV / MERCK & CO. INC.	Office Visit	1	0.02%
	MMRV / MERCK & CO. INC.	Recovered	1	0.02%
	MMRV / MERCK & CO. INC.	total	2	0.04%
	MMRV / MERCK & CO. INC. / R018779	Not Serious	1	0.02%
	MMRV / MERCK & CO. INC. / R018779	total	1	0.02%
	MMRV / MERCK & CO. INC. / R021095	Not Serious	1	0.02%
	MMRV / MERCK & CO. INC. / R021095	total	1	0.02%
	MMRV / MERCK & CO. INC. / R024015	Recovered	1	0.02%
	MMRV / MERCK & CO. INC. / R024015	total	1	0.02%
	MNQ / SANOFI PASTEUR / U6179AA	Not Serious	1	0.02%
	MNQ / SANOFI PASTEUR / U6179AA	total	1	0.02%
	PNC13 / PFIZER/WYETH	Recovered	2	0.04%
	PNC13 / PFIZER/WYETH	total	2	0.04%
2019	PNC13 / PFIZER/WYETH / AA7111	Recovered	1	0.02%
	PNC13 / PFIZER/WYETH / AA7111	total	1	0.02%

PNC13 / PFIZER/WYETH / AA7112	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / AA7112	**total**	1	0.02%
PNC13 / PFIZER/WYETH / T94429	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / T94429	**total**	1	0.02%
PNC13 / PFIZER/WYETH / W62465	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / W62465	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Recovered**	1	0.02%
PPV / MERCK & CO. INC.	**total**	1	0.02%
PPV / MERCK & CO. INC. / AA7111	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / AA7111	**total**	1	0.02%
PPV / MERCK & CO. INC. / R002354	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / R002354	**total**	1	0.02%
PPV / MERCK & CO. INC. / R007722	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / R007722	**Emergency Doctor/Room**	1	0.02%
PPV / MERCK & CO. INC. / R007722	**total**	2	0.04%
PPV / MERCK & CO. INC. / R016640	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / R016640	**total**	1	0.02%
PPV / MERCK & CO. INC. / R031961	**Emergency Doctor/Room**	1	0.02%
PPV / MERCK & CO. INC. / R031961	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / R031961	**total**	2	0.04%
PPV / MERCK & CO. INC. / RO10724	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / RO10724	**total**	1	0.02%

PPV / MERCK & CO. INC. / S004548	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / S004548	**total**	1	0.02%
PPV / MERCK & CO. INC. / S025133	**Office Visit**	2	0.04%
PPV / MERCK & CO. INC. / S025133	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / S025133	**total**	3	0.07%
RAB / SANOFI PASTEUR / N1G402 N	**Recovered**	1	0.02%
RAB / SANOFI PASTEUR / N1G402 N	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / 5GB73	**Not Serious**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / 5GB73	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / 7744B	**Not Serious**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / 7744B	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / BE959	**Office Visit**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / BE959	**Recovered**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / BE959	**total**	2	0.04%
RV5 / MERCK & CO. INC.	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC.	**total**	1	0.02%
RV5 / MERCK & CO. INC. / S004397	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / S004397	**total**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / A113A	**Not Serious**	1	0.02%
TD / MASS. PUB HLTH			

BIOL LAB / A113A	**total**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / A116A2	**Recovered**	1	0.02%
TD / MASS. PUB HLTH BIOL LAB / A116A2	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C5602AA	**Office Visit**	1	0.02%
TDAP / SANOFI PASTEUR / C5602AA	**Emergency Doctor/Room**	1	0.02%
TDAP / SANOFI PASTEUR / C5602AA	**total**	2	0.04%
UNK / UNKNOWN MANUFACTURER	**Permanent Disability**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Office Visit**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Emergency Doctor/Room**	2	0.04%
UNK / UNKNOWN MANUFACTURER	**Life Threatening**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**total**	5	0.11%
UNK / UNKNOWN MANUFACTURER / 58160-0823-11	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER / 58160-0823-11	**total**	1	0.02%
VARCEL / MERCK & CO. INC.	**Permanent Disability**	1	0.02%
VARCEL / MERCK & CO. INC.	**Office Visit**	1	0.02%
VARCEL / MERCK & CO. INC.	**Emergency Doctor/Room**	1	0.02%
VARCEL / MERCK & CO. INC.	**total**	3	0.07%
VARCEL / MERCK & CO. INC. / R012531	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / R012531	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / R020650	**Not Serious**	1	0.02%
VARCEL / MERCK & CO.	**total**	1	0.02%

INC. / R020650			
VARCEL / MERCK & CO. INC. / R022117	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / R022117	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / R024265	**Recovered**	2	0.04%
VARCEL / MERCK & CO. INC. / R024265	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / R034398	**Office Visit**	1	0.02%
VARCEL / MERCK & CO. INC. / R034398	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / R034398	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / R035225	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / R035225	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Permanent Disability**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	3	0.07%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	3	0.07%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	5	0.11%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**total**	13	0.29%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 0056654-18325	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 0056654-18325	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE	**Office Visit**	1	0.02%

BIOLOGICALS / 3LL4P			
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3LL4P	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 4ZF42	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 4ZF42	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 5JT9C	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 5JT9C	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 32ZG4	**Not Serious**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 32ZG4	**total**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 74A7L	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 74A7L	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 99D9F	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 99D9F	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 455KC	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 455KC	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 477S3	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE	**total**	1	0.02%

BIOLOGICALS / 477S3			
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 477Z7	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 477Z7	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 753RM	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 753RM	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 9277N	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 9277N	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 58160-0823-11	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 58160-0823-11	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / A4D72	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / A4D72	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / AP257	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / AP257	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / D9474	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / D9474	**Recovered**	1	0.02%

VARZOS / GLAXOSMITHKLINE BIOLOGICALS / D9474	**total**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / E2A23	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / E2A23	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / E3Z7E	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / E3Z7E	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / H7JY4	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / H7JY4	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / H549S	**Not Serious**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / H549S	**total**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / J352N	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / J352N	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / L7SY9	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / L7SY9	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / LL552	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / LL552	**total**	1	0.02%

	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / MX2LT	**Not Serious**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / MX2LT	**total**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / P57AA	**Not Serious**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / P57AA	**total**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNKNOWN	**Recovered**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNKNOWN	**Not Serious**	2	0.04%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNKNOWN	**total**	3	0.07%
	total		169	3.74%
	COVID19 / MODERNA	**Office Visit**	8	0.18%
	COVID19 / MODERNA	**Emergency Doctor/Room**	1	0.02%
	COVID19 / MODERNA	**Recovered**	14	0.31%
	COVID19 / MODERNA	**Not Serious**	8	0.18%
	COVID19 / MODERNA	**total**	31	0.69%
	COVID19 / MODERNA / 01JL20A	**Not Serious**	1	0.02%
	COVID19 / MODERNA / 01JL20A	**total**	1	0.02%
	COVID19 / MODERNA / 011J20A	**Office Visit**	7	0.15%
	COVID19 / MODERNA / 011J20A	**Emergency Doctor/Room**	1	0.02%
	COVID19 / MODERNA / 011J20A	**Recovered**	10	0.22%
	COVID19 / MODERNA / 011J20A	**Not Serious**	9	0.2%
	COVID19 / MODERNA /	**total**	27	0.6%

011J20A			
COVID19 / MODERNA / 0111J20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 0111J20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 0111J20A	**total**	2	0.04%
COVID19 / MODERNA / 013L20A	**Permanent Disability**	2	0.04%
COVID19 / MODERNA / 013L20A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 013L20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 013L20A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 013L20A	**total**	6	0.13%
COVID19 / MODERNA / 025CZIA	**Office Visit**	1	0.02%
COVID19 / MODERNA / 025CZIA	**total**	1	0.02%
COVID19 / MODERNA / 025J2GA	**Office Visit**	1	0.02%
COVID19 / MODERNA / 025J2GA	**Recovered**	1	0.02%
COVID19 / MODERNA / 025J2GA	**total**	2	0.04%
COVID19 / MODERNA / 025J20A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 025J20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 025J20A	**Recovered**	4	0.09%
COVID19 / MODERNA / 025J20A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 025J20A	**total**	8	0.18%
COVID19 / MODERNA / 025L20A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 025L20A	**Recovered**	2	0.04%
COVID19 / MODERNA / 025L20A	**Not Serious**	1	0.02%

COVID19 / MODERNA / 025L20A	**total**	4	0.09%
COVID19 / MODERNA / 026L20A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 026L20A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 026L20A	**Emergency Doctor/Room**	3	0.07%
COVID19 / MODERNA / 026L20A	**Recovered**	5	0.11%
COVID19 / MODERNA / 026L20A	**Life Threatening**	1	0.02%
COVID19 / MODERNA / 026L20A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 026L20A	**total**	16	0.35%
COVID19 / MODERNA / 026L201A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 026L201A	**total**	1	0.02%
COVID19 / MODERNA / 030L20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 030L20A	**total**	1	0.02%
COVID19 / MODERNA / 036K20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 036K20A	**total**	1	0.02%
COVID19 / MODERNA / 039K20A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA / 039K20A	**Recovered**	3	0.07%
COVID19 / MODERNA / 039K20A	**Not Serious**	6	0.13%
COVID19 / MODERNA / 039K20A	**total**	11	0.24%
COVID19 / MODERNA / 039K204	**Not Serious**	1	0.02%
COVID19 / MODERNA / 039K204	**total**	1	0.02%
COVID19 / MODERNA / 067H21A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA /	**Office Visit**	1	0.02%

067H21A			
COVID19 / MODERNA / 067H21A	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH	**Office Visit**	3	0.07%
COVID19 / PFIZER/BIONTECH	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH	**Recovered**	9	0.2%
COVID19 / PFIZER/BIONTECH	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH	**total**	17	0.38%
COVID19 / PFIZER/BIONTECH / EH 9899	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EH 9899	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EH9899	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EH9899	**Emergency Doctor/Room**	4	0.09%
COVID19 / PFIZER/BIONTECH / EH9899	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / EH9899	**Not Serious**	5	0.11%
COVID19 / PFIZER/BIONTECH / EH9899	**total**	12	0.27%
COVID19 / PFIZER/BIONTECH / EJ1685	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / EJ1685	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH /	**total**	3	0.07%

EJ1685			
COVID19 / PFIZER/BIONTECH / EK9231	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EK9231	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EK9231	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL0140	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL0140	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL0140	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL0140	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / EL 1284	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL 1284	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL1284	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL1284	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EL1284	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL1284	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / EL3246	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH /	**total**	1	0.02%

EL3246			
COVID19 / PFIZER/BIONTECH / ELIZ84	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / ELIZ84	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / GL1284	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / GL1284	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / GL1284	**total**	2	0.04%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 49TM3	**Office Visit**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 49TM3	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 49TM3	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 2F254	**Office Visit**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 2F254	**Emergency Doctor/Room**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 2F254	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 2F254	**Not Serious**	2	0.04%
DTAPIPV / GLAXOSMITHKLINE	**total**	5	0.11%

BIOLOGICALS / 2F254			
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / C5532AA	**Office Visit**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / C5532AA	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / C5532AA	**total**	2	0.04%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / HB7L7	**Not Serious**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / HB7L7	**total**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C5688AA	**Not Serious**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C5688AA	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 2FS5G	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 2FS5G	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 3X2KX	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 3X2KX	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 5RS7Z	**Office Visit**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 5RS7Z	**Recovered**	1	0.02%

	FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 5RS7Z	**total**	2	0.04%
	FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 5RS77	**Not Serious**	1	0.02%
	FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 5RS77	**total**	1	0.02%
	FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 237PS	**Not Serious**	1	0.02%
	FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 237PS	**total**	1	0.02%
	FLU4 / SANOFI PASTEUR	**Office Visit**	1	0.02%
	FLU4 / SANOFI PASTEUR	**Hospitalized**	1	0.02%
	FLU4 / SANOFI PASTEUR	**Recovered**	1	0.02%
	FLU4 / SANOFI PASTEUR	**total**	3	0.07%
	FLU4 / SANOFI PASTEUR / 49281-0420-50	**Office Visit**	1	0.02%
	FLU4 / SANOFI PASTEUR / 49281-0420-50	**total**	1	0.02%
	FLU4 / SANOFI PASTEUR / U7012BA	**Office Visit**	1	0.02%
	FLU4 / SANOFI PASTEUR / U7012BA	**Not Serious**	1	0.02%
	FLU4 / SANOFI PASTEUR / U7012BA	**total**	2	0.04%
	FLU4 / SANOFI PASTEUR / U7045DA	**Recovered**	1	0.02%
	FLU4 / SANOFI PASTEUR / U7045DA	**total**	1	0.02%
	FLU4 / SANOFI PASTEUR / UJ444AA	**Emergency Doctor/Room**	1	0.02%
2020	**FLU4 / SANOFI PASTEUR / UJ444AA**	**total**	1	0.02%
	FLU4 / SANOFI PASTEUR / UJ533AA	**Not Serious**	1	0.02%
	FLU4 / SANOFI PASTEUR / UJ533AA	**total**	1	0.02%
	FLU4 / SANOFI PASTEUR / UJ546AA	**Not Serious**	4	0.09%

FLU4 / SANOFI PASTEUR / UJ546AA	**total**	4	0.09%
FLU4 / SANOFI PASTEUR / UJ5181AB	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ5181AB	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UT6681KA	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UT6681KA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UT6681KA	**total**	2	0.04%
FLU4 / SANOFI PASTEUR / UT7011MA	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7011MA	**total**	1	0.02%
FLU4 / SEQIRUS, INC.	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC.	**total**	1	0.02%
FLU4 / SEQIRUS, INC. / 33332-0320-01	**Emergency Doctor/Room**	1	0.02%
FLU4 / SEQIRUS, INC. / 33332-0320-01	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC. / 33332-0320-01	**total**	2	0.04%
FLU4 / SEQIRUS, INC. / AFLURIA PFS 202	**Not Serious**	1	0.02%
FLU4 / SEQIRUS, INC. / AFLURIA PFS 202	**total**	1	0.02%
FLU4 / SEQIRUS, INC. / P100247696	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC. / P100247696	**total**	1	0.02%
FLUA4 / SEQIRUS, INC.	**Office Visit**	1	0.02%
FLUA4 / SEQIRUS, INC.	**total**	1	0.02%
FLUA4 / SEQIRUS, INC. / 70461-0120-03	**Recovered**	1	0.02%
FLUA4 / SEQIRUS, INC. / 70461-0120-03	**total**	1	0.02%
FLUA4 / SEQIRUS, INC. / 279815	**Not Serious**	1	0.02%
FLUA4 / SEQIRUS, INC. / 279815	**total**	1	0.02%
FLUA4 / SEQIRUS, INC. /			

279818	**Office Visit**	1	0.02%
FLUA4 / SEQIRUS, INC. / 279818	**total**	1	0.02%
FLUA4 / SEQIRUS, INC. / 279821	**Not Serious**	1	0.02%
FLUA4 / SEQIRUS, INC. / 279821	**total**	1	0.02%
FLUC4 / SEQIRUS, INC. / 279836	**Emergency Doctor/Room**	1	0.02%
FLUC4 / SEQIRUS, INC. / 279836	**total**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / LJ2265	**Not Serious**	1	0.02%
FLUN4 / MEDIMMUNE VACCINES, INC. / LJ2265	**total**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA2019	**Not Serious**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA2019	**total**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / J2J9R	**Not Serious**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / J2J9R	**total**	1	0.02%
HEP / MERCK & CO. INC.	**Not Serious**	1	0.02%
HEP / MERCK & CO. INC.	**total**	1	0.02%
HEP / MERCK & CO. INC. / R001529	**Not Serious**	1	0.02%
HEP / MERCK & CO. INC. / R001529	**total**	1	0.02%
HEP / MERCK & CO. INC. / R021372	**Recovered**	1	0.02%
HEP / MERCK & CO. INC. / R021372	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / B23EA	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE	**total**	1	0.02%

BIOLOGICALS / B23EA			
HEPA / GLAXOSMITHKLINE BIOLOGICALS / C2732	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / C2732	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / F4EL2	**Office Visit**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / F4EL2	**total**	1	0.02%
HPV4 / MERCK & CO. INC. / 1621931	**Not Serious**	1	0.02%
HPV4 / MERCK & CO. INC. / 1621931	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / 1637642	**Not Serious**	1	0.02%
HPV9 / MERCK & CO. INC. / 1637642	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / S028737	**Office Visit**	1	0.02%
HPV9 / MERCK & CO. INC. / S028737	**total**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / ABXA92AZ	**Office Visit**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / ABXA92AZ	**total**	1	0.02%
MMR / MERCK & CO. INC. / S028914	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / S028914	**total**	1	0.02%
MMRV / MERCK & CO. INC. / S013712	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC. / S013712	**total**	1	0.02%
MMRV / MERCK & CO. INC. / S021732	**Emergency Doctor/Room**	1	0.02%
MMRV / MERCK & CO.	**total**	1	0.02%

INC. / S021732			
MMRV / MERCK & CO. INC. / S022104	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC. / S022104	**total**	1	0.02%
MMRV / MERCK & CO. INC. / S030093	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / S030093	**total**	1	0.02%
MMRV / MERCK & CO. INC. / SOO1332	**Office Visit**	1	0.02%
MMRV / MERCK & CO. INC. / SOO1332	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U6585AA	**Office Visit**	1	0.02%
MNQ / SANOFI PASTEUR / U6585AA	**total**	1	0.02%
PNC13 / PFIZER/WYETH / DJ7723	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / DJ7723	**total**	1	0.02%
PNC13 / PFIZER/WYETH / X48141	**Office Visit**	1	0.02%
PNC13 / PFIZER/WYETH / X48141	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Permanent Disability**	1	0.02%
PPV / MERCK & CO. INC.	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC.	**Emergency Doctor/Room**	1	0.02%
PPV / MERCK & CO. INC.	**Recovered**	1	0.02%
PPV / MERCK & CO. INC.	**total**	4	0.09%
PPV / MERCK & CO. INC. / 5029542	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / 5029542	**total**	1	0.02%
PPV / MERCK & CO. INC. / S006778	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / S006778	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / S006778	**total**	2	0.04%
PPV / MERCK & CO. INC.			

/ S012244	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / S012244	**total**	1	0.02%
PPV / MERCK & CO. INC. / S018405	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / S018405	**total**	1	0.02%
PPV / MERCK & CO. INC. / S629542	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / S629542	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / S629542	**total**	2	0.04%
PPV / MERCK & CO. INC. / T007790	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / T007790	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / T007790	**total**	2	0.04%
PPV / MERCK & CO. INC. / T009744	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / T009744	**total**	1	0.02%
PPV / MERCK & CO. INC. / T020638	**Emergency Doctor/Room**	1	0.02%
PPV / MERCK & CO. INC. / T020638	**total**	1	0.02%
RAB / SANOFI PASTEUR	**Not Serious**	1	0.02%
RAB / SANOFI PASTEUR	**total**	1	0.02%
RV5 / MERCK & CO. INC.	**Not Serious**	1	0.02%
RV5 / MERCK & CO. INC.	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 3505B	**Office Visit**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 3505B	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C5631AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C5631AA	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Office Visit**	1	0.02%

UNK / UNKNOWN MANUFACTURER	**Not Serious**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / R023504	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / R023504	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / R024024	**Office Visit**	1	0.02%
VARCEL / MERCK & CO. INC. / R024024	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / S015459	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / S015459	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / S022755	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / S022755	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / S032354	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / S032354	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / T000697	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / T000697	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	6	0.13%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	6	0.13%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**total**	13	0.29%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 2B3P2	**Recovered**	1	0.02%
VARZOS /			

GLAXOSMITHKLINE BIOLOGICALS / 2B3P2	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 2K9T2	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 2K9T2	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3E279	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3E279	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 73T27	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 73T27	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 93FR9	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 93FR9	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 2737P	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 2737P	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / GB 429	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / GB 429	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / MY7J5	**Recovered**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / MY7J5	**total**	2	0.04%
VARZOS /			

	GLAXOSMITHKLINE BIOLOGICALS / X052X	**Recovered**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / X052X	**total**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / YC2CP	**Recovered**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / YC2CP	**total**	1	0.02%
	total		285	6.31%
	ADEN_4_7 / TEVA PHARMACEUTICALS / 048A21A	**Not Serious**	1	0.02%
	ADEN_4_7 / TEVA PHARMACEUTICALS / 048A21A	**total**	1	0.02%
	CHOL / PAXVAX / 013L20A	**Not Serious**	1	0.02%
	CHOL / PAXVAX / 013L20A	**total**	1	0.02%
	COVID19 / JANSSEN	**Death**	1	0.02%
	COVID19 / JANSSEN	**Permanent Disability**	1	0.02%
	COVID19 / JANSSEN	**Office Visit**	11	0.24%
	COVID19 / JANSSEN	**Emergency Doctor/Room**	8	0.18%
	COVID19 / JANSSEN	**Recovered**	19	0.42%
	COVID19 / JANSSEN	**Life Threatening**	1	0.02%
	COVID19 / JANSSEN	**Not Serious**	27	0.6%
	COVID19 / JANSSEN	**total**	68	1.51%
	COVID19 / JANSSEN / 042A21A	**Office Visit**	1	0.02%
	COVID19 / JANSSEN / 042A21A	**Recovered**	1	0.02%
	COVID19 / JANSSEN / 042A21A	**Not Serious**	2	0.04%
	COVID19 / JANSSEN / 042A21A	**total**	4	0.09%
	COVID19 / JANSSEN / 042AZIA	**Office Visit**	1	0.02%

COVID19 / JANSSEN / 042AZIA	**Recovered**	1	0.02%
COVID19 / JANSSEN / 042AZIA	**total**	2	0.04%
COVID19 / JANSSEN / 043A21A	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 043A21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / JANSSEN / 043A21A	**Recovered**	2	0.04%
COVID19 / JANSSEN / 043A21A	**total**	4	0.09%
COVID19 / JANSSEN / 202A21A	**Not Serious**	1	0.02%
COVID19 / JANSSEN / 202A21A	**total**	1	0.02%
COVID19 / JANSSEN / 203A21A	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 203A21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / JANSSEN / 203A21A	**Recovered**	1	0.02%
COVID19 / JANSSEN / 203A21A	**Not Serious**	1	0.02%
COVID19 / JANSSEN / 203A21A	**total**	4	0.09%
COVID19 / JANSSEN / 204A21A	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 204A21A	**Not Serious**	2	0.04%
COVID19 / JANSSEN / 204A21A	**total**	3	0.07%
COVID19 / JANSSEN / 205A21A	**Office Visit**	6	0.13%
COVID19 / JANSSEN / 205A21A	**Hospitalized**	1	0.02%
COVID19 / JANSSEN / 205A21A	**Recovered**	8	0.18%
COVID19 / JANSSEN / 205A21A	**Life Threatening**	1	0.02%
COVID19 / JANSSEN / 205A21A	**Not Serious**	1	0.02%
COVID19 / JANSSEN /			

205A21A	**total**	17	0.38%
COVID19 / JANSSEN / 205AZ1A	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 205AZ1A	**Recovered**	1	0.02%
COVID19 / JANSSEN / 205AZ1A	**total**	2	0.04%
COVID19 / JANSSEN / 206A21A	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 206A21A	**Emergency Doctor/Room**	2	0.04%
COVID19 / JANSSEN / 206A21A	**Recovered**	3	0.07%
COVID19 / JANSSEN / 206A21A	**Not Serious**	1	0.02%
COVID19 / JANSSEN / 206A21A	**total**	7	0.15%
COVID19 / JANSSEN / 207A21A	**Not Serious**	1	0.02%
COVID19 / JANSSEN / 207A21A	**total**	1	0.02%
COVID19 / JANSSEN / 212A21A	**Permanent Disability**	1	0.02%
COVID19 / JANSSEN / 212A21A	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 212A21A	**Recovered**	1	0.02%
COVID19 / JANSSEN / 212A21A	**total**	3	0.07%
COVID19 / JANSSEN / 213D21A	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 213D21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / JANSSEN / 213D21A	**Hospitalized**	1	0.02%
COVID19 / JANSSEN / 213D21A	**Life Threatening**	1	0.02%
COVID19 / JANSSEN / 213D21A	**Not Serious**	1	0.02%
COVID19 / JANSSEN / 213D21A	**total**	5	0.11%
COVID19 / JANSSEN / 180982	**Emergency Doctor/Room**	1	0.02%

COVID19 / JANSSEN / 180982	**Recovered**	1	0.02%
COVID19 / JANSSEN / 180982	**total**	2	0.04%
COVID19 / JANSSEN / 207221A	**Emergency Room**	1	0.02%
COVID19 / JANSSEN / 207221A	**Recovered**	1	0.02%
COVID19 / JANSSEN / 207221A	**total**	2	0.04%
COVID19 / JANSSEN / 1802072	**Emergency Doctor/Room**	1	0.02%
COVID19 / JANSSEN / 1802072	**Recovered**	1	0.02%
COVID19 / JANSSEN / 1802072	**total**	2	0.04%
COVID19 / JANSSEN / 1802982	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 1802982	**total**	1	0.02%
COVID19 / JANSSEN / 1805022	**Office Visit**	8	0.18%
COVID19 / JANSSEN / 1805022	**Emergency Doctor/Room**	7	0.15%
COVID19 / JANSSEN / 1805022	**Hospitalized**	1	0.02%
COVID19 / JANSSEN / 1805022	**Recovered**	11	0.24%
COVID19 / JANSSEN / 1805022	**Life Threatening**	1	0.02%
COVID19 / JANSSEN / 1805022	**Not Serious**	8	0.18%
COVID19 / JANSSEN / 1805022	**total**	36	0.8%
COVID19 / JANSSEN / 1808609	**Office Visit**	1	0.02%
COVID19 / JANSSEN / 1808609	**Recovered**	4	0.09%
COVID19 / JANSSEN / 1808609	**total**	5	0.11%
COVID19 / JANSSEN / 1808978	**Office Visit**	1	0.02%

COVID19 / JANSSEN / 1808978	**Recovered**	4	0.09%
COVID19 / JANSSEN / 1808978	**Not Serious**	2	0.04%
COVID19 / JANSSEN / 1808978	**total**	7	0.15%
COVID19 / JANSSEN / 1808982	**Death**	1	0.02%
COVID19 / JANSSEN / 1808982	**Permanent Disability**	1	0.02%
COVID19 / JANSSEN / 1808982	**Office Visit**	6	0.13%
COVID19 / JANSSEN / 1808982	**Emergency Doctor/Room**	6	0.13%
COVID19 / JANSSEN / 1808982	**Hospitalized**	3	0.07%
COVID19 / JANSSEN / 1808982	**Recovered**	6	0.13%
COVID19 / JANSSEN / 1808982	**Life Threatening**	2	0.04%
COVID19 / JANSSEN / 1808982	**Not Serious**	6	0.13%
COVID19 / JANSSEN / 1808982	**total**	31	0.69%
COVID19 / JANSSEN / 1808986	**Emergency Doctor/Room**	1	0.02%
COVID19 / JANSSEN / 1808986	**Recovered**	2	0.04%
COVID19 / JANSSEN / 1808986	**total**	3	0.07%
COVID19 / JANSSEN / 1816022	**Emergency Doctor/Room**	1	0.02%
COVID19 / JANSSEN / 1816022	**Recovered**	1	0.02%
COVID19 / JANSSEN / 1816022	**Not Serious**	1	0.02%
COVID19 / JANSSEN / 1816022	**total**	3	0.07%
COVID19 / JANSSEN / 1821286	**Death**	1	0.02%
COVID19 / JANSSEN / 1821286	**Permanent Disability**	1	0.02%
COVID19 / JANSSEN /	**Office Visit**	1	0.02%

1821286			
COVID19 / JANSSEN / 1821286	**Emergency Doctor/Room**	2	0.04%
COVID19 / JANSSEN / 1821286	**Recovered**	1	0.02%
COVID19 / JANSSEN / 1821286	**Not Serious**	1	0.02%
COVID19 / JANSSEN / 1821286	**total**	7	0.15%
COVID19 / JANSSEN / 1822809	**Not Serious**	2	0.04%
COVID19 / JANSSEN / 1822809	**total**	2	0.04%
COVID19 / JANSSEN / 1855194	**Not Serious**	2	0.04%
COVID19 / JANSSEN / 1855194	**total**	2	0.04%
COVID19 / JANSSEN / 1885022	**Recovered**	1	0.02%
COVID19 / JANSSEN / 1885022	**total**	1	0.02%
COVID19 / JANSSEN / DON?T JNOW	**Recovered**	1	0.02%
COVID19 / JANSSEN / DON?T JNOW	**total**	1	0.02%
COVID19 / JANSSEN / EN1808978	**Recovered**	1	0.02%
COVID19 / JANSSEN / EN1808978	**total**	1	0.02%
COVID19 / MODERNA	**Permanent Disability**	3	0.07%
COVID19 / MODERNA	**Office Visit**	65	1.44%
COVID19 / MODERNA	**Emergency Doctor/Room**	34	0.75%
COVID19 / MODERNA	**Hospitalized**	13	0.29%
COVID19 / MODERNA	**Recovered**	71	1.57%
COVID19 / MODERNA	**Life Threatening**	6	0.13%
COVID19 / MODERNA	**Not Serious**	112	2.48%
COVID19 / MODERNA	**total**	304	6.73%
COVID19 / MODERNA / 0	**Recovered**	1	0.02%
COVID19 / MODERNA / 0	**total**	1	0.02%

COVID19 / MODERNA / 00HC21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 00HC21A	**total**	1	0.02%
COVID19 / MODERNA / 001B21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 001B21A	**Recovered**	4	0.09%
COVID19 / MODERNA / 001B21A	**total**	6	0.13%
COVID19 / MODERNA / 001BZ1A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 001BZ1A	**total**	1	0.02%
COVID19 / MODERNA / 001C21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 001C21A	**Recovered**	4	0.09%
COVID19 / MODERNA / 001C21A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 001C21A	**total**	8	0.18%
COVID19 / MODERNA / 002A21A	**Office Visit**	5	0.11%
COVID19 / MODERNA / 002A21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 002A21A	**Recovered**	9	0.2%
COVID19 / MODERNA / 002A21A	**Not Serious**	4	0.09%
COVID19 / MODERNA / 002A21A	**total**	19	0.42%
COVID19 / MODERNA / 002A21A;006B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 002A21A;006B21A	**total**	1	0.02%
COVID19 / MODERNA / 002B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 002B21A	**total**	1	0.02%
COVID19 / MODERNA / 002C21A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA /	**Recovered**	1	0.02%

002C21A			
COVID19 / MODERNA / 002C21A	**total**	3	0.07%
COVID19 / MODERNA / 002M21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 002M21A	**total**	1	0.02%
COVID19 / MODERNA / 003B21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 003B21A	**total**	1	0.02%
COVID19 / MODERNA / 003C21A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 003C21A	**total**	2	0.04%
COVID19 / MODERNA / 004C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 004C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 004C21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 004C21A	**Not Serious**	4	0.09%
COVID19 / MODERNA / 004C21A	**total**	7	0.15%
COVID19 / MODERNA / 006A20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 006A20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 006A20A	**total**	2	0.04%
COVID19 / MODERNA / 006B21A	**Office Visit**	4	0.09%
COVID19 / MODERNA / 006B21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 006B21A	**Recovered**	5	0.11%
COVID19 / MODERNA / 006B21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 006B21A	**total**	13	0.29%
COVID19 / MODERNA / 006BZIA	**Recovered**	1	0.02%

COVID19 / MODERNA / 006BZIA	**total**	1	0.02%
COVID19 / MODERNA / 006M20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 006M20A	**total**	1	0.02%
COVID19 / MODERNA / 006MZ0A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 006MZ0A	**Recovered**	1	0.02%
COVID19 / MODERNA / 006MZ0A	**total**	2	0.04%
COVID19 / MODERNA / 007B21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 007B21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 007B21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 007B21A	**Recovered**	4	0.09%
COVID19 / MODERNA / 007B21A	**total**	8	0.18%
COVID19 / MODERNA / 007B31A	**Recovered**	1	0.02%
COVID19 / MODERNA / 007B31A	**total**	1	0.02%
COVID19 / MODERNA / 007C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 007C21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 007C21A	**total**	2	0.04%
COVID19 / MODERNA / 007C218	**Not Serious**	1	0.02%
COVID19 / MODERNA / 007C218	**total**	1	0.02%
COVID19 / MODERNA / 007821A	**Recovered**	1	0.02%
COVID19 / MODERNA / 007821A	**total**	1	0.02%
COVID19 / MODERNA / 008B21A	**Office Visit**	1	0.02%
COVID19 / MODERNA /			

008B21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 008B21A	**total**	2	0.04%
COVID19 / MODERNA / 009C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 009C21A	**Recovered**	3	0.07%
COVID19 / MODERNA / 009C21A	**Not Serious**	6	0.13%
COVID19 / MODERNA / 009C21A	**total**	10	0.22%
COVID19 / MODERNA / 009CZ1A	**Recovered**	1	0.02%
COVID19 / MODERNA / 009CZ1A	**total**	1	0.02%
COVID19 / MODERNA / 009D21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 009D21A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 009D21A	**total**	3	0.07%
COVID19 / MODERNA / 009021A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 009021A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 009021A	**total**	2	0.04%
COVID19 / MODERNA / 010A21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 010A21A	**total**	3	0.07%
COVID19 / MODERNA / 011A21A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 011A21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 011A21A	**total**	2	0.04%
COVID19 / MODERNA / 011F21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 011F21A	**total**	1	0.02%
COVID19 / MODERNA / 011J02A	**Office Visit**	1	0.02%

COVID19 / MODERNA / 011J02A	**Recovered**	1	0.02%
COVID19 / MODERNA / 011J02A	**total**	2	0.04%
COVID19 / MODERNA / 011J20A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 011J20A	**Recovered**	5	0.11%
COVID19 / MODERNA / 011J20A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 011J20A	**total**	10	0.22%
COVID19 / MODERNA / 011JZ0A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 011JZ0A	**total**	1	0.02%
COVID19 / MODERNA / 011L20A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 011L20A	**total**	1	0.02%
COVID19 / MODERNA / 011M20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 011M20A	**total**	1	0.02%
COVID19 / MODERNA / 012A21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 012A21A	**total**	1	0.02%
COVID19 / MODERNA / 012H21B	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 012H21B	**Recovered**	1	0.02%
COVID19 / MODERNA / 012H21B	**total**	2	0.04%
COVID19 / MODERNA / 012L20A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 012L20A	**Emergency Doctor/Room**	3	0.07%
COVID19 / MODERNA / 012L20A	**Recovered**	2	0.04%
COVID19 / MODERNA / 012L20A	**Not Serious**	4	0.09%
COVID19 / MODERNA /	**total**	12	0.27%

012L20A			
COVID19 / MODERNA / 012L200	**Office Visit**	1	0.02%
COVID19 / MODERNA / 012L200	**Recovered**	1	0.02%
COVID19 / MODERNA / 012L200	**total**	2	0.04%
COVID19 / MODERNA / 012M20A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 012M20A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 012M20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 012M20A	**Hospitalized**	2	0.04%
COVID19 / MODERNA / 012M20A	**Recovered**	3	0.07%
COVID19 / MODERNA / 012M20A	**Life Threatening**	1	0.02%
COVID19 / MODERNA / 012M20A	**Not Serious**	5	0.11%
COVID19 / MODERNA / 012M20A	**total**	16	0.35%
COVID19 / MODERNA / 013A21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 013A21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 013A21A	**total**	3	0.07%
COVID19 / MODERNA / 013L2OA	**Not Serious**	1	0.02%
COVID19 / MODERNA / 013L2OA	**total**	1	0.02%
COVID19 / MODERNA / 013L20A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 013L20A	**Office Visit**	8	0.18%
COVID19 / MODERNA / 013L20A	**Emergency Doctor/Room**	6	0.13%
COVID19 / MODERNA / 013L20A	**Hospitalized**	2	0.04%
COVID19 / MODERNA / 013L20A	**Recovered**	22	0.49%

COVID19 / MODERNA / 013L20A	**Life Threatening**	1	0.02%
COVID19 / MODERNA / 013L20A	**Not Serious**	26	0.58%
COVID19 / MODERNA / 013L20A	**total**	66	1.46%
COVID19 / MODERNA / 013L20K	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 013L20K	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 013L20K	**Recovered**	1	0.02%
COVID19 / MODERNA / 013L20K	**total**	3	0.07%
COVID19 / MODERNA / 013M20A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 013M20A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA / 013M20A	**Recovered**	4	0.09%
COVID19 / MODERNA / 013M20A	**Not Serious**	8	0.18%
COVID19 / MODERNA / 013M20A	**total**	15	0.33%
COVID19 / MODERNA / 01312OA	**Not Serious**	1	0.02%
COVID19 / MODERNA / 01312OA	**total**	1	0.02%
COVID19 / MODERNA / 013220A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 013220A	**total**	1	0.02%
COVID19 / MODERNA / 0133L20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 0133L20A	**total**	1	0.02%
COVID19 / MODERNA / 013620A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 013620A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 013620A	**total**	2	0.04%
COVID19 / MODERNA /			

014C21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 014C21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 014C21A	**total**	5	0.11%
COVID19 / MODERNA / 014C2779	**Not Serious**	1	0.02%
COVID19 / MODERNA / 014C2779	**total**	1	0.02%
COVID19 / MODERNA / 014M20A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 014M20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 014M20A	**Recovered**	4	0.09%
COVID19 / MODERNA / 014M20A	**Not Serious**	5	0.11%
COVID19 / MODERNA / 014M20A	**total**	11	0.24%
COVID19 / MODERNA / 015M20A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 015M20A	**Recovered**	2	0.04%
COVID19 / MODERNA / 015M20A	**total**	4	0.09%
COVID19 / MODERNA / 016C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 016C21A	**Recovered**	4	0.09%
COVID19 / MODERNA / 016C21A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 016C21A	**total**	7	0.15%
COVID19 / MODERNA / 016M20A	**Recovered**	3	0.07%
COVID19 / MODERNA / 016M20A	**total**	3	0.07%
COVID19 / MODERNA / 017B21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 017B21A	**Recovered**	2	0.04%
COVID19 / MODERNA /			

017B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 017B21A	**total**	4	0.09%
COVID19 / MODERNA / 017C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 017C21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 017C21A	**total**	2	0.04%
COVID19 / MODERNA / 017E21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 017E21A	**total**	1	0.02%
COVID19 / MODERNA / 017F21A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 017F21A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 017F21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 017F21A	**Recovered**	4	0.09%
COVID19 / MODERNA / 017F21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 017F21A	**total**	10	0.22%
COVID19 / MODERNA / 018B21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 018B21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 018B21A	**total**	2	0.04%
COVID19 / MODERNA / 019B21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 019B21A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA / 019B21A	**Recovered**	5	0.11%
COVID19 / MODERNA / 019B21A	**Not Serious**	5	0.11%
COVID19 / MODERNA / 019B21A	**total**	14	0.31%
COVID19 / MODERNA / 019F21A	**Recovered**	2	0.04%

COVID19 / MODERNA / 019F21A	**total**	2	0.04%
COVID19 / MODERNA / 02LM20A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 02LM20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 02LM20A	**total**	2	0.04%
COVID19 / MODERNA / 020F21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 020F21A	**total**	1	0.02%
COVID19 / MODERNA / 021B21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 021B21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 021B21A	**Recovered**	5	0.11%
COVID19 / MODERNA / 021B21A	**Not Serious**	4	0.09%
COVID19 / MODERNA / 021B21A	**total**	12	0.27%
COVID19 / MODERNA / 0211B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 0211B21A	**total**	1	0.02%
COVID19 / MODERNA / 0211321A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 0211321A	**total**	1	0.02%
COVID19 / MODERNA / 022B21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 022B21A	**Emergency Doctor/Room**	3	0.07%
COVID19 / MODERNA / 022B21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 022B21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 022B21A	**Life Threatening**	1	0.02%
COVID19 / MODERNA / 022B21A	**Not Serious**	2	0.04%

COVID19 / MODERNA / 022B21A	**total**	10	0.22%
COVID19 / MODERNA / 022C1A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 022C1A	**total**	1	0.02%
COVID19 / MODERNA / 022C21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 022C21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 022C21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 022C21A	**total**	7	0.15%
COVID19 / MODERNA / 022M20A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 022M20A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA / 022M20A	**Hospitalized**	2	0.04%
COVID19 / MODERNA / 022M20A	**Recovered**	2	0.04%
COVID19 / MODERNA / 022M20A	**total**	9	0.2%
COVID19 / MODERNA / 022MZ0A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 022MZ0A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 022MZ0A	**total**	2	0.04%
COVID19 / MODERNA / 023M20A	**Recovered**	4	0.09%
COVID19 / MODERNA / 023M20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 023M20A	**total**	5	0.11%
COVID19 / MODERNA / 024C21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 024C21A	**total**	1	0.02%
COVID19 / MODERNA / 024M20A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA /	**Office Visit**	1	0.02%

024M20A			
COVID19 / MODERNA / 024M20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 024M20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 024M20A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 024M20A	**total**	7	0.15%
COVID19 / MODERNA / 024M120A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 024M120A	**total**	1	0.02%
COVID19 / MODERNA / 024021A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 024021A	**total**	1	0.02%
COVID19 / MODERNA / 025A21A	**Recovered**	5	0.11%
COVID19 / MODERNA / 025A21A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 025A21A	**total**	7	0.15%
COVID19 / MODERNA / 025C2IA	**Not Serious**	1	0.02%
COVID19 / MODERNA / 025C2IA	**total**	1	0.02%
COVID19 / MODERNA / 025C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 025C21A	**Recovered**	5	0.11%
COVID19 / MODERNA / 025C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 025C21A	**total**	7	0.15%
COVID19 / MODERNA / 026 L20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 026 L20A	**total**	1	0.02%
COVID19 / MODERNA / 026A21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 026A21A	**Recovered**	3	0.07%

COVID19 / MODERNA / 026A21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 026A21A	**total**	7	0.15%
COVID19 / MODERNA / 026A23A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 026A23A	**total**	1	0.02%
COVID19 / MODERNA / 026AZ1A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 026AZ1A	**total**	1	0.02%
COVID19 / MODERNA / 026B21A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 026B21A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA / 026B21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 026B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 026B21A	**total**	7	0.15%
COVID19 / MODERNA / 026L20	**Recovered**	1	0.02%
COVID19 / MODERNA / 026L20	**total**	1	0.02%
COVID19 / MODERNA / 026L20A	**Office Visit**	4	0.09%
COVID19 / MODERNA / 026L20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 026L20A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 026L20A	**Recovered**	3	0.07%
COVID19 / MODERNA / 026L20A	**Not Serious**	10	0.22%
COVID19 / MODERNA / 026L20A	**total**	19	0.42%
COVID19 / MODERNA / 026LZ0A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 026LZ0A	**total**	1	0.02%
COVID19 / MODERNA /	**Permanent**		

027H21B	**Disability**	1	0.02%
COVID19 / MODERNA / 027H21B	**Office Visit**	1	0.02%
COVID19 / MODERNA / 027H21B	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 027H21B	**total**	3	0.07%
COVID19 / MODERNA / 028A21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 028A21A	**Recovered**	3	0.07%
COVID19 / MODERNA / 028A21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 028A21A	**total**	6	0.13%
COVID19 / MODERNA / 028L20A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 028L20A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 028L20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 028L20A	**Recovered**	3	0.07%
COVID19 / MODERNA / 028L20A	**total**	6	0.13%
COVID19 / MODERNA / 029H21B	**Not Serious**	1	0.02%
COVID19 / MODERNA / 029H21B	**total**	1	0.02%
COVID19 / MODERNA / 029L0A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 029L0A	**total**	1	0.02%
COVID19 / MODERNA / 029L20A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 029L20A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 029L20A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA / 029L20A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 029L20A	**Recovered**	5	0.11%

COVID19 / MODERNA / 029L20A	**Life Threatening**	1	0.02%
COVID19 / MODERNA / 029L20A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 029L20A	**total**	16	0.35%
COVID19 / MODERNA / 029L204	**Office Visit**	1	0.02%
COVID19 / MODERNA / 029L204	**Recovered**	1	0.02%
COVID19 / MODERNA / 029L204	**total**	2	0.04%
COVID19 / MODERNA / 03L20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 03L20A	**total**	1	0.02%
COVID19 / MODERNA / 03SC21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 03SC21A	**total**	1	0.02%
COVID19 / MODERNA / 030A21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 030A21A	**Emergency Doctor/Room**	3	0.07%
COVID19 / MODERNA / 030A21A	**Recovered**	5	0.11%
COVID19 / MODERNA / 030A21A	**Not Serious**	4	0.09%
COVID19 / MODERNA / 030A21A	**total**	14	0.31%
COVID19 / MODERNA / 030B21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 030B21A	**total**	1	0.02%
COVID19 / MODERNA / 030H21B	**Not Serious**	1	0.02%
COVID19 / MODERNA / 030H21B	**total**	1	0.02%
COVID19 / MODERNA / 030L20A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 030L20A	**Office Visit**	3	0.07%
COVID19 / MODERNA /	**Emergency**	3	0.07%

030L20A	**Doctor/Room**		
COVID19 / MODERNA / 030L20A	**Recovered**	6	0.13%
COVID19 / MODERNA / 030L20A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 030L20A	**total**	16	0.35%
COVID19 / MODERNA / 030M20A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 030M20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 030M20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 030M20A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 030M20A	**total**	7	0.15%
COVID19 / MODERNA / 030MZ0A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 030MZ0A	**total**	1	0.02%
COVID19 / MODERNA / 030O20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 030O20A	**total**	1	0.02%
COVID19 / MODERNA / 0300A21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 0300A21A	**total**	1	0.02%
COVID19 / MODERNA / 030620A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 030620A	**total**	1	0.02%
COVID19 / MODERNA / 0309K20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 0309K20A	**total**	1	0.02%
COVID19 / MODERNA / 031B21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 031B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 031B21A	**total**	2	0.04%

COVID19 / MODERNA / 031L2CA	**Office Visit**	1	0.02%
COVID19 / MODERNA / 031L2CA	**total**	1	0.02%
COVID19 / MODERNA / 031L20A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 031L20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 031L20A	**total**	2	0.04%
COVID19 / MODERNA / 031M20A	**Office Visit**	4	0.09%
COVID19 / MODERNA / 031M20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 031M20A	**Not Serious**	5	0.11%
COVID19 / MODERNA / 031M20A	**total**	10	0.22%
COVID19 / MODERNA / 031M20X	**Office Visit**	1	0.02%
COVID19 / MODERNA / 031M20X	**total**	1	0.02%
COVID19 / MODERNA / 031M204	**Recovered**	1	0.02%
COVID19 / MODERNA / 031M204	**total**	1	0.02%
COVID19 / MODERNA / 032B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 032B21A	**total**	1	0.02%
COVID19 / MODERNA / 032BZIA	**Not Serious**	1	0.02%
COVID19 / MODERNA / 032BZIA	**total**	1	0.02%
COVID19 / MODERNA / 032F2LA	**Not Serious**	1	0.02%
COVID19 / MODERNA / 032F2LA	**total**	1	0.02%
COVID19 / MODERNA / 032F21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 032F21A	**Recovered**	1	0.02%
COVID19 / MODERNA /	**Not Serious**	2	0.04%

032F21A			
COVID19 / MODERNA / 032F21A	**total**	4	0.09%
COVID19 / MODERNA / 032L20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 032L20A	**total**	1	0.02%
COVID19 / MODERNA / 032M20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 032M20A	**Recovered**	1	0.02%
COVID19 / MODERNA / 032M20A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 032M20A	**total**	3	0.07%
COVID19 / MODERNA / 0321A21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 0321A21A	**total**	1	0.02%
COVID19 / MODERNA / 032321A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 032321A	**total**	1	0.02%
COVID19 / MODERNA / 032821A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 032821A	**total**	1	0.02%
COVID19 / MODERNA / 033B21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 033B21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 033B21A	**total**	3	0.07%
COVID19 / MODERNA / 033C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 033C21A	**total**	1	0.02%
COVID19 / MODERNA / 034C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 034C21A	**total**	1	0.02%
COVID19 / MODERNA / 034F21A	**Office Visit**	2	0.04%

COVID19 / MODERNA / 034F21A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA / 034F21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 034F21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 034F21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 034F21A	**total**	7	0.15%
COVID19 / MODERNA / 035C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 035C21A	**total**	1	0.02%
COVID19 / MODERNA / 036A21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 036A21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 036A21A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 036A21A	**total**	4	0.09%
COVID19 / MODERNA / 036CZ1A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 036CZ1A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 036CZ1A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 036CZ1A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 036CZ1A	**total**	4	0.09%
COVID19 / MODERNA / 037A21B	**Recovered**	4	0.09%
COVID19 / MODERNA / 037A21B	**Not Serious**	1	0.02%
COVID19 / MODERNA / 037A21B	**total**	5	0.11%
COVID19 / MODERNA / 037B21A	**Office Visit**	3	0.07%
COVID19 / MODERNA / 037B21A	**Recovered**	5	0.11%
COVID19 / MODERNA /	**Not Serious**	7	0.15%

037B21A			
COVID19 / MODERNA / 037B21A	**total**	15	0.33%
COVID19 / MODERNA / 037C21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 037C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 037C21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 037C21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 037C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 037C21A	**total**	6	0.13%
COVID19 / MODERNA / 037F21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 037F21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 037F21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 037F21A	**total**	6	0.13%
COVID19 / MODERNA / 038A21A	**Death**	1	0.02%
COVID19 / MODERNA / 038A21A	**Recovered**	3	0.07%
COVID19 / MODERNA / 038A21A	**Not Serious**	4	0.09%
COVID19 / MODERNA / 038A21A	**total**	8	0.18%
COVID19 / MODERNA / 038C21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 038C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 038C21A	**total**	3	0.07%
COVID19 / MODERNA / 038CE1A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 038CE1A	**total**	1	0.02%
COVID19 / MODERNA / 038K20A	**Emergency Doctor/Room**	1	0.02%

COVID19 / MODERNA / 038K20A	**Recovered**	2	0.04%
COVID19 / MODERNA / 038K20A	**total**	3	0.07%
COVID19 / MODERNA / 039F21A	**Death**	1	0.02%
COVID19 / MODERNA / 039F21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 039F21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 039F21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 039F21A	**Life Threatening**	1	0.02%
COVID19 / MODERNA / 039F21A	**total**	5	0.11%
COVID19 / MODERNA / 039K20	**Office Visit**	1	0.02%
COVID19 / MODERNA / 039K20	**total**	1	0.02%
COVID19 / MODERNA / 039K20A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 039K20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 039K20A	**Recovered**	7	0.15%
COVID19 / MODERNA / 039K20A	**Not Serious**	5	0.11%
COVID19 / MODERNA / 039K20A	**total**	15	0.33%
COVID19 / MODERNA / 039KZOA	**Not Serious**	1	0.02%
COVID19 / MODERNA / 039KZOA	**total**	1	0.02%
COVID19 / MODERNA / 040A21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 040A21A	**total**	1	0.02%
COVID19 / MODERNA / 040B1A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 040B1A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA /	**Recovered**	1	0.02%

040B1A			
COVID19 / MODERNA / 040B1A	**total**	3	0.07%
COVID19 / MODERNA / 040B21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 040B21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 040B21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 040B21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 040B21A	**total**	8	0.18%
COVID19 / MODERNA / 040821A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 040821A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 040821A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 040821A	**total**	3	0.07%
COVID19 / MODERNA / 041C21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 041C21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 041C21A	**total**	4	0.09%
COVID19 / MODERNA / 041321A	**Recovered**	1	0.02%
COVID19 / MODERNA / 041321A	**total**	1	0.02%
COVID19 / MODERNA / 042B2LA	**Not Serious**	1	0.02%
COVID19 / MODERNA / 042B2LA	**total**	1	0.02%
COVID19 / MODERNA / 042B21A-2A	**Recovered**	1	0.02%
COVID19 / MODERNA / 042B21A-2A	**total**	1	0.02%
COVID19 / MODERNA / 042L20A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 042L20A	**Recovered**	1	0.02%

COVID19 / MODERNA / 042L20A	**total**	2	0.04%
COVID19 / MODERNA / 042821-2A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 042821-2A	**total**	1	0.02%
COVID19 / MODERNA / 043B21A	**Recovered**	6	0.13%
COVID19 / MODERNA / 043B21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 043B21A	**total**	9	0.2%
COVID19 / MODERNA / 043B214	**Not Serious**	1	0.02%
COVID19 / MODERNA / 043B214	**total**	1	0.02%
COVID19 / MODERNA / 0431321A	**Recovered**	1	0.02%
COVID19 / MODERNA / 0431321A	**total**	1	0.02%
COVID19 / MODERNA / 043821A	**Recovered**	1	0.02%
COVID19 / MODERNA / 043821A	**total**	1	0.02%
COVID19 / MODERNA / 044B21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 044B21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 044B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 044B21A	**total**	4	0.09%
COVID19 / MODERNA / 0441321A	**Recovered**	1	0.02%
COVID19 / MODERNA / 0441321A	**total**	1	0.02%
COVID19 / MODERNA / 044821A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 044821A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 044821A	**Hospitalized**	1	0.02%
COVID19 / MODERNA /	**Recovered**	1	0.02%

044821A			
COVID19 / MODERNA / 044821A	**total**	4	0.09%
COVID19 / MODERNA / 045B21A	**Recovered**	3	0.07%
COVID19 / MODERNA / 045B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 045B21A	**total**	4	0.09%
COVID19 / MODERNA / 045B21S	**Recovered**	1	0.02%
COVID19 / MODERNA / 045B21S	**total**	1	0.02%
COVID19 / MODERNA / 046A21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 046A21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 046A21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 046A21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 046A21A	**total**	5	0.11%
COVID19 / MODERNA / 046AZ1A	**Recovered**	1	0.02%
COVID19 / MODERNA / 046AZ1A	**total**	1	0.02%
COVID19 / MODERNA / 046B21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 046B21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 046B21A	**total**	4	0.09%
COVID19 / MODERNA / 046C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 046C21A	**total**	1	0.02%
COVID19 / MODERNA / 047C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 047C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 047C21A	**Not Serious**	22	0.49%

COVID19 / MODERNA / 047C21A	**total**	24	0.53%
COVID19 / MODERNA / 048A21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 048A21A	**Emergency Doctor/Room**	3	0.07%
COVID19 / MODERNA / 048A21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 048A21A	**Recovered**	7	0.15%
COVID19 / MODERNA / 048A21A	**Life Threatening**	1	0.02%
COVID19 / MODERNA / 048A21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 048A21A	**total**	14	0.31%
COVID19 / MODERNA / 048B21	**Not Serious**	1	0.02%
COVID19 / MODERNA / 048B21	**total**	1	0.02%
COVID19 / MODERNA / 048C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 048C21A	**total**	1	0.02%
COVID19 / MODERNA / 050C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 050C21A	**total**	1	0.02%
COVID19 / MODERNA / 051C21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 051C21A	**Emergency Doctor/Room**	2	0.04%
COVID19 / MODERNA / 051C21A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 051C21A	**total**	6	0.13%
COVID19 / MODERNA / 051E21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 051E21A	**total**	1	0.02%
COVID19 / MODERNA / 054C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA /	**Emergency**		

054C21A	**Doctor/Room**	3	0.07%
COVID19 / MODERNA / 054C21A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 054C21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 054C21A	**Not Serious**	3	0.07%
COVID19 / MODERNA / 054C21A	**total**	9	0.2%
COVID19 / MODERNA / 058E21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 058E21A	**total**	1	0.02%
COVID19 / MODERNA / 058F21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 058F21A	**total**	1	0.02%
COVID19 / MODERNA / 058H21A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 058H21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 058H21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 058H21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 058H21A	**total**	5	0.11%
COVID19 / MODERNA / 058H231A	**Recovered**	1	0.02%
COVID19 / MODERNA / 058H231A	**total**	1	0.02%
COVID19 / MODERNA / 06B21H	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 06B21H	**Office Visit**	1	0.02%
COVID19 / MODERNA / 06B21H	**total**	2	0.04%
COVID19 / MODERNA / 065F21A	**Permanent Disability**	1	0.02%
COVID19 / MODERNA / 065F21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 065F21A	**Hospitalized**	1	0.02%

COVID19 / MODERNA / 065F21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 065F21A	**Life Threatening**	1	0.02%
COVID19 / MODERNA / 065F21A	**total**	7	0.15%
COVID19 / MODERNA / 067C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 067C21A	**total**	1	0.02%
COVID19 / MODERNA / 067F21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 067F21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 067F21A	**total**	3	0.07%
COVID19 / MODERNA / 067H21A	**Office Visit**	2	0.04%
COVID19 / MODERNA / 067H21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 067H21A	**Not Serious**	2	0.04%
COVID19 / MODERNA / 067H21A	**total**	5	0.11%
COVID19 / MODERNA / 067H2114	**Not Serious**	1	0.02%
COVID19 / MODERNA / 067H2114	**total**	1	0.02%
COVID19 / MODERNA / 069P21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 069P21A	**total**	1	0.02%
COVID19 / MODERNA / 070A21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 070A21A	**total**	1	0.02%
COVID19 / MODERNA / 071F21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 071F21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 071F21A	**total**	2	0.04%
COVID19 / MODERNA /	**Office Visit**	2	0.04%

076C21A			
COVID19 / MODERNA / 076C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 076C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 076C21A	**total**	4	0.09%
COVID19 / MODERNA / 078C21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 078C21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 078C21A	**total**	2	0.04%
COVID19 / MODERNA / 088D21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 088D21A	**total**	1	0.02%
COVID19 / MODERNA / 09NB21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 09NB21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 09NB21A	**total**	2	0.04%
COVID19 / MODERNA / 091D21A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 091D21A	**total**	1	0.02%
COVID19 / MODERNA / 30A21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 30A21A	**total**	1	0.02%
COVID19 / MODERNA / 64CB21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 64CB21A	**total**	1	0.02%
COVID19 / MODERNA / 631M20A	**Hospitalized**	1	0.02%
COVID19 / MODERNA / 631M20A	**total**	1	0.02%
COVID19 / MODERNA / 943B21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 943B21A	**total**	1	0.02%

COVID19 / MODERNA / 80777-0273-10 F	**Recovered**	1	0.02%
COVID19 / MODERNA / 80777-0273-10 F	**total**	1	0.02%
COVID19 / MODERNA / 939893	**Not Serious**	1	0.02%
COVID19 / MODERNA / 939893	**total**	1	0.02%
COVID19 / MODERNA / 939901	**Office Visit**	1	0.02%
COVID19 / MODERNA / 939901	**Recovered**	1	0.02%
COVID19 / MODERNA / 939901	**total**	2	0.04%
COVID19 / MODERNA / 939903	**Not Serious**	2	0.04%
COVID19 / MODERNA / 939903	**total**	2	0.04%
COVID19 / MODERNA / 939905	**Not Serious**	1	0.02%
COVID19 / MODERNA / 939905	**total**	1	0.02%
COVID19 / MODERNA / D54C21A	**Recovered**	1	0.02%
COVID19 / MODERNA / D54C21A	**total**	1	0.02%
COVID19 / MODERNA / EK9231	**Office Visit**	1	0.02%
COVID19 / MODERNA / EK9231	**total**	1	0.02%
COVID19 / MODERNA / EW0173	**Office Visit**	1	0.02%
COVID19 / MODERNA / EW0173	**Recovered**	1	0.02%
COVID19 / MODERNA / EW0173	**total**	2	0.04%
COVID19 / MODERNA / G4EA21A	**Recovered**	1	0.02%
COVID19 / MODERNA / G4EA21A	**total**	1	0.02%
COVID19 / MODERNA / G48A21A	**Not Serious**	1	0.02%
COVID19 / MODERNA /	**total**	1	0.02%

G48A21A			
COVID19 / MODERNA / M025817	**Not Serious**	1	0.02%
COVID19 / MODERNA / M025817	**total**	1	0.02%
COVID19 / MODERNA / M031M20A	**Office Visit**	1	0.02%
COVID19 / MODERNA / M031M20A	**Recovered**	1	0.02%
COVID19 / MODERNA / M031M20A	**total**	2	0.04%
COVID19 / MODERNA / MODERNA	**Office Visit**	1	0.02%
COVID19 / MODERNA / MODERNA	**Recovered**	1	0.02%
COVID19 / MODERNA / MODERNA	**Not Serious**	1	0.02%
COVID19 / MODERNA / MODERNA	**total**	3	0.07%
COVID19 / MODERNA / MODERNA004C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / MODERNA004C21A	**total**	1	0.02%
COVID19 / MODERNA / MODERNA 013L20A	**Recovered**	1	0.02%
COVID19 / MODERNA / MODERNA 013L20A	**total**	1	0.02%
COVID19 / MODERNA / MODERNA032BZIA	**Office Visit**	1	0.02%
COVID19 / MODERNA / MODERNA032BZIA	**total**	1	0.02%
COVID19 / MODERNA / MODERNA 045B21A	**Recovered**	1	0.02%
COVID19 / MODERNA / MODERNA 045B21A	**total**	1	0.02%
COVID19 / MODERNA / MODERNA 19	**Recovered**	1	0.02%
COVID19 / MODERNA / MODERNA 19	**total**	1	0.02%
COVID19 / MODERNA / MODERNA BOOSTER	**Recovered**	1	0.02%
COVID19 / MODERNA / MODERNA BOOSTER	**total**	1	0.02%

COVID19 / MODERNA / O26A21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / O26A21A	**total**	1	0.02%
COVID19 / MODERNA / O41C21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / O41C21A	**total**	1	0.02%
COVID19 / MODERNA / P65908	**Office Visit**	1	0.02%
COVID19 / MODERNA / P65908	**Recovered**	1	0.02%
COVID19 / MODERNA / P65908	**total**	2	0.04%
COVID19 / MODERNA / UNK	**Not Serious**	1	0.02%
COVID19 / MODERNA / UNK	**total**	1	0.02%
COVID19 / MODERNA / UNKNOWN	**Not Serious**	1	0.02%
COVID19 / MODERNA / UNKNOWN	**total**	1	0.02%
COVID19 / MODERNA / WAG19449	**Office Visit**	1	0.02%
COVID19 / MODERNA / WAG19449	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH	**Death**	3	0.07%
COVID19 / PFIZER/BIONTECH	**Permanent Disability**	3	0.07%
COVID19 / PFIZER/BIONTECH	**Office Visit**	52	1.15%
COVID19 / PFIZER/BIONTECH	**Emergency Doctor/Room**	22	0.49%
COVID19 / PFIZER/BIONTECH	**Hospitalized**	16	0.35%
COVID19 / PFIZER/BIONTECH	**Recovered**	49	1.08%
COVID19 / PFIZER/BIONTECH	**Life Threatening**	4	0.09%
COVID19 / PFIZER/BIONTECH	**Not Serious**	76	1.68%
COVID19 /	**total**	225	4.98%

PFIZER/BIONTECH			
COVID19 / PFIZER/BIONTECH / 03302573D	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / 03302573D	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 3P3TY	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 3P3TY	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 19EW0158	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / 19EW0158	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 301S58A	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / 301S58A	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 8846	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 8846	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 30130D7	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 30130D7	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 30135BA	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / 30135BA	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 30145BA	**Emergency Doctor/Room**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / 30145BA	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / 30145BA	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / 30145BA	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / 30155BA	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / 30155BA	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 30155BA	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / 32030BD	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 32030BD	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 33025BD	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / 33025BD	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / 33025BD	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / 33025BD	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 33025BD	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / 33030BA	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / 33030BA	**total**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / 33130BA	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / 33130BA	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / 301358A	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / 301358A	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 301458A	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 301458A	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 301558A	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 301558A	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 330308D	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / 330308D	**Birth Defect**	1	0.02%
COVID19 / PFIZER/BIONTECH / 330308D	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 330308D	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / 6020879	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 6020879	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / AO20	**Office Visit**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / AO20	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / AO20	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / B31308A	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / B31308A	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / E23249	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / E23249	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / ED7533	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / ED7533	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EH6201	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EH6201	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EH9899	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EH9899	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EJ1685	**Not Serious**	4	0.09%
COVID19 / PFIZER/BIONTECH / EJ1685	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / EJ1686	**Death**	1	0.02%
COVID19 /			

	PFIZER/BIONTECH / EJ1686	**Office Visit**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EJ1686	**Emergency Doctor/Room**	4	0.09%
	COVID19 / PFIZER/BIONTECH / EJ1686	**Hospitalized**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EJ1686	**Recovered**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EJ1686	**Not Serious**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EJ1686	**total**	9	0.2%
	COVID19 / PFIZER/BIONTECH / EK8729	**Recovered**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EK8729	**total**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EK8737	**Recovered**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EK8737	**total**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EK9211	**Emergency Doctor/Room**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EK9211	**Recovered**	1	0.02%
2021	**COVID19 / PFIZER/BIONTECH / EK9211**	**total**	2	0.04%
	COVID19 / PFIZER/BIONTECH / EK9231	**Permanent Disability**	1	0.02%
	COVID19 / PFIZER/BIONTECH / EK9231	**Office Visit**	2	0.04%
	COVID19 /	**Emergency**		

PFIZER/BIONTECH / EK9231	**Doctor/Room**	4	0.09%
COVID19 / PFIZER/BIONTECH / EK9231	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EK9231	**Recovered**	12	0.27%
COVID19 / PFIZER/BIONTECH / EK9231	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / EK9231	**Not Serious**	9	0.2%
COVID19 / PFIZER/BIONTECH / EK9231	**total**	30	0.66%
COVID19 / PFIZER/BIONTECH / EK9281	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EK9281	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EK9281	**total**	5	0.11%
COVID19 / PFIZER/BIONTECH / EL0140	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL0140	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL0140	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL0140	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / EL1283	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL1283	**Recovered**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / EL1283	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / EL1284	**Emergency Doctor/Room**	5	0.11%
COVID19 / PFIZER/BIONTECH / EL1284	**Recovered**	6	0.13%
COVID19 / PFIZER/BIONTECH / EL1284	**Not Serious**	4	0.09%
COVID19 / PFIZER/BIONTECH / EL1284	**total**	15	0.33%
COVID19 / PFIZER/BIONTECH / EL 1284	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL 1284	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL3246	**Office Visit**	5	0.11%
COVID19 / PFIZER/BIONTECH / EL3246	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3246	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EL3246	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3246	**total**	10	0.22%
COVID19 / PFIZER/BIONTECH / EL3247	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3247	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3249	**Office Visit**	5	0.11%
COVID19 /			

PFIZER/BIONTECH / EL3249	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL3249	**Recovered**	14	0.31%
COVID19 / PFIZER/BIONTECH / EL3249	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL3249	**total**	23	0.51%
COVID19 / PFIZER/BIONTECH / EL 3249	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL 3249	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3284	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3284	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3302	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3302	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3302	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3302	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL3302	**Not Serious**	5	0.11%
COVID19 / PFIZER/BIONTECH / EL3302	**total**	9	0.2%
COVID19 / PFIZER/BIONTECH / EL9261	**Office Visit**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / EL9261	**Emergency Doctor/Room**	4	0.09%
COVID19 / PFIZER/BIONTECH / EL9261	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / EL9261	**total**	8	0.18%
COVID19 / PFIZER/BIONTECH / EL9262	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL9262	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EL9264	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL9264	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EL9265	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EL9265	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / ELI284	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / ELI284	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EM6201	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EM6201	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EM9809	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EM9809	**total**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / EM9810	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EM9810	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EM9810	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / EMCLIV	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EMCLIV	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN0158	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN0158	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN0177	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN0177	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN5318	**Death**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN5318	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN5318	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN5318	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN5318	**total**	5	0.11%
COVID19 / PFIZER/BIONTECH / EN6198	**Death**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / EN6198	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6198	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6198	**Recovered**	4	0.09%
COVID19 / PFIZER/BIONTECH / EN6198	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / EN6198	**total**	11	0.24%
COVID19 / PFIZER/BIONTECH / EN6199	**Permanent Disability**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN6199	**Office Visit**	8	0.18%
COVID19 / PFIZER/BIONTECH / EN6199	**Emergency Doctor/Room**	5	0.11%
COVID19 / PFIZER/BIONTECH / EN6199	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6199	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EN6199	**Life Threatening**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN6199	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / EN6199	**total**	24	0.53%
COVID19 / PFIZER/BIONTECH / EN6199 HP	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6199 HP	**total**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / EN6200	**Office Visit**	4	0.09%
COVID19 / PFIZER/BIONTECH / EN6200	**Emergency Doctor/Room**	3	0.07%
COVID19 / PFIZER/BIONTECH / EN6200	**Hospitalized**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN6200	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN6200	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN6200	**total**	13	0.29%
COVID19 / PFIZER/BIONTECH / EN6201	**Death**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6201	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6201	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN6201	**Recovered**	6	0.13%
COVID19 / PFIZER/BIONTECH / EN6201	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / EN6201	**total**	13	0.29%
COVID19 / PFIZER/BIONTECH / EN6203	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6203	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6203	**Not Serious**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / EN6203	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / EN6204	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6204	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6204	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6204	**Not Serious**	4	0.09%
COVID19 / PFIZER/BIONTECH / EN6204	**total**	7	0.15%
COVID19 / PFIZER/BIONTECH / EN6205	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6205	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN6205	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6205	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EN6205	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6205	**total**	8	0.18%
COVID19 / PFIZER/BIONTECH / EN6207	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6207	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6208	**Permanent Disability**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / EN6208	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EN6208	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6208	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6208	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EN6208	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6208	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / EN6208	**total**	12	0.27%
COVID19 / PFIZER/BIONTECH / EN6955	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EN6955	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / ENJ318	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / ENJ318	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / ENJ318	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EP00151	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP00151	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP6955	**Office Visit**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / EP6955	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EP6955	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP6955	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / EP7533	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP7533	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP7533	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP7533	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP7533	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / EP7533	**total**	7	0.15%
COVID19 / PFIZER/BIONTECH / EP69955	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP69955	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP69955	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP69955	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP69955	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP69955	**total**	5	0.11%
COVID19 /			

PFIZER/BIONTECH / ER 2613	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER 2613	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER2613	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER2613	**Recovered**	6	0.13%
COVID19 / PFIZER/BIONTECH / ER2613	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / ER2613	**total**	11	0.24%
COVID19 / PFIZER/BIONTECH / ER8727	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8727	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8727	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8727	**Not Serious**	4	0.09%
COVID19 / PFIZER/BIONTECH / ER8727	**total**	8	0.18%
COVID19 / PFIZER/BIONTECH / ER8729	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8729	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8729	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8729	**Recovered**	3	0.07%
COVID19 /			

PFIZER/BIONTECH / ER8729	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8729	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8729	**total**	11	0.24%
COVID19 / PFIZER/BIONTECH / ER 8729	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER 8729	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER 8730	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER 8730	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8730	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8730	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8730	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / ER8731	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8731	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8731	**Recovered**	5	0.11%
COVID19 / PFIZER/BIONTECH / ER8731	**total**	7	0.15%
COVID19 / PFIZER/BIONTECH / ER8732	**Office Visit**	4	0.09%
COVID19 /			

PFIZER/BIONTECH / ER8732	**Emergency Doctor/Room**	3	0.07%
COVID19 / PFIZER/BIONTECH / ER8732	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / ER8732	**total**	10	0.22%
COVID19 / PFIZER/BIONTECH / ER8734	**Office Visit**	3	0.07%
COVID19 / PFIZER/BIONTECH / ER8734	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8734	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8734	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8734	**Not Serious**	8	0.18%
COVID19 / PFIZER/BIONTECH / ER8734	**total**	15	0.33%
COVID19 / PFIZER/BIONTECH / ER8735	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8735	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8735	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8736	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8736	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8736	**Hospitalized**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / ER8736	**Not Serious**	4	0.09%
COVID19 / PFIZER/BIONTECH / ER8736	**total**	9	0.2%
COVID19 / PFIZER/BIONTECH / ER8737	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / ER8737	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / ER8737	**Not Serious**	6	0.13%
COVID19 / PFIZER/BIONTECH / ER8737	**total**	9	0.2%
COVID19 / PFIZER/BIONTECH / ERE727	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / ERE727	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / ERE727	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EU0168	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EU0168	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EV0173	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH / EV0173	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0101	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0101	**Recovered**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / EW0101	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW01178	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW01178	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0150	**Office Visit**	3	0.07%
COVID19 / PFIZER/BIONTECH / EW0150	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0150	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0150	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0150	**total**	7	0.15%
COVID19 / PFIZER/BIONTECH / EW01500	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW01500	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0151	**Office Visit**	4	0.09%
COVID19 / PFIZER/BIONTECH / EW0151	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0151	**Hospitalized**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0151	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0151	**total**	10	0.22%
COVID19 /			

PFIZER/BIONTECH / EW0153	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0153	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0158	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0158	**Office Visit**	6	0.13%
COVID19 / PFIZER/BIONTECH / EW0158	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0158	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0158	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0158	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0158	**Not Serious**	5	0.11%
COVID19 / PFIZER/BIONTECH / EW0158	**total**	17	0.38%
COVID19 / PFIZER/BIONTECH / EW0159	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0159	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0159	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0161	**Office Visit**	6	0.13%
COVID19 / PFIZER/BIONTECH / EW0161	**Emergency Doctor/Room**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / EW0161	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0161	**Recovered**	7	0.15%
COVID19 / PFIZER/BIONTECH / EW0161	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0161	**Not Serious**	4	0.09%
COVID19 / PFIZER/BIONTECH / EW0161	**total**	21	0.46%
COVID19 / PFIZER/BIONTECH / E W0164	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / E W0164	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0164	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0164	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0164	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / EW0164	**total**	5	0.11%
COVID19 / PFIZER/BIONTECH / EW0167	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0167	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0168	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0168	**Recovered**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / EW0168	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / EW0169	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0169	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0169	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0169	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0169	**total**	5	0.11%
COVID19 / PFIZER/BIONTECH / EW0170	**Office Visit**	5	0.11%
COVID19 / PFIZER/BIONTECH / EW0170	**Emergency Doctor/Room**	3	0.07%
COVID19 / PFIZER/BIONTECH / EW0170	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0170	**Not Serious**	5	0.11%
COVID19 / PFIZER/BIONTECH / EW0170	**total**	14	0.31%
COVID19 / PFIZER/BIONTECH / EW0171	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0171	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0171	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0171	**total**	4	0.09%
COVID19 /			

PFIZER/BIONTECH / EW0172	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0172	**Recovered**	4	0.09%
COVID19 / PFIZER/BIONTECH / EW0172	**Not Serious**	5	0.11%
COVID19 / PFIZER/BIONTECH / EW0172	**total**	10	0.22%
COVID19 / PFIZER/BIONTECH / EW0173	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0173	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0173	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0173	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0173	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0173	**total**	8	0.18%
COVID19 / PFIZER/BIONTECH / EW0175	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0175	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0177	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0177	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0177	**Recovered**	6	0.13%
COVID19 /			

PFIZER/BIONTECH / EW0177	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0177	**total**	10	0.22%
COVID19 / PFIZER/BIONTECH / EW0178	**Recovered**	5	0.11%
COVID19 / PFIZER/BIONTECH / EW0178	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0178	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / EW0179	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0179	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0179	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0180	**Office Visit**	3	0.07%
COVID19 / PFIZER/BIONTECH / EW0180	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0180	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / EW0180	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0180	**total**	8	0.18%
COVID19 / PFIZER/BIONTECH / EW0181	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0181	**Recovered**	4	0.09%
COVID19 /			

PFIZER/BIONTECH / EW0181	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0181	**total**	7	0.15%
COVID19 / PFIZER/BIONTECH / EW0182	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0182	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0183	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0183	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0183	**Recovered**	4	0.09%
COVID19 / PFIZER/BIONTECH / EW0183	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0183	**total**	9	0.2%
COVID19 / PFIZER/BIONTECH / EW0185	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0185	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0185	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / EW0186	**Office Visit**	4	0.09%
COVID19 / PFIZER/BIONTECH / EW0186	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0186	**Recovered**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / EW0186	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0186	**total**	7	0.15%
COVID19 / PFIZER/BIONTECH / EW0191	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0191	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0191	**Recovered**	5	0.11%
COVID19 / PFIZER/BIONTECH / EW0191	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0191	**total**	10	0.22%
COVID19 / PFIZER/BIONTECH / EW0198	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0198	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / EW0198	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0217	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / EW0217	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / EWO172	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / EWO172	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / EWO180	**Not Serious**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / EWO180	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FA6780	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FA6780	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FA6780	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FA6780	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / FA7484	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FA7484	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FA7484	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FA7485	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FA7485	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FC3180	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FC3180	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FC3183	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FC3183	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FC3183	**Not Serious**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / FC3183	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / FC3184	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FC3184	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FC3184	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FD0809	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FD0809	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FD0810	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FD0810	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FD0810	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FD7218	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FD7218	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FD7218	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FE3590	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FE3590	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FE3594	**Recovered**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / FE3594	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FE3594	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FF2539	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2539	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2581	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2581	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2581	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2581	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / FF2587	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2587	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / FF2587	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / FF2589	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FF2589	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FF2590	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2590	**Not Serious**	3	0.07%
COVID19 /			

PFIZER/BIONTECH / FF2590	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / FF2590 BOOSTER	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2590 BOOSTER	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2593	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / FF2593	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF2593	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / FF3527	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF3527	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF3527	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF3527	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF3527	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF3527	**total**	5	0.11%
COVID19 / PFIZER/BIONTECH / FF3809	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF3809	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF8839	**Emergency Doctor/Room**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / FF8839	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FF8839	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF8839	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / FF8841	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF8841	**Office Visit**	4	0.09%
COVID19 / PFIZER/BIONTECH / FF8841	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF8841	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FF8841	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF8841	**total**	9	0.2%
COVID19 / PFIZER/BIONTECH / FG3527	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FG3527	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FG3527	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FG3529	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FG3529	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8020	**Office Visit**	3	0.07%
COVID19 /	**Emergency**		

PFIZER/BIONTECH / FH8020	**Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8020	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8020	**Recovered**	4	0.09%
COVID19 / PFIZER/BIONTECH / FH8020	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8020	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / FH8020	**total**	13	0.29%
COVID19 / PFIZER/BIONTECH / FH8027	**Office Visit**	3	0.07%
COVID19 / PFIZER/BIONTECH / FH8027	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH / FH8027	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / FH8027	**Life Threatening**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8027	**Not Serious**	7	0.15%
COVID19 / PFIZER/BIONTECH / FH8027	**total**	16	0.35%
COVID19 / PFIZER/BIONTECH / FH8028	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8028	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FI0007	**Office Visit**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / FI0007	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ1611	**Not Serious**	4	0.09%
COVID19 / PFIZER/BIONTECH / FJ1611	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / FJ8762	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ8762	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ8762	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ8762	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / FK5127	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK5127	**Recovered**	6	0.13%
COVID19 / PFIZER/BIONTECH / FK5127	**Not Serious**	8	0.18%
COVID19 / PFIZER/BIONTECH / FK5127	**total**	15	0.33%
COVID19 / PFIZER/BIONTECH / FK5618	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK5618	**Recovered**	15	0.33%
COVID19 / PFIZER/BIONTECH / FK5618	**Not Serious**	5	0.11%
COVID19 / PFIZER/BIONTECH / FK5618	**total**	21	0.46%
COVID19 /			

PFIZER/BIONTECH / FL0007	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / FL0007	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL0007	**total**	5	0.11%
COVID19 / PFIZER/BIONTECH / FL3198	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL3198	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL3209	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL3209	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL8094	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL8094	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FR2593	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FR2593	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FR2593	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FR2593	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / FR8737	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FR8737	**total**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / PAA73696	**Office Visit**	4	0.09%
COVID19 / PFIZER/BIONTECH / PAA73696	**Recovered**	4	0.09%
COVID19 / PFIZER/BIONTECH / PAA73696	**total**	8	0.18%
COVID19 / PFIZER/BIONTECH / PFIZER	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER EN6203	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER EN6203	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER ER8429	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER ER8429	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER EW0161	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER EW0161	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER EW0161	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER EW0161	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / PFIZER FG3527	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER FG3527	**total**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / PFIZER LOT ER87	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER LOT ER87	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER LOT EW01	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / PFIZER LOT EW01	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / TJ1620	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / TJ1620	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / TJ1620	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / UNKNOWN	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / UNKNOWN	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / UNKNOWN	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / UNKNOWN	**total**	3	0.07%
COVID19 / UNKNOWN MANUFACTURER	**Not Serious**	2	0.04%
COVID19 / UNKNOWN MANUFACTURER	**total**	2	0.04%
COVID19 / UNKNOWN MANUFACTURER / 014C21A	**Not Serious**	1	0.02%
COVID19 / UNKNOWN MANUFACTURER / 014C21A	**total**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 47CX9	**Office Visit**	1	0.02%

DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 47CX9	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 47CX9	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 4977T	**Office Visit**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 4977T	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / 4977T	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / MK944	**Office Visit**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / MK944	**Hospitalized**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / MK944	**Life Threatening**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / MK944	**total**	3	0.07%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / T4Y35	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / T4Y35	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / X2K7D	**Not Serious**	15	0.33%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / X2K7D	**total**	15	0.33%

FLU4 / SANOFI PASTEUR	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR	**total**	3	0.07%
FLU4 / SANOFI PASTEUR / UJ760AA	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ760AA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ764AC	**Office Visit**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ764AC	**Emergency Doctor/Room**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ764AC	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ764AC	**total**	3	0.07%
FLU4 / SANOFI PASTEUR / UJ775AB	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ775AB	**total**	1	0.02%
FLU4 / SEQIRUS, INC.	**Not Serious**	1	0.02%
FLU4 / SEQIRUS, INC.	**total**	1	0.02%
FLU4 / SEQIRUS, INC. / 33332-0321-01	**Not Serious**	1	0.02%
FLU4 / SEQIRUS, INC. / 33332-0321-01	**total**	1	0.02%
FLU4 / SEQIRUS, INC. / NO CLUE WHAT VE	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC. / NO CLUE WHAT VE	**total**	1	0.02%
FLU4 / SEQIRUS, INC. / P100251769	**Recovered**	1	0.02%
FLU4 / SEQIRUS, INC. / P100251769	**total**	1	0.02%
FLUA4 / SEQIRUS, INC.	**Recovered**	1	0.02%
FLUA4 / SEQIRUS, INC.	**total**	1	0.02%
FLUA4 / SEQIRUS, INC. / 312846	**Not Serious**	1	0.02%
FLUA4 / SEQIRUS, INC. / 312846	**total**	1	0.02%
FLUC4 / SEQIRUS, INC. / 279834	**Recovered**	1	0.02%

FLUC4 / SEQIRUS, INC. / 279834	**total**	1	0.02%
FLUC4 / SEQIRUS, INC. / 308485	**Death**	1	0.02%
FLUC4 / SEQIRUS, INC. / 308485	**total**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION	**Office Visit**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION	**Emergency Doctor/Room**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION	**total**	2	0.04%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 53967F	**Not Serious**	2	0.04%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 53967F	**total**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 7HJ74	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 7HJ74	**total**	1	0.02%
HIBV / MERCK & CO. INC. / T005736	**Office Visit**	1	0.02%
HIBV / MERCK & CO. INC. / T005736	**Recovered**	1	0.02%
HIBV / MERCK & CO. INC. / T005736	**total**	2	0.04%
HIBV / SANOFI PASTEUR / UJ472AC	**Office Visit**	1	0.02%
HIBV / SANOFI PASTEUR / UJ472AC	**Hospitalized**	1	0.02%
HIBV / SANOFI PASTEUR / UJ472AC	**Life Threatening**	1	0.02%
HIBV / SANOFI PASTEUR / UJ472AC	**total**	3	0.07%
HIBV / SANOFI PASTEUR / UJ513ABA	**Office Visit**	1	0.02%
HIBV / SANOFI PASTEUR			

/ UJ513ABA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UJ513ABA	**total**	2	0.04%
HPV9 / MERCK & CO. INC.	**Office Visit**	1	0.02%
HPV9 / MERCK & CO. INC.	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / 1637648	**Office Visit**	1	0.02%
HPV9 / MERCK & CO. INC. / 1637648	**Recovered**	1	0.02%
HPV9 / MERCK & CO. INC. / 1637648	**total**	2	0.04%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / ABXB35AA	**Emergency Doctor/Room**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / ABXB35AA	**total**	1	0.02%
MMR / MERCK & CO. INC.	**Recovered**	1	0.02%
MMR / MERCK & CO. INC.	**total**	1	0.02%
MMR / MERCK & CO. INC. / S037497	**Recovered**	1	0.02%
MMR / MERCK & CO. INC. / S037497	**Not Serious**	3	0.07%
MMR / MERCK & CO. INC. / S037497	**total**	4	0.09%
MMR / MERCK & CO. INC. / S037499	**Not Serious**	1	0.02%
MMR / MERCK & CO. INC. / S037499	**total**	1	0.02%
MMR / MERCK & CO. INC. / T006166	**Not Serious**	2	0.04%
MMR / MERCK & CO. INC. / T006166	**total**	2	0.04%
MMRV / MERCK & CO. INC. / T030479	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC. / T030479	**total**	1	0.02%

MNQ / SANOFI PASTEUR / U7140BA	**Office Visit**	1	0.02%
MNQ / SANOFI PASTEUR / U7140BA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U7140BA	**total**	2	0.04%
PNC13 / PFIZER/WYETH / CK0843	**Office Visit**	1	0.02%
PNC13 / PFIZER/WYETH / CK0843	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / CK0843	**total**	2	0.04%
PNC13 / PFIZER/WYETH / CR8692	**Not Serious**	1	0.02%
PNC13 / PFIZER/WYETH / CR8692	**total**	1	0.02%
PNC13 / PFIZER/WYETH / DW3409	**Office Visit**	1	0.02%
PNC13 / PFIZER/WYETH / DW3409	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / DW3409	**total**	2	0.04%
PNC13 / PFIZER/WYETH / EC3578	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / EC3578	**total**	1	0.02%
PNC13 / PFIZER/WYETH / EC6449	**Office Visit**	1	0.02%
PNC13 / PFIZER/WYETH / EC6449	**Hospitalized**	1	0.02%
PNC13 / PFIZER/WYETH / EC6449	**Life Threatening**	1	0.02%
PNC13 / PFIZER/WYETH / EC6449	**total**	3	0.07%
PPV / MERCK & CO. INC.	**Recovered**	1	0.02%
PPV / MERCK & CO. INC.	**total**	1	0.02%
PPV / MERCK & CO. INC. / S036495	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / S036495	**total**	1	0.02%
PPV / MERCK & CO. INC. / T007790	**Recovered**	1	0.02%

PPV / MERCK & CO. INC. / T007790	**total**	1	0.02%
PPV / MERCK & CO. INC. / T010293	**Not Serious**	2	0.04%
PPV / MERCK & CO. INC. / T010293	**total**	2	0.04%
PPV / MERCK & CO. INC. / T021329	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / T021329	**total**	1	0.02%
RV5 / MERCK & CO. INC. / 1691303	**Office Visit**	1	0.02%
RV5 / MERCK & CO. INC. / 1691303	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / 1691303	**total**	2	0.04%
RV5 / MERCK & CO. INC. / 1705097	**Office Visit**	1	0.02%
RV5 / MERCK & CO. INC. / 1705097	**Hospitalized**	1	0.02%
RV5 / MERCK & CO. INC. / 1705097	**Life Threatening**	1	0.02%
RV5 / MERCK & CO. INC. / 1705097	**total**	3	0.07%
RV5 / MERCK & CO. INC. / 1742460	**Office Visit**	1	0.02%
RV5 / MERCK & CO. INC. / 1742460	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / 1742460	**total**	2	0.04%
RV5 / MERCK & CO. INC. / T034512	**Emergency Doctor/Room**	1	0.02%
RV5 / MERCK & CO. INC. / T034512	**Hospitalized**	1	0.02%
RV5 / MERCK & CO. INC. / T034512	**Recovered**	1	0.02%
RV5 / MERCK & CO. INC. / T034512	**total**	3	0.07%
TD / UNKNOWN MANUFACTURER / A125A	**Office Visit**	1	0.02%
TD / UNKNOWN MANUFACTURER / A125A	**Emergency Doctor/Room**	1	0.02%

TD / UNKNOWN MANUFACTURER / A125A	**total**	2	0.04%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / X2XJ7	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / X2XJ7	**total**	1	0.02%
TDAP / SANOFI PASTEUR	**Emergency Doctor/Room**	1	0.02%
TDAP / SANOFI PASTEUR	**Hospitalized**	1	0.02%
TDAP / SANOFI PASTEUR	**Life Threatening**	1	0.02%
TDAP / SANOFI PASTEUR	**total**	3	0.07%
UNK / UNKNOWN MANUFACTURER	**Death**	2	0.04%
UNK / UNKNOWN MANUFACTURER	**Emergency Doctor/Room**	2	0.04%
UNK / UNKNOWN MANUFACTURER	**Hospitalized**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Not Serious**	8	0.18%
UNK / UNKNOWN MANUFACTURER	**total**	14	0.31%
UNK / UNKNOWN MANUFACTURER / 019B21A	**Permanent Disability**	1	0.02%
UNK / UNKNOWN MANUFACTURER / 019B21A	**Office Visit**	1	0.02%
UNK / UNKNOWN MANUFACTURER / 019B21A	**total**	2	0.04%
UNK / UNKNOWN MANUFACTURER / 026L20A	**Office Visit**	1	0.02%
UNK / UNKNOWN MANUFACTURER / 026L20A	**Recovered**	1	0.02%

UNK / UNKNOWN MANUFACTURER / 026L20A	**total**	2	0.04%
UNK / UNKNOWN MANUFACTURER / DON? T HAVE INFO	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER / DON? T HAVE INFO	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER / E4283	**Not Serious**	1	0.02%
UNK / UNKNOWN MANUFACTURER / E4283	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER / EN6199	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER / EN6199	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER / ER8730	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER / ER8730	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER / PFIZER EW0151	**Not Serious**	1	0.02%
UNK / UNKNOWN MANUFACTURER / PFIZER EW0151	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / T010298	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / T010298	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Emergency Doctor/Room**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Hospitalized**	1	0.02%
VARZOS /			

GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	11	0.24%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Life Threatening**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	9	0.2%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**total**	25	0.55%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 2LH9L	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 2LH9L	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 9H3Z4	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 9H3Z4	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 272F3	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 272F3	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3454N	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3454N	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 7354R	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 7354R	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 7742Z	**Not Serious**	1	0.02%
VARZOS /			

GLAXOSMITHKLINE BIOLOGICALS / 7742Z	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 58160-0823-11	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 58160-0823-11	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / H73G2	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / H73G2	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / J75L9	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / J75L9	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / N7NP4	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / N7NP4	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / NDC# 58160-0823	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / NDC# 58160-0823	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / P27JE	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / P27JE	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNK	**Office Visit**	1	0.02%
VARZOS /			

	GLAXOSMITHKLINE BIOLOGICALS / UNK	**Emergency Doctor/Room**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNK	**Recovered**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNK	**total**	3	0.07%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / XH2DF,	**Not Serious**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / XH2DF,	**total**	1	0.02%
	total		2,497	55.27%
	COVID19 / JANSSEN / 211D21A	**Life Threatening**	1	0.02%
	COVID19 / JANSSEN / 211D21A	**total**	1	0.02%
	COVID19 / JANSSEN / 1855835	**Not Serious**	2	0.04%
	COVID19 / JANSSEN / 1855835	**total**	2	0.04%
	COVID19 / MODERNA	**Office Visit**	4	0.09%
	COVID19 / MODERNA	**Emergency Doctor/Room**	2	0.04%
	COVID19 / MODERNA	**Life Threatening**	1	0.02%
	COVID19 / MODERNA	**Not Serious**	4	0.09%
	COVID19 / MODERNA	**total**	11	0.24%
	COVID19 / MODERNA / 001M21A	**Office Visit**	2	0.04%
	COVID19 / MODERNA / 001M21A	**Emergency Doctor/Room**	1	0.02%
	COVID19 / MODERNA / 001M21A	**Recovered**	2	0.04%
	COVID19 / MODERNA / 001M21A	**total**	5	0.11%
	COVID19 / MODERNA / 002M21A	**Office Visit**	1	0.02%
	COVID19 / MODERNA / 002M21A	**Recovered**	1	0.02%
	COVID19 / MODERNA /			

002M21A	**total**	2	0.04%
COVID19 / MODERNA / 005M21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 005M21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 005M21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 005M21A	**total**	3	0.07%
COVID19 / MODERNA / 007J21-2A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 007J21-2A	**total**	1	0.02%
COVID19 / MODERNA / 007J212A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 007J212A	**total**	1	0.02%
COVID19 / MODERNA / 013B22A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 013B22A	**Recovered**	1	0.02%
COVID19 / MODERNA / 013B22A	**total**	2	0.04%
COVID19 / MODERNA / 013H21B	**Not Serious**	2	0.04%
COVID19 / MODERNA / 013H21B	**total**	2	0.04%
COVID19 / MODERNA / 027L21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 027L21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 027L21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 027L21A	**total**	3	0.07%
COVID19 / MODERNA / 030H21B	**Recovered**	1	0.02%
COVID19 / MODERNA / 030H21B	**Not Serious**	3	0.07%
COVID19 / MODERNA / 030H21B	**total**	4	0.09%
COVID19 / MODERNA / 033K21-2A	**Not Serious**	1	0.02%

COVID19 / MODERNA / 033K21-2A	**total**	1	0.02%
COVID19 / MODERNA / 0335K21-2A	**Not Serious**	11	0.24%
COVID19 / MODERNA / 0335K21-2A	**total**	11	0.24%
COVID19 / MODERNA / 037A22B	**Recovered**	1	0.02%
COVID19 / MODERNA / 037A22B	**total**	1	0.02%
COVID19 / MODERNA / 038A22A	**Recovered**	1	0.02%
COVID19 / MODERNA / 038A22A	**total**	1	0.02%
COVID19 / MODERNA / 041J21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 041J21A	**total**	1	0.02%
COVID19 / MODERNA / 048L21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 048L21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 048L21A	**total**	2	0.04%
COVID19 / MODERNA / 049621A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 049621A	**total**	1	0.02%
COVID19 / MODERNA / 053B22A	**Recovered**	1	0.02%
COVID19 / MODERNA / 053B22A	**total**	1	0.02%
COVID19 / MODERNA / 056A22A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 056A22A	**Recovered**	1	0.02%
COVID19 / MODERNA / 056A22A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 056A22A	**total**	3	0.07%
COVID19 / MODERNA / 056M21A	**Office Visit**	1	0.02%
COVID19 / MODERNA /	**total**	1	0.02%

056M21A			
COVID19 / MODERNA / 058H21A	**Recovered**	3	0.07%
COVID19 / MODERNA / 058H21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 058H21A	**total**	4	0.09%
COVID19 / MODERNA / 065K21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 065K21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 065K21A	**total**	2	0.04%
COVID19 / MODERNA / 065K214	**Not Serious**	1	0.02%
COVID19 / MODERNA / 065K214	**total**	1	0.02%
COVID19 / MODERNA / 066K21A	**Office Visit**	1	0.02%
COVID19 / MODERNA / 066K21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 066K21A	**total**	2	0.04%
COVID19 / MODERNA / 066KZIA	**Not Serious**	1	0.02%
COVID19 / MODERNA / 066KZIA	**total**	1	0.02%
COVID19 / MODERNA / 067H21A	**Not Serious**	4	0.09%
COVID19 / MODERNA / 067H21A	**total**	4	0.09%
COVID19 / MODERNA / 068H21A	**Recovered**	2	0.04%
COVID19 / MODERNA / 068H21A	**total**	2	0.04%
COVID19 / MODERNA / 070H21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 070H21A	**total**	1	0.02%
COVID19 / MODERNA / 082B22A	**Recovered**	1	0.02%
COVID19 / MODERNA / 082B22A	**Not Serious**	15	0.33%

COVID19 / MODERNA / 082B22A	**total**	16	0.35%
COVID19 / MODERNA / 084J21A	**Not Serious**	1	0.02%
COVID19 / MODERNA / 084J21A	**total**	1	0.02%
COVID19 / MODERNA / AR9236B	**Office Visit**	1	0.02%
COVID19 / MODERNA / AR9236B	**total**	1	0.02%
COVID19 / MODERNA / AS1412B	**Office Visit**	1	0.02%
COVID19 / MODERNA / AS1412B	**Recovered**	1	0.02%
COVID19 / MODERNA / AS1412B	**total**	2	0.04%
COVID19 / MODERNA / AS1414B	**Not Serious**	1	0.02%
COVID19 / MODERNA / AS1414B	**total**	1	0.02%
COVID19 / MODERNA / AS7148B	**Recovered**	1	0.02%
COVID19 / MODERNA / AS7148B	**total**	1	0.02%
COVID19 / MODERNA / AS7164B	**Not Serious**	1	0.02%
COVID19 / MODERNA / AS7164B	**total**	1	0.02%
COVID19 / MODERNA / C27L21A	**Recovered**	1	0.02%
COVID19 / MODERNA / C27L21A	**total**	1	0.02%
COVID19 / MODERNA / FE3590	**Not Serious**	1	0.02%
COVID19 / MODERNA / FE3590	**total**	1	0.02%
COVID19 / MODERNA / NOT PROVIDED	**Recovered**	1	0.02%
COVID19 / MODERNA / NOT PROVIDED	**total**	1	0.02%
COVID19 / MODERNA / UNKNOWN	**Not Serious**	1	0.02%
COVID19 / MODERNA /			

UNKNOWN	**total**	1	0.02%
COVID19 / NOVAVAX / 430ZMF023	**Not Serious**	1	0.02%
COVID19 / NOVAVAX / 430ZMF023	**total**	1	0.02%
COVID19 / NOVAVAX / 430ZMFF023	**Not Serious**	1	0.02%
COVID19 / NOVAVAX / 430ZMFF023	**total**	1	0.02%
COVID19 / NOVAVAX / 4302MF023	**Recovered**	1	0.02%
COVID19 / NOVAVAX / 4302MF023	**Not Serious**	1	0.02%
COVID19 / NOVAVAX / 4302MF023	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH	**Death**	1	0.02%
COVID19 / PFIZER/BIONTECH	**Permanent Disability**	1	0.02%
COVID19 / PFIZER/BIONTECH	**Office Visit**	6	0.13%
COVID19 / PFIZER/BIONTECH	**Emergency Doctor/Room**	2	0.04%
COVID19 / PFIZER/BIONTECH	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH	**Recovered**	4	0.09%
COVID19 / PFIZER/BIONTECH	**Not Serious**	12	0.27%
COVID19 / PFIZER/BIONTECH	**total**	27	0.6%
COVID19 / PFIZER/BIONTECH / 0238761-18090	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / 0238761-18090	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 7135	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / 7135	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / 7553	**Not Serious**	1	0.02%

COVID19 / PFIZER/BIONTECH / 7553	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / BD0810	**Office Visit**	6	0.13%
COVID19 / PFIZER/BIONTECH / BD0810	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / EP7533	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / EP7533	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FD0810	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FD0810	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FF0007	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FF0007	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8028	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8028	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8030	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FH8030	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ1614	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ1614	**total**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / FJ4989	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ4989	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ5682	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ5682	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ5683	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ5683	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ6369	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FJ6369	**Not Serious**	7	0.15%
COVID19 / PFIZER/BIONTECH / FJ6369	**total**	9	0.2%
COVID19 / PFIZER/BIONTECH / FJ 6369	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ 6369	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ9943	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ9943	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FJ9943	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FK5618	**Not Serious**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / FK5618	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9729	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9729	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9844	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9844	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9893	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9893	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9893	**Not Serious**	5	0.11%
COVID19 / PFIZER/BIONTECH / FK9893	**total**	7	0.15%
COVID19 / PFIZER/BIONTECH / FK9894	**Office Visit**	3	0.07%
COVID19 / PFIZER/BIONTECH / FK9894	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FK9894	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9894	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / FK9895	**Office Visit**	3	0.07%
COVID19 / PFIZER/BIONTECH / FK9895	**Emergency Doctor/Room**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / FK9895	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9895	**total**	5	0.11%
COVID19 / PFIZER/BIONTECH / FK9896	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9896	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9896	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FK9896	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / FL	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL0007	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL0007	**Not Serious**	4	0.09%
COVID19 / PFIZER/BIONTECH / FL0007	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / FL2757	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL2757	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL2757	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / FL3197	**Recovered**	2	0.04%
COVID19 /			

PFIZER/BIONTECH / FL3197	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL3197	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / FL3198	**Office Visit**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL3198	**Emergency Doctor/Room**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL3198	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / FL3198	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / FL 3209	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL 3209	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL 3209	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL3209	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL3209	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL3209	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / FL8095	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FL8095	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FL8095	**Not Serious**	3	0.07%
COVID19 /			

PFIZER/BIONTECH / FL8095	**total**	6	0.13%
COVID19 / PFIZER/BIONTECH / FM7553	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FM7553	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FM7553	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FM7553	**total**	5	0.11%
COVID19 / PFIZER/BIONTECH / FM9992	**Office Visit**	1	0.02%
COVID19 / PFIZER/BIONTECH / FM9992	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FM9992	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FM9992	**total**	4	0.09%
COVID19 / PFIZER/BIONTECH / FN2908	**Recovered**	2	0.04%
COVID19 / PFIZER/BIONTECH / FN2908	**Not Serious**	15	0.33%
COVID19 / PFIZER/BIONTECH / FN2908	**total**	17	0.38%
COVID19 / PFIZER/BIONTECH / FP4554	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FP4554	**total**	2	0.04%
COVID19 / PFIZER/BIONTECH / FP7135	**Office Visit**	1	0.02%
COVID19 /			

PFIZER/BIONTECH / FP7135	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FP7140	**Not Serious**	3	0.07%
COVID19 / PFIZER/BIONTECH / FP7140	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / FP7141	**Recovered**	3	0.07%
COVID19 / PFIZER/BIONTECH / FP7141	**Not Serious**	6	0.13%
COVID19 / PFIZER/BIONTECH / FP7141	**total**	9	0.2%
COVID19 / PFIZER/BIONTECH / FP7531	**Not Serious**	1	0.02%
COVID19 / PFIZER/BIONTECH / FP7531	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FT1551	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FT1551	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH / FT9142	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH / FT9142	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / FT9142	**total**	3	0.07%
COVID19 / PFIZER/BIONTECH / GH9693	**Not Serious**	2	0.04%
COVID19 / PFIZER/BIONTECH / GH9693	**total**	2	0.04%
COVID19 /	**Emergency**		

2022	PFIZER/BIONTECH / GJ252Y	Doctor/Room	1	0.02%
	COVID19 / PFIZER/BIONTECH / GJ252Y	total	1	0.02%
	COVID19 / UNKNOWN MANUFACTURER	Not Serious	7	0.15%
	COVID19 / UNKNOWN MANUFACTURER	total	7	0.15%
	COVID19-2 / MODERNA	Hospitalized	1	0.02%
	COVID19-2 / MODERNA	Recovered	1	0.02%
	COVID19-2 / MODERNA	Not Serious	3	0.07%
	COVID19-2 / MODERNA	total	5	0.11%
	COVID19-2 / MODERNA / 053D22A	Recovered	1	0.02%
	COVID19-2 / MODERNA / 053D22A	total	1	0.02%
	COVID19-2 / MODERNA / 059F2ZA	Not Serious	1	0.02%
	COVID19-2 / MODERNA / 059F2ZA	total	1	0.02%
	COVID19-2 / MODERNA / 062F22A	Not Serious	1	0.02%
	COVID19-2 / MODERNA / 062F22A	total	1	0.02%
	COVID19-2 / MODERNA / A57164B	Office Visit	1	0.02%
	COVID19-2 / MODERNA / A57164B	total	1	0.02%
	COVID19-2 / MODERNA / AS7145B	Office Visit	1	0.02%
	COVID19-2 / MODERNA / AS7145B	Emergency Doctor/Room	1	0.02%
	COVID19-2 / MODERNA / AS7145B	Not Serious	1	0.02%
	COVID19-2 / MODERNA / AS7145B	total	3	0.07%
	COVID19-2 / MODERNA / AS7147B	Not Serious	1	0.02%
	COVID19-2 / MODERNA / AS7147B	total	1	0.02%
	COVID19-2 / MODERNA /	Recovered	1	0.02%

AS7148B			
COVID19-2 / MODERNA / AS7148B	**total**	1	0.02%
COVID19-2 / MODERNA / AS7164B	**Not Serious**	1	0.02%
COVID19-2 / MODERNA / AS7164B	**total**	1	0.02%
COVID19-2 / MODERNA / AS7165B	**Office Visit**	1	0.02%
COVID19-2 / MODERNA / AS7165B	**Recovered**	1	0.02%
COVID19-2 / MODERNA / AS7165B	**total**	2	0.04%
COVID19-2 / PFIZER/BIONTECH	**Office Visit**	1	0.02%
COVID19-2 / PFIZER/BIONTECH	**Not Serious**	1	0.02%
COVID19-2 / PFIZER/BIONTECH	**total**	2	0.04%
COVID19-2 / PFIZER/BIONTECH / 6H9693	**Office Visit**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / 6H9693	**total**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / 6J3277	**Death**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / 6J3277	**Emergency Doctor/Room**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / 6J3277	**total**	2	0.04%
COVID19-2 / PFIZER/BIONTECH / GH9693	**Emergency Doctor/Room**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9693	**Recovered**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9693	**Not Serious**	2	0.04%
COVID19-2 /			

PFIZER/BIONTECH / GH9693	**total**	4	0.09%
COVID19-2 / PFIZER/BIONTECH / GH9694	**Office Visit**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9694	**Emergency Doctor/Room**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9694	**Recovered**	2	0.04%
COVID19-2 / PFIZER/BIONTECH / GH9694	**Life Threatening**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9694	**total**	5	0.11%
COVID19-2 / PFIZER/BIONTECH / GH9697	**Office Visit**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9697	**Recovered**	2	0.04%
COVID19-2 / PFIZER/BIONTECH / GH9697	**Not Serious**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9697	**total**	4	0.09%
COVID19-2 / PFIZER/BIONTECH / GH9702	**Recovered**	3	0.07%
COVID19-2 / PFIZER/BIONTECH / GH9702	**Not Serious**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9702	**total**	4	0.09%
COVID19-2 / PFIZER/BIONTECH / GH9703	**Recovered**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GH9703	**total**	1	0.02%
COVID19-2 /			

PFIZER/BIONTECH / GJ2S24	**Office Visit**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ2S24	**total**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ2524	**Emergency Doctor/Room**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ2524	**Recovered**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ2524	**total**	2	0.04%
COVID19-2 / PFIZER/BIONTECH / GJ3277	**Office Visit**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ3277	**Recovered**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ3277	**total**	2	0.04%
COVID19-2 / PFIZER/BIONTECH / GJ5342	**Hospitalized**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ5342	**total**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ6738	**Not Serious**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GJ6738	**total**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GK1657	**Recovered**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GK1657	**Not Serious**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GK1657	**total**	2	0.04%
COVID19-2 /			

PFIZER/BIONTECH / GL0446	**Not Serious**	1	0.02%
COVID19-2 / PFIZER/BIONTECH / GL0446	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / LS444	**Office Visit**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / LS444	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / LS444	**total**	2	0.04%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / Z4R9R	**Recovered**	1	0.02%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS / Z4R9R	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 24T2N	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / 24T2N	**total**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / H9FM5	**Recovered**	1	0.02%
DTAPIPV / GLAXOSMITHKLINE BIOLOGICALS / H9FM5	**total**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C5916AA	**Recovered**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C5916AA	**total**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C6002BA	**Not Serious**	1	0.02%
DTAPIPV / SANOFI PASTEUR / C6002BA	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 5NF7J	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE	**total**	1	0.02%

BIOLOGICALS / 5NF7J			
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7TP53	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7TP53	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 7TP53	**total**	2	0.04%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 9P935	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 9P935	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 95ZA7	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 95ZA7	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 574R7	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / 574R7	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / AS5RM	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / AS5RM	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / D34TF	**Office Visit**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / D34TF	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / GF3N2	**Not Serious**	1	0.02%
FLU4 / GLAXOSMITHKLINE	**total**	1	0.02%

BIOLOGICALS / GF3N2			
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / T9HA2	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / T9HA2	**total**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / UT7681LA	**Recovered**	1	0.02%
FLU4 / GLAXOSMITHKLINE BIOLOGICALS / UT7681LA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR	**Emergency Doctor/Room**	1	0.02%
FLU4 / SANOFI PASTEUR	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / U7684DA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / U7684DA	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR / U7684DA	**total**	2	0.04%
FLU4 / SANOFI PASTEUR / UJ872AA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ872AA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7681LA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7681LA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7701MA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7701MA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7723LA	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7723LA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7733AA	**Recovered**	1	0.02%
FLU4 / SANOFI PASTEUR / UT7733AA	**total**	1	0.02%

FLUA4 / SEQIRUS, INC. / 346347	**Emergency Doctor/Room**	1	0.02%
FLUA4 / SEQIRUS, INC. / 346347	**total**	1	0.02%
FLUA4 / SEQIRUS, INC. / 346354	**Recovered**	1	0.02%
FLUA4 / SEQIRUS, INC. / 346354	**total**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA2225	**Office Visit**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA2225	**Recovered**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / QFAA2225	**total**	2	0.04%
FLUR4 / PROTEIN SCIENCES CORPORATION / UJ892AA	**Not Serious**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / UJ892AA	**total**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / UJ903AA	**Emergency Doctor/Room**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / UJ903AA	**Recovered**	1	0.02%
FLUR4 / PROTEIN SCIENCES CORPORATION / UJ903AA	**total**	2	0.04%
HEP / DYNAVAX TECHNOLOGIES CORPORATION / 935841	**Not Serious**	1	0.02%
HEP / DYNAVAX TECHNOLOGIES	**total**	1	0.02%

CORPORATION / 935841			
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 72T95	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 72T95	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 95EJ7	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 95EJ7	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 5575N	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / 5575N	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / U004367	**Not Serious**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / U004367	**total**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X9A9B	**Recovered**	1	0.02%
HEPA / GLAXOSMITHKLINE BIOLOGICALS / X9A9B	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UJ579AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR / UJ579AA	**total**	1	0.02%
HIBV / SANOFI PASTEUR / UJ587AA	**Recovered**	1	0.02%
HIBV / SANOFI PASTEUR	**total**	1	0.02%

/ UJ587AA			
HPV9 / MERCK & CO. INC. / 1780867	**Not Serious**	1	0.02%
HPV9 / MERCK & CO. INC. / 1780867	**total**	1	0.02%
HPV9 / MERCK & CO. INC. / T028929	**Recovered**	1	0.02%
HPV9 / MERCK & CO. INC. / T028929	**total**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / ABXB59AA	**Recovered**	1	0.02%
MENB / NOVARTIS VACCINES AND DIAGNOSTICS / ABXB59AA	**total**	1	0.02%
MNQ / SANOFI PASTEUR	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR	**total**	1	0.02%
MNQ / SANOFI PASTEUR / U7211AA	**Recovered**	1	0.02%
MNQ / SANOFI PASTEUR / U7211AA	**total**	1	0.02%
PNC13 / PFIZER/WYETH / DN4218	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / DN4218	**total**	1	0.02%
PNC13 / PFIZER/WYETH / EK6267	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH / EK6267	**total**	1	0.02%
PNC20 / PFIZER/WYETH	**Not Serious**	1	0.02%
PNC20 / PFIZER/WYETH	**total**	1	0.02%
PNC20 / PFIZER/WYETH / FJ2601	**Not Serious**	1	0.02%
PNC20 / PFIZER/WYETH / FJ2601	**total**	1	0.02%
PNC20 / PFIZER/WYETH / FJ2605	**Not Serious**	1	0.02%
PNC20 / PFIZER/WYETH / FJ2605	**total**	1	0.02%
PNC20 / PFIZER/WYETH / FW6028	**Not Serious**	1	0.02%

PNC20 / PFIZER/WYETH / FW6028	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC.	**total**	1	0.02%
PPV / MERCK & CO. INC. / U023827	**Office Visit**	1	0.02%
PPV / MERCK & CO. INC. / U023827	**Recovered**	1	0.02%
PPV / MERCK & CO. INC. / U023827	**total**	2	0.04%
RAB / UNKNOWN MANUFACTURER / R02F009423	**Not Serious**	1	0.02%
RAB / UNKNOWN MANUFACTURER / R02F009423	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / G973H	**Recovered**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / G973H	**total**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / K2FM7	**Recovered**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS / K2FM7	**total**	1	0.02%
SMALLMNK / BAVARIAN NORDIC / FDP0004	**Recovered**	1	0.02%
SMALLMNK / BAVARIAN NORDIC / FDP0004	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 2ZF9N	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / 2ZF9N	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / MYG5G	**Office Visit**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS / MYG5G	**total**	1	0.02%

TDAP / SANOFI PASTEUR / 2CA18C1	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / 2CA18C1	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Office Visit**	3	0.07%
UNK / UNKNOWN MANUFACTURER	**Emergency Doctor/Room**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Recovered**	2	0.04%
UNK / UNKNOWN MANUFACTURER	**Not Serious**	3	0.07%
UNK / UNKNOWN MANUFACTURER	**total**	9	0.2%
UNK / UNKNOWN MANUFACTURER / 7K95C	**Not Serious**	1	0.02%
UNK / UNKNOWN MANUFACTURER / 7K95C	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER / AP47C	**Office Visit**	1	0.02%
UNK / UNKNOWN MANUFACTURER / AP47C	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER / AP47C	**total**	2	0.04%
UNK / UNKNOWN MANUFACTURER / FDP00004	**Recovered**	2	0.04%
UNK / UNKNOWN MANUFACTURER / FDP00004	**total**	2	0.04%
UNK / UNKNOWN MANUFACTURER / NO IDEA	**Not Serious**	1	0.02%
UNK / UNKNOWN MANUFACTURER / NO IDEA	**total**	1	0.02%
VARCEL / MERCK & CO. INC.	**Not Serious**	1	0.02%
VARCEL / MERCK & CO.			

INC.	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / U024765	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / U024765	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**total**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3G2C4	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3G2C4	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3G2C4	**total**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 7M7E5	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 7M7E5	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 299J9	**Not Serious**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 299J9	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3527M	**Emergency Doctor/Room**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3527M	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 3527M	**total**	2	0.04%
VARZOS /			

	GLAXOSMITHKLINE BIOLOGICALS / 9474M	**Not Serious**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / 9474M	**total**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / BH5G2	**Office Visit**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / BH5G2	**total**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / DA327	**Office Visit**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / DA327	**Recovered**	1	0.02%
	VARZOS / GLAXOSMITHKLINE BIOLOGICALS / DA327	**total**	2	0.04%
	total		421	9.32%
	COVID19 / JANSSEN	**Recovered**	1	0.02%
	COVID19 / JANSSEN	**Not Serious**	3	0.07%
	COVID19 / JANSSEN	**total**	4	0.09%
	COVID19 / JANSSEN / 042A21A	**Not Serious**	1	0.02%
	COVID19 / JANSSEN / 042A21A	**total**	1	0.02%
	COVID19 / JANSSEN / 202A21A	**Not Serious**	1	0.02%
	COVID19 / JANSSEN / 202A21A	**total**	1	0.02%
	COVID19 / JANSSEN / 203A21A	**Not Serious**	1	0.02%
	COVID19 / JANSSEN / 203A21A	**total**	1	0.02%
	COVID19 / JANSSEN / 204A21A	**Not Serious**	4	0.09%
	COVID19 / JANSSEN / 204A21A	**total**	4	0.09%
	COVID19 / JANSSEN / 205A21A	**Recovered**	1	0.02%
	COVID19 / JANSSEN /	**Not Serious**	1	0.02%

205A21A			
COVID19 / JANSSEN / 205A21A	**total**	2	0.04%
COVID19 / JANSSEN / 182266	**Recovered**	1	0.02%
COVID19 / JANSSEN / 182266	**total**	1	0.02%
COVID19 / JANSSEN / 1805022	**Not Serious**	5	0.11%
COVID19 / JANSSEN / 1805022	**total**	5	0.11%
COVID19 / JANSSEN / 1808982	**Not Serious**	2	0.04%
COVID19 / JANSSEN / 1808982	**total**	2	0.04%
COVID19 / JANSSEN / 1822809	**Recovered**	1	0.02%
COVID19 / JANSSEN / 1822809	**total**	1	0.02%
COVID19 / JANSSEN / UNKNOWN	**Not Serious**	5	0.11%
COVID19 / JANSSEN / UNKNOWN	**total**	5	0.11%
COVID19 / JANSSEN / Z05A21A	**Not Serious**	1	0.02%
COVID19 / JANSSEN / Z05A21A	**total**	1	0.02%
COVID19 / MODERNA	**Emergency Doctor/Room**	3	0.07%
COVID19 / MODERNA	**Hospitalized**	1	0.02%
COVID19 / MODERNA	**Recovered**	2	0.04%
COVID19 / MODERNA	**Life Threatening**	1	0.02%
COVID19 / MODERNA	**Not Serious**	10	0.22%
COVID19 / MODERNA	**total**	17	0.38%
COVID19 / MODERNA / 013L20A	**Emergency Doctor/Room**	1	0.02%
COVID19 / MODERNA / 013L20A	**total**	1	0.02%
COVID19 / MODERNA / 068H21A	**Recovered**	1	0.02%
COVID19 / MODERNA / 068H21A	**total**	1	0.02%

COVID19 / MODERNA / UNKNOWN	**Not Serious**	1	0.02%
COVID19 / MODERNA / UNKNOWN	**total**	1	0.02%
COVID19 / PFIZER/BIONTECH	**Hospitalized**	1	0.02%
COVID19 / PFIZER/BIONTECH	**Recovered**	1	0.02%
COVID19 / PFIZER/BIONTECH	**Not Serious**	17	0.38%
COVID19 / PFIZER/BIONTECH	**total**	19	0.42%
COVID19 / UNKNOWN MANUFACTURER	**Not Serious**	3	0.07%
COVID19 / UNKNOWN MANUFACTURER	**total**	3	0.07%
DT / GLAXOSMITHKLINE BIOLOGICALS / A639A2	**Emergency Room**	1	0.02%
DT / GLAXOSMITHKLINE BIOLOGICALS / A639A2	**Recovered**	1	0.02%
DT / GLAXOSMITHKLINE BIOLOGICALS / A639A2	**total**	2	0.04%
DT / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
DT / UNKNOWN MANUFACTURER	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 911A2	**Recovered**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / 911A2	**total**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B153AA	**Not Serious**	1	0.02%
DTAP / GLAXOSMITHKLINE BIOLOGICALS / AC14B153AA	**total**	1	0.02%
DTAP / PFIZER/WYETH	**Recovered**	1	0.02%
DTAP / PFIZER/WYETH	**total**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND			

DIAGNOSTICS / 102042P1	**Recovered**	1	0.02%
FLU(H1N1) / NOVARTIS VACCINES AND DIAGNOSTICS / 102042P1	**total**	1	0.02%
FLU(H1N1) / SANOFI PASTEUR / UP017AA	**Recovered**	6	0.13%
FLU(H1N1) / SANOFI PASTEUR / UP017AA	**total**	6	0.13%
FLU3 / CSL LIMITED / N56506A	**Not Serious**	1	0.02%
FLU3 / CSL LIMITED / N56506A	**total**	1	0.02%
FLU3 / EVANS VACCINES / 765873	**Not Serious**	1	0.02%
FLU3 / EVANS VACCINES / 765873	**total**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1414101	**Emergency Room**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1414101	**Recovered**	1	0.02%
FLU3 / NOVARTIS VACCINES AND DIAGNOSTICS / 1414101	**total**	2	0.04%
FLU3 / PFIZER/WYETH	**Emergency Room**	1	0.02%
FLU3 / PFIZER/WYETH	**Not Serious**	1	0.02%
FLU3 / PFIZER/WYETH	**total**	2	0.04%
FLU3 / SANOFI PASTEUR	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U4490AA	**Not Serious**	1	0.02%
FLU3 / SANOFI PASTEUR / U4490AA	**total**	1	0.02%
FLU3 / SANOFI PASTEUR / U4762BA	**Recovered**	1	0.02%
FLU3 / SANOFI PASTEUR / U4762BA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR	**Not Serious**	2	0.04%
FLU4 / SANOFI PASTEUR	**total**	2	0.04%

FLU4 / SANOFI PASTEUR / UJ546AA	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR / UJ546AA	**total**	1	0.02%
FLU4 / SANOFI PASTEUR / UT6261JA	**Not Serious**	1	0.02%
FLU4 / SANOFI PASTEUR / UT6261JA	**total**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Death**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Permanent Disability**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**Emergency Room**	2	0.04%
FLUX / UNKNOWN MANUFACTURER	**Hospitalized**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Recovered**	3	0.07%
FLUX / UNKNOWN MANUFACTURER	**Life Threatening**	1	0.02%
FLUX / UNKNOWN MANUFACTURER	**Not Serious**	4	0.09%
FLUX / UNKNOWN MANUFACTURER	**total**	14	0.31%
HEP / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	3	0.07%
HEP / GLAXOSMITHKLINE BIOLOGICALS	**total**	3	0.07%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 3090A6	**Emergency Room**	1	0.02%
HEP / GLAXOSMITHKLINE BIOLOGICALS / 3090A6	**total**	1	0.02%
HEP / MERCK & CO. INC.	**Emergency Room**	2	0.04%
HEP / MERCK & CO. INC.	**Not Serious**	2	0.04%
HEP / MERCK & CO. INC.	**total**	4	0.09%
HEP / SMITHKLINE BEECHAM	**Emergency Room**	1	0.02%
HEP / SMITHKLINE			

BEECHAM	**Not Serious**	3	0.07%
HEP / SMITHKLINE BEECHAM	**total**	4	0.09%
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	2	0.04%
HEPA / GLAXOSMITHKLINE BIOLOGICALS	**total**	2	0.04%
HEPA / SMITHKLINE BEECHAM	**Not Serious**	1	0.02%
HEPA / SMITHKLINE BEECHAM	**total**	1	0.02%
HEPAB / GLAXOSMITHKLINE BIOLOGICALS / 925P2	**Recovered**	1	0.02%
HEPAB / GLAXOSMITHKLINE BIOLOGICALS / 925P2	**total**	1	0.02%
HEPAB / GLAXOSMITHKLINE BIOLOGICALS / UNK	**Not Serious**	3	0.07%
HEPAB / GLAXOSMITHKLINE BIOLOGICALS / UNK	**total**	3	0.07%
HIBV / PFIZER/WYETH	**Recovered**	1	0.02%
HIBV / PFIZER/WYETH	**total**	1	0.02%
HIBV / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
HIBV / UNKNOWN MANUFACTURER	**total**	1	0.02%
HPV4 / MERCK & CO. INC.	**Permanent Disability**	1	0.02%
HPV4 / MERCK & CO. INC.	**Emergency Room**	2	0.04%
HPV4 / MERCK & CO. INC.	**Recovered**	2	0.04%
HPV4 / MERCK & CO. INC.	**Not Serious**	2	0.04%
HPV4 / MERCK & CO. INC.	**total**	7	0.15%
HPV9 / MERCK & CO. INC.	**Not Serious**	4	0.09%

Unknown	**HPV9 / MERCK & CO. INC.**	**total**	4	0.09%
	HPV9 / MERCK & CO. INC. / L043213	**Not Serious**	2	0.04%
	HPV9 / MERCK & CO. INC. / L043213	**total**	2	0.04%
	HPV9 / MERCK & CO. INC. / M034437	**Not Serious**	1	0.02%
	HPV9 / MERCK & CO. INC. / M034437	**total**	1	0.02%
	HPV9 / MERCK & CO. INC. / R025726	**Not Serious**	1	0.02%
	HPV9 / MERCK & CO. INC. / R025726	**total**	1	0.02%
	IPV / SANOFI PASTEUR	**Recovered**	1	0.02%
	IPV / SANOFI PASTEUR	**total**	1	0.02%
	MMR / MERCK & CO. INC.	**Emergency Room**	2	0.04%
	MMR / MERCK & CO. INC.	**Hospitalized**	1	0.02%
	MMR / MERCK & CO. INC.	**Recovered**	1	0.02%
	MMR / MERCK & CO. INC.	**Not Serious**	1	0.02%
	MMR / MERCK & CO. INC.	**total**	5	0.11%
	MMR / MERCK & CO. INC. / 1276J	**Emergency Room**	1	0.02%
	MMR / MERCK & CO. INC. / 1276J	**Recovered**	1	0.02%
	MMR / MERCK & CO. INC. / 1276J	**total**	2	0.04%
	MMR / MERCK & CO. INC. / L020189	**Not Serious**	1	0.02%
	MMR / MERCK & CO. INC. / L020189	**total**	1	0.02%
	MMR / MERCK & CO. INC. / L036851	**Not Serious**	1	0.02%
	MMR / MERCK & CO. INC. / L036851	**total**	1	0.02%
	MMR / MERCK & CO. INC. / M028130	**Not Serious**	1	0.02%
	MMR / MERCK & CO.	**total**	1	0.02%

INC. / M028130			
MMRV / MERCK & CO. INC.	**Emergency Room**	1	0.02%
MMRV / MERCK & CO. INC.	**Recovered**	1	0.02%
MMRV / MERCK & CO. INC.	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC.	**total**	3	0.07%
MMRV / MERCK & CO. INC. / L044056	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC. / L044056	**total**	1	0.02%
MMRV / MERCK & CO. INC. / M006105	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC. / M006105	**total**	1	0.02%
MMRV / MERCK & CO. INC. / M044022	**Not Serious**	1	0.02%
MMRV / MERCK & CO. INC. / M044022	**total**	1	0.02%
PNC / PFIZER/WYETH	**Recovered**	1	0.02%
PNC / PFIZER/WYETH	**total**	1	0.02%
PNC / PFIZER/WYETH / 473346	**Recovered**	1	0.02%
PNC / PFIZER/WYETH / 473346	**total**	1	0.02%
PNC / PFIZER/WYETH / 474947	**Recovered**	2	0.04%
PNC / PFIZER/WYETH / 474947	**total**	2	0.04%
PNC13 / PFIZER/WYETH	**Recovered**	1	0.02%
PNC13 / PFIZER/WYETH	**Not Serious**	6	0.13%
PNC13 / PFIZER/WYETH	**total**	7	0.15%
PPV / MERCK & CO. INC.	**Recovered**	2	0.04%
PPV / MERCK & CO. INC.	**Not Serious**	6	0.13%
PPV / MERCK & CO. INC.	**total**	8	0.18%
PPV / MERCK & CO. INC. / 0321Z	**Emergency Room**	1	0.02%
PPV / MERCK & CO. INC. / 0321Z	**total**	1	0.02%
PPV / MERCK & CO. INC.	**Emergency**		

/ 1026M	**Room**	4	0.09%
PPV / MERCK & CO. INC. / 1026M	**Recovered**	3	0.07%
PPV / MERCK & CO. INC. / 1026M	**total**	7	0.15%
PPV / MERCK & CO. INC. / M043424	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / M043424	**total**	1	0.02%
PPV / MERCK & CO. INC. / R024025	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / R024025	**total**	1	0.02%
PPV / MERCK & CO. INC. / S012246	**Not Serious**	1	0.02%
PPV / MERCK & CO. INC. / S012246	**total**	1	0.02%
RAB / NOVARTIS VACCINES AND DIAGNOSTICS / UNKNOWN	**Not Serious**	1	0.02%
RAB / NOVARTIS VACCINES AND DIAGNOSTICS / UNKNOWN	**total**	1	0.02%
RAB / PASTEUR MERIEUX INST.	**Not Serious**	1	0.02%
RAB / PASTEUR MERIEUX INST.	**total**	1	0.02%
RUB / MERCK & CO. INC.	**Permanent Disability**	1	0.02%
RUB / MERCK & CO. INC.	**Emergency Room**	1	0.02%
RUB / MERCK & CO. INC.	**total**	2	0.04%
RV1 / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	1	0.02%
RV1 / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
RV5 / MERCK & CO. INC. / R016790	**Not Serious**	1	0.02%
RV5 / MERCK & CO. INC. / R016790	**total**	1	0.02%

TD / SANOFI PASTEUR / U1704CA	**Not Serious**	1	0.02%
TD / SANOFI PASTEUR / U1704CA	**total**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	1	0.02%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C2889AA	**Not Serious**	1	0.02%
TDAP / SANOFI PASTEUR / C2889AA	**total**	1	0.02%
TDAP / SANOFI PASTEUR / C4456AA	**Recovered**	1	0.02%
TDAP / SANOFI PASTEUR / C4456AA	**total**	1	0.02%
TTOX / CONNAUGHT LABORATORIES / 9J11173	**Emergency Room**	1	0.02%
TTOX / CONNAUGHT LABORATORIES / 9J11173	**total**	1	0.02%
TYP / BERNA BIOTECH, LTD.	**Not Serious**	1	0.02%
TYP / BERNA BIOTECH, LTD.	**total**	1	0.02%
TYP / PFIZER/WYETH	**Not Serious**	1	0.02%
TYP / PFIZER/WYETH	**total**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Recovered**	1	0.02%
UNK / UNKNOWN MANUFACTURER	**Not Serious**	3	0.07%
UNK / UNKNOWN MANUFACTURER	**total**	4	0.09%
VARCEL / MERCK & CO. INC.	**Emergency Room**	2	0.04%
VARCEL / MERCK & CO. INC.	**Hospitalized**	1	0.02%
VARCEL / MERCK & CO. INC.	**Not Serious**	8	0.18%
VARCEL / MERCK & CO. INC.	**total**	11	0.24%

VARCEL / MERCK & CO. INC. / 1688J	**Emergency Room**	1	0.02%
VARCEL / MERCK & CO. INC. / 1688J	**Recovered**	1	0.02%
VARCEL / MERCK & CO. INC. / 1688J	**total**	2	0.04%
VARCEL / MERCK & CO. INC. / L027287	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / L027287	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / L037565	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / L037565	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / M002063	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / M002063	**total**	1	0.02%
VARCEL / MERCK & CO. INC. / M004328	**Not Serious**	1	0.02%
VARCEL / MERCK & CO. INC. / M004328	**total**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Office Visit**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Recovered**	2	0.04%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**Not Serious**	9	0.2%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS	**total**	12	0.27%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNK	**Recovered**	1	0.02%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNK	**Not Serious**	4	0.09%
VARZOS / GLAXOSMITHKLINE BIOLOGICALS / UNK	**total**	5	0.11%
VARZOS / MERCK & CO.	**Office Visit**	12	0.27%

	INC.			
	VARZOS / MERCK & CO. INC.	**Emergency Doctor/Room**	2	0.04%
	VARZOS / MERCK & CO. INC.	**Hospitalized**	6	0.13%
	VARZOS / MERCK & CO. INC.	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC.	**Not Serious**	3	0.07%
	VARZOS / MERCK & CO. INC.	**total**	24	0.53%
	VARZOS / MERCK & CO. INC. / 0241AE	**Recovered**	1	0.02%
	VARZOS / MERCK & CO. INC. / 0241AE	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / 1559X	**Emergency Room**	1	0.02%
	VARZOS / MERCK & CO. INC. / 1559X	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / L036454	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / L036454	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / M041085	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / M041085	**total**	1	0.02%
	VARZOS / MERCK & CO. INC. / M042504	**Not Serious**	1	0.02%
	VARZOS / MERCK & CO. INC. / M042504	**total**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER	**Emergency Room**	1	0.02%
	VARZOS / UNKNOWN MANUFACTURER	**total**	1	0.02%
	total		274	6.06%
TOTAL			† 6,747	† 149.34%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is why the Total Count is greater than 4,518 (the number of cases found), and the Total Percent is greater than 100.

Case Details

VAERS ID: 25334 (history)		**Vaccinated:**	1990-04-09
Form:	Version 1.0	**Onset:**	1990-04-16
Age:		**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1990-07-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	591A4 / UNK	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Abdominal pain, Diarrhoea
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: MULTIVITAMINS AND CALCIUM
Current Illness:
Preexisting Conditions: N/A
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type: EBU900140
Write-up: ONE WEEK FOLLOWING 1ST INJECT, PT DEVELPD ABDOMINAL PAIN/CRAMPS, DIARRHEA. A STOOL CULTURE WAS ORDERED. AS OF 4-19-90 NO TREATMENT GIVEN AND ALL SYMPTOMS PERSIST.

VAERS ID: 25335 (history)		**Vaccinated:**	1990-04-17
Form:	Version 1.0	**Onset:**	1990-04-18
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1990-07-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	591A4 / UNK	- / IM

Administered by: Private **Purchased by:** Private

Symptoms: Arthralgia, Dizziness, Dyspepsia, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: RECOMBIVAX INOCS UNEVENTFUL~ ()~~~In patient
Other Medications: N/A
Current Illness:
Preexisting Conditions: ALLERGIC TO MOLDS, ZINC, FLEXERIL. INITIAL RECOMBIVAX INOCULATIONS UNEVENTFUL, BUT NEVER PRODUCED ANTIBODIES
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type: EBU900141
Write-up: PT A NON-RESPONDER TO RECOMBIVAX AND RECVD 1ST ADDITIONAL DOSE OF ENGERIX B ON 4-17-90. NEXT DAY PT WAS DIZZY, DEVELPD JOINT PAIN, MUSCLE ACHES, UPSET STOMACH. CURRENTLY IMPROVING. NO SUBSEQUENT INJECTS PLANNED

VAERS ID:	25661 (history)	**Vaccinated:**	1990-06-27
Form:	Version 1.0	**Onset:**	1990-06-28
Age:	47.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1990-08-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	586A4 / 3	- / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Arthralgia, Arthropathy, Face oedema, Osteoarthritis, Pain, Rash
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Arthritis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: hepatitis B surfact Antibody done 22-JAN-90 - negative (after 2nd does give)
CDC Split Type:
Write-up: Pt received 3rd dose of Engerix B on 27-JUN-90 and on 28-JUN-90 noted mild arthralgias in hands on 29-JUN-90 rash, causing sellling mainly on rt side of fact & worsened arthralgias in wrists & fingers. Rt knee began to swell, stiff & painfu

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VAERS ID:	26577 (history)	**Vaccinated:**	1990-07-01
Form:	Version 1.0	**Onset:**	1990-07-01
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1990-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU900278
Write-up: Non responder /p 3rd dose of vax.

VAERS ID: 26297 (history)		**Vaccinated:**	1989-12-14
Form:	Version 1.0	**Onset:**	1990-01-01
Age:	0.2	**Days after vaccination:**	18
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1990-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	256959 / UNK	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	259943 / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Apnoea, Brain oedema, Hypoxia, Infection, Lung disorder, Petechiae, Respiratory disorder, Sudden infant death syndrome
SMQs:, Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Neonatal disorders (narrow), Respiratory failure (narrow), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 1990-01-01
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 9001636.01
Write-up: CDC Reports: 2 mo infant received DTP/OPV on 14DEC89 and died 1JAN90.

VAERS ID: 26349 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1990-10-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
RUB: RUBELLA (MERUVAX II) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Asthenia, Diarrhoea, Gastrointestinal disorder, Infection, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES90070318
Write-up: Pt was exposed to a child who had been vaccinated with rubella virus vaccine live.subsequently,the pt developed chronic fatigue synd symptoms consistent w/rubella viremia, @ confirmed w/ elevated titers. F/U O8MAR91: PT IS 40 Y.O. female.

VAERS ID:	26886 (history)	**Vaccinated:**	1990-11-20
Form:	Version 1.0	**Onset:**	1990-11-20
Age:	0.3	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1990-11-26
Location:	Vermont	**Days after onset:**	6
		Entered:	1990-12-03
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	285965 / 2	RL / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	275910 / 2	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Injection site reaction, Screaming
SMQs:, Hostility/aggression (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt vaccinated with DTP/OPV continuous crying for over 4 hrs following injection, w/redness & swelling of thigh

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VAERS ID:	27052 (history)	**Vaccinated:**	1989-08-01
Form:	Version 1.0	**Onset:**	1989-08-05
Age:	38.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1990-12-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
RUB: RUBELLA (MERUVAX II) / MERCK & CO. INC.	38066 / UNK	- / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Arthropathy, Headache, Malaise, Osteoarthritis, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Arthritis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: Allergy environmental; Alleryg , drugs
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES89080607
Write-up: Pt vaccinated with MERUVAX II developed a rash, headache & general malaise. Two days later developed stiffness of the rt & lt knees. Moderately large effusions were noted on both knees.

VAERS ID:	27986 (history)	**Vaccinated:**	1990-08-30
Form:	Version 1.0	**Onset:**	1990-08-30
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1991-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	600A4 / UNK	- / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site reaction, Oedema, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness:
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU900427
Write-up: W/in 12 hrs of receiving Engerix-B in lt deltoid, experienced pain in arms x 3 days, induration, hot, & swelling; Events resolved

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VAERS ID:	28014 (history)	**Vaccinated:**	1990-09-07
Form:	Version 1.0	**Onset:**	1990-09-07
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1991-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / UNK	- / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Headache, Hyperhidrosis, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU900376
Write-up: Events occurred 15 to 30 min p/vaccinee rec"d a 2nd Engerix-B dose 7SEP90; Put under observation (? emergency room). sx were still persisting 2 hrs post inject;Diaphoresis;dizziness;nausea;severe headache;

VAERS ID:	28233 (history)	**Vaccinated:**	1990-01-03
Form:	Version 1.0	**Onset:**	1990-01-03
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1991-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	256959 / UNK	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0602E / UNK	MO / PO

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site pain, Pyrexia, Somnolence
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: Previous convuls in pt w/fever of 106.

Allergies:
Diagnostic Lab Data:
CDC Split Type: 900174001
Write-up: CDC reports: 6 yo child developed fever to 105, pain @ inject site & lethargy following DTP/OPV immunization. Duration of illness 2 days.

VAERS ID:	28611 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	1991-02-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
TTOX: TETANUS TOXOID, ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	9J11173 / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Crying, Pyrexia, Rash maculo-papular, Somnolence, Vasodilatation
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data: NA
CDC Split Type: CO3511
Write-up: Fever 24 hrs post injec w/some lethargy, measle-like rash developed @ 72 hrs which lasted 12 hrs; Peak period of unusal crying; Minor local warmth, not tender;

VAERS ID:	30578 (history)	**Vaccinated:**	1990-03-28
Form:	Version 1.0	**Onset:**	1990-03-28
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1991-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1772R / UNK	- / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Arthritis, Nausea, Oedema, Osteoarthritis
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Arthritis (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: concurrent viral syndrome
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NA
CDC Split Type: WAES90060548
Write-up: 28mar90 pt vax hepta b. pt ex joint aching, and nausea which remitted w/i few days. attrib. aches to cocurrent viral syndrome. 07may90 2nd vax. 01jun90 pt devel swelling in ankles and hand joints. also complained of arthritic sx in hip/knee

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VAERS ID:	30659 (history)	**Vaccinated:**	1990-05-30
Form:	Version 1.0	**Onset:**	1990-06-03
Age:	49.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1991-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1883R / UNK	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Hypertonia, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (narrow), Noninfectious

encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Arthritis (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data: anti HBs positive
CDC Split Type: WAES90070609
Write-up: 30may90 pt vax hepta B. 03jun90 pt devel stiffness in left shoulder and elbow. sx remitted in 3-4 day. lab tests revealed anti-HBs pos and no add vax were admin.

VAERS ID:	30983 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	45.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1991-03-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / 2	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Arthritis
SMQs:, Systemic lupus erythematosus (broad), Arthritis (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: aft 1st vax pt devel arthritis and arthralgia~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: NA
Allergies:

Diagnostic Lab Data: NA
CDC Split Type: WAES90080716
Write-up: pt vax hepta B. pt devel arthritis and arthralgia. pt vax 2nd hepta B. and ex same sx.

VAERS ID:	31323 (history)	**Vaccinated:**	1990-02-01
Form:	Version 1.0	**Onset:**	1990-02-01
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1991-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0183R / 1	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Lymphadenopathy, Pain
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: none
Current Illness:
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type: WAES90110010
Write-up: pt. recvd 1st & 2nd doses Hepatitis B vac & after each inject exp. swollen,achy lymph node. Condition persisted for 2 weeks & resolved w/o treatment.

VAERS ID:	29856 (history)	**Vaccinated:**	1991-01-21
Form:	Version 1.0	**Onset:**	1991-01-29
Age:	1.3	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	1991-04-04
Location:	Vermont	**Days after onset:**	65
		Entered:	1991-04-11
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (PROHIBIT) / CONNAUGHT LABORATORIES	0A21133 / 1	- / IM

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1502S / 1	- / SC

Administered by: Private **Purchased by:** Public
Symptoms: Febrile convulsion
SMQs:, Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 5 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: none
Current Illness: bilat serous otitis media
Preexisting Conditions: 10m, 33 wks gestation, GER, PDA repaired, microcyst,develop-delay
Allergies:
Diagnostic Lab Data: EEG-nl
CDC Split Type:
Write-up: Febrile seizure 29Jan91, hospitalized, did well

VAERS ID:	30331 (history)	**Vaccinated:**	1991-04-16
Form:	Version 1.0	**Onset:**	1991-04-16
Age:	7.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1991-04-18
Location:	Vermont	**Days after onset:**	2
		Entered:	1991-05-07
		Days after submission:	19

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1502S / 1	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Bradycardia, Hyperhidrosis, Nausea, Pallor, Somnolence, Urticaria, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and

systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: VS-P70, BP100/50-60,;
CDC Split Type: VT91001
Write-up: Approx 5-10min postvax c/o nauseated, had dry heaves & spit up some phlegm; Sat down, was sweating profusely, very pale, hives on his face, became sleepy, en route to ER developed bradycardia;

VAERS ID:	30679 (history)	**Vaccinated:**	1991-05-14
Form:	Version 1.0	**Onset:**	1991-05-15
Age:	0.5	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1991-05-15
Location:	Vermont	**Days after onset:**	0
		Entered:	1991-05-20
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	298916 / 2	RL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M17OHR / 2	LL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	06314 / 2	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Screaming
SMQs:, Hostility/aggression (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: none

Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: prolonged crying ; $g3 hrs

VAERS ID:	30997 (history)	**Vaccinated:**	1991-05-09
Form:	Version 1.0	**Onset:**	1991-05-13
Age:	0.7	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	1991-05-16
Location:	Vermont	**Days after onset:**	3
		Entered:	1991-06-04
		Days after submission:	19

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M170HB / 2	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Asthma, Cough, Influenza, Pyrexia, Rhinitis
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pt cold, low fever 6mo HBOC #1 dose;~ ()~~~In patient
Other Medications: Fluoride one dropperful qd
Current Illness: none per mom
Preexisting Conditions: none per mom
Allergies:
Diagnostic Lab Data: mom denies
CDC Split Type:
Write-up: Fifth day p/immun began w/temp 104.6F & resp sx of coughing, sneezing, stuffy nose & wheezing; Seen by MD-dx viral synd; not hospitalized;

VAERS ID:	31659 (history)	**Vaccinated:**	1991-06-05
Form:	Version 1.0	**Onset:**	1991-06-07
Age:	78.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	1991-06-17
Location:	Vermont	**Days after onset:**	10
		Entered:	1991-06-21
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	2171S / 1	LA / IM
TD: TD ADSORBED (NO BRAND NAME) / SCLAVO	136A1 / UNK	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site hypersensitivity, Injection site mass, Injection site pain, Injection site reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: UTI
Preexisting Conditions: Drug allergy: Sulfa
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt c/o lump @ site of DT inject in rt arm, aching & itching; on exam 2cm deep nodule rt upper arm; not fluctuant or tender; imp-local allergic rxn to DT; plan-DPH 25mg;

VAERS ID:	33786 (history)	**Vaccinated:**	1991-03-15
Form:	Version 1.0	**Onset:**	1991-03-15
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1991-07-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	631A4 / 3	- / IM A

Administered by: Private **Purchased by:** Private
Symptoms: Injection site oedema, Injection site reaction, Pharyngitis, Pruritus, Rash, Urticaria

SMQs:, Anaphylactic reaction (broad), Agranulocytosis (broad), Angioedema (narrow), Oropharyngeal infections (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: allergies pollen, animal hair
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU910286
Write-up: Pt recvd 3 doses Engerix-B, 3rd given 15MAR91; About 6 hrs p/3rd inject pt exp itching, swelling @ site, erythema 6in diameter, lt palm red, itching, swollen, throat itching & hives on lt thigh & local induration; Pt went to ER & tx DPH;

VAERS ID:	33135 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	1991-05-31
Age:	49.0	**Submitted:**	1991-07-26
Sex:	Female	**Days after onset:**	56
Location:	Vermont	**Entered:**	1991-08-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Myalgia, Oedema, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: One day p/shot arthralgias, myalgias, fever, swollen arm;

VAERS ID:	34406 (history)	**Vaccinated:**	1991-08-21
Form:	Version 1.0	**Onset:**	1991-08-22
Age:	0.3	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1991-08-23
Location:	Vermont	**Days after onset:**	1
		Entered:	1991-08-29
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	306924 / 2	- / IM L
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M180HE / 2	- / IM L
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0634F / 2	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Hypotonia, Muscle twitching, Pallor, Pyrexia, Stupor
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (narrow), Dementia (broad), Dyskinesia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:

Diagnostic Lab Data:
CDC Split Type: VT91002
Write-up: Pt exp fussy all nite, t101, entire body started to jerk, eyes would not focus, pale, went limp for 1 min;

VAERS ID:	34760 (history)	**Vaccinated:**	1991-08-23
Form:	Version 1.0	**Onset:**	1991-08-24
Age:	19.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1991-09-11
Location:	Vermont	**Days after onset:**	18
		Entered:	1991-09-16
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	0K21146 / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Chest pain, Dyspnoea, Hepatitis, Influenza, Insomnia, Pain, Pleural disorder, Pyrexia
SMQs:, Hepatitis, non-infectious (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT91003
Write-up: Pt recvd Td 23AUG91 & c/o feeling of tightness &/or crampy feeling along lower rib cage, same feeling in neck & shoulder area, feeling is emphasized upon taking a deep breath, unable to sleep; dx Pleuritic chest pleural pain & fever;

VAERS ID:	35691 (history)	**Vaccinated:**	1991-10-08
Form:	Version 1.0	**Onset:**	1991-10-08
Age:	0.1	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1991-10-16
Location:	Vermont	**Days after onset:**	8
		Entered:	1991-10-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	310967 / 1	LL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M615HE / 1	RL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0641D / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Cyanosis, Dyspnoea, Hypotonia, Pallor, Somnolence, Stupor, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT91004
Write-up: Pt recvd 1st set of shots seemed sleepy all day; 15-30min prior to arrival was noted to turn pale, dusky around lips, w/grunting respirations; Also very limp, eyes open but unresponsive; vomited once; dx hypotonic rxn to immun;

VAERS ID:	38242 (history)	**Vaccinated:**	1991-08-26
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	64.0	**Submitted:**	1991-11-06
Sex:	Female	**Entered:**	1991-12-23
Location:	Vermont	**Days after submission:**	47

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	719A4 / 3	- / IM A

Administered by: Private **Purchased by:** Private
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Pt recvd Engerix-B vax on 7MAY91 lot631A4 & 7JUN91 lot# 715A4;
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU910892
Write-up: Pt recvd Engerix-B 7JUN91 & 8JUL91 & exp "negative seroconversion" 26AUG91 recvd a booster;

VAERS ID:	38402 (history)	**Vaccinated:**	1991-10-10
Form:	Version 1.0	**Onset:**	1991-10-10
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1991-12-04
Location:	Vermont	**Days after onset:**	55
		Entered:	1991-12-23
		Days after submission:	19

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	814A4 / 2	- / IM A

Administered by: Other **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site mass, Injection site oedema, Pruritus, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow),

Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: Pollens-hayfever sxs;
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU911024
Write-up: Pt recvd 2 doses of Engerix-B & the 1st dose was uneventful; On 10OCT91 p/2nd dose pt exp itching @ site of inject, swollen @ site of inject, induration (3x2) @ site of inject & red warm @ site of inject;

VAERS ID:	38699 (history)	**Vaccinated:**	1991-08-21
Form:	Version 1.0	**Onset:**	1991-10-21
Age:		**Days after vaccination:**	61
Sex:	Female	**Submitted:**	1991-11-19
Location:	Vermont	**Days after onset:**	29
		Entered:	1991-12-23
		Days after submission:	34

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	814A4 / 3	- / IM A

Administered by: Public **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU911260
Write-up: 8 people were vaxed w/Engerix-B on 20FEB91, 20MAR91, & 21AUG91 & 2 mos p/3rd dose 21OCT91 titers were tested & 5 of these 8 ptes had neg titer results (non-responders); These pts will receive 2 booster doses;

VAERS ID:	39205 (history)	**Vaccinated:**	1990-11-30
Form:	Version 1.0	**Onset:**	1990-11-30
Age:	33.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1991-01-23
Location:	Vermont	**Days after onset:**	54
		Entered:	1992-01-28
		Days after submission:	370

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / PASTEUR MERIEUX INST.	D0985 / 4	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Abdominal pain, Arthralgia, Dizziness, Headache, Myalgia, Pruritus, Pyrexia, Urticaria
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: various pollens
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO3766
Write-up: P/4th dose pt exp generalized itching, fever, muscle aches, joint pains, malaise, h/a, dizziness, abdominal pain & hives; maximum fever 103.4;

VAERS ID:	39591 (history)	**Vaccinated:**	1992-02-03
Form:	Version 1.0	**Onset:**	1992-02-03
Age:	0.1	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1992-02-12
Location:	Vermont	**Days after onset:**	9
		Entered:	1992-02-18
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	310967 / 1	RL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M185HF / 1	LL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	308954 / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Somnolence, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations: pts brother exp SIDS @ 2mos w/HIB #1;~ ()~~~In Sibling
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Excessive lethargy w/somnolence & vomiting w/in hrs p/shot; pt admitted to hosp for observation & evaluation of excessive somnolence, irritability w/vomiting;

VAERS ID:	39714 (history)	**Vaccinated:**	1992-02-10
Form:	Version 1.0	**Onset:**	1992-02-10
Age:	44.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1992-02-12
Location:	Vermont	**Days after onset:**	2
		Entered:	1992-02-27
		Days after submission:	15

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / SCLAVO	138A1 / 4	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Chest pain, Ear disorder, Hypoaesthesia, Nausea, Rhinitis, Sinusitis
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: c/o lt nasal congestion, & yellow nasal discharge; lt ear pulating; pt recvd vax 10FEB92 & 10-15 min later had tightness in chest w/o SOB followed by queasiness & tightness of stomach;also sl numbness, sl tenderness & edema noted;sinusitis;

VAERS ID:	40562 (history)	**Vaccinated:**	1991-07-30
Form:	Version 1.0	**Onset:**	1991-08-09
Age:	27.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	1992-02-07
Location:	Vermont	**Days after onset:**	182
		Entered:	1992-03-24
		Days after submission:	46

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0851T / 2	LA / -

Administered by: Private **Purchased by:** Private
Symptoms: Amblyopia, Diabetes mellitus, Hyperglycaemia, Polyuria, Thirst
SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow), Anticholinergic syndrome (broad),

Retroperitoneal fibrosis (broad), Optic nerve disorders (broad), Tubulointerstitial diseases (broad), Dehydration (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NA~ ()~~~In patient
Other Medications: 1st dose MMR given 27JUN91 LA lot # 1731R;
Current Illness: NA
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data: Fasting glucose 250, blood sugars ranged in 500+;
CDC Split Type:
Write-up: Pt exp polyuria, inc thirst, blurred vision from 1AUG91 to 9AUG91 exp a twenty pound weight loss; dx of diabetes on 9AUG91;

VAERS ID:	40812 (history)	**Vaccinated:**	1992-02-20
Form:	Version 1.0	**Onset:**	1992-02-21
Age:	47.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1992-03-23
Location:	Vermont	**Days after onset:**	31
		Entered:	1992-03-31
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1687T / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Corneal lesion, Herpes zoster
SMQs:, Corneal disorders (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: smoker 2PPD/60-65db hearing loss @ 4000hz/poor lower dentition;

Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Rash of shingles rt forehead, eyelid, top of head & around rt ear, few spots on rt cornea; Pt seen by MD; rx"d inflamase eye drops; rash resolving by 4MAR92; t<100.0 for 8-9 days;

VAERS ID:	40813 (history)	**Vaccinated:**	1992-02-06
Form:	Version 1.0	**Onset:**	1992-02-07
Age:	27.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1992-03-23
Location:	Vermont	**Days after onset:**	45
		Entered:	1992-03-31
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1687T / 1	RA / IM
RUB: RUBELLA (MERUVAX II) / MERCK & CO. INC.	1650S / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Diarrhoea, Face oedema, Hypersensitivity, Laryngospasm, Nausea, Oedema peripheral, Pyrexia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: Epididymitis t99.2
Preexisting Conditions: spermatocelectomy 1975, hydrocelectomy 1986, dehydration/hypoglycemia; allergic to ASA, PCN, Compazine;
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Awakened 7FEB92 AM w/rt hand swollen, face, t102, stomach cramps, nausea, diarrhea; denied rash, throat tightness; Referred to hosp ER felt throat tightness once there; Impression by ER MD allergic rxn; No edema, redness of inject site;

VAERS ID:	42690 (history)	**Vaccinated:**	1991-08-29
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1992-02-25
Sex:	Female	**Entered:**	1992-04-02
Location:	Vermont	**Days after submission:**	37

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	814A4 / 3	- / IM A

Administered by: Public **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: UNK
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU920198
Write-up: Pt recvd 3 doses of Engerix-B 20FEB91, 20MAR91, & 29AUG91 & found to have not seroconverted; no tx given;

VAERS ID:	42691 (history)	**Vaccinated:**	1991-08-29
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1992-02-25
Sex:	Female	**Entered:**	1992-04-02
Location:	Vermont	**Days after submission:**	37

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	814A4 / 3	- / IM A

Administered by: Public **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: UNK
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU920199
Write-up: Pt recvd 3 doses of Engerix-B 20FEB91, 20MAR91, 29AUG91 & found to have not seroconverted; no tx given;

VAERS ID:	42692 (history)	**Vaccinated:**	1991-08-21
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1992-02-25
Sex:	Female	**Entered:**	1992-04-02
Location:	Vermont	**Days after submission:**	37

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	814A4 / 3	- / IM A

Administered by: Public **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: UNK
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU920200
Write-up: Pt recvd 3 doses of Engerix-B on 20FEB91, 20MAR91, 21AUG91 & found to have not seroconverted; no tx given;

VAERS ID:	42693 (history)	**Vaccinated:**	1991-08-21
Form:	Version 1.0	**Onset:**	1991-08-21
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1992-02-25
Location:	Vermont	**Days after onset:**	188
		Entered:	1992-04-02
		Days after submission:	37

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	814A4 / 3	- / IM A

Administered by: Public **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: UNK
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU920201
Write-up: Pt recvd 3 doses of Engerix-B vax 20FEB91, 20MAR91 & 21AUG91 & found to have not seroconverted; no tx was given;

VAERS ID:	44431 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1992-02-28
Sex:	Unknown	**Entered:**	1992-04-02
Location:	Vermont	**Days after submission:**	34

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / 3	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU911384
Write-up: Reporter indicated that 7 employees & med students were non-responders following a series of 3 Engerix-B vax; booster doses are planned;

VAERS ID:	41481 (history)	**Vaccinated:**	1992-03-13
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	57.0	**Submitted:**	1992-04-18
Sex:	Male	**Entered:**	1992-04-23
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / PASTEUR MERIEUX INST.	- / 4	- / IM A

Administered by: Private **Purchased by:** Private
Symptoms: Dry mouth, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: mouth was dry; tongue felt as if it were reacting to something it tingled;

VAERS ID:	37566 (history)	**Vaccinated:**	1990-08-15
Form:	Version 1.0	**Onset:**	1990-10-01
Age:	1.4	**Days after vaccination:**	47
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1992-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1386R / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Cough, Gingival bleeding, Leukopenia, Lung disorder, Otitis media, Pharyngitis, Rash, White blood cell disorder
SMQs:, Anaphylactic reaction (narrow), Agranulocytosis (broad), Haematopoietic leukopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Oropharyngeal infections (narrow), Gingival disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness:
Preexisting Conditions: neutropenia, chronic
Allergies:
Diagnostic Lab Data: DEC1990 WBC Count-4000; Lymphocytes 72 to 91% many atypical; Granulocytes 1%;
CDC Split Type: WAES92010485
Write-up: Pt recvd MMR vax 15AUG90 & OCT90 devel OM, roseola, & a cough which lasted 2 wks; also noted rales; given med for resp infect; DEC90 devel bleeding gums; neutropenia;

VAERS ID:	37634 (history)	**Vaccinated:**	1992-01-01
Form:	Version 1.0	**Onset:**	1992-01-01
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1992-01-06
Location:	Vermont	**Days after onset:**	5
		Entered:	1992-07-20
		Days after submission:	195

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	120602A / 4	MO / PO

Administered by: Public **Purchased by:** Other
Symptoms: Abdominal pain, Diarrhoea, Flatulence, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: inhaler x 2 wks;
Current Illness:
Preexisting Conditions: lactose intolerance maybe asthma;
Allergies:
Diagnostic Lab Data:
CDC Split Type: BER10044
Write-up: diarrhea, fever a lot of gas; stomach aches p/eating;

VAERS ID:	44578 (history)	**Vaccinated:**	1992-08-18
Form:	Version 1.0	**Onset:**	1992-08-18
Age:	0.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1992-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	328933 / 3	- / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M575HC / 3	- / IM

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Crying
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad),

Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Awoke from nap about 5 hrs p/shot w/high pitched screaming-inconsolable; lasted w/approx 1 1/4 hrs & fell back asleep; APAP given but temp only 97.5 ax;

VAERS ID:	44799 (history)	**Vaccinated:**	1992-09-01
Form:	Version 1.0	**Onset:**	1992-09-01
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1992-09-03
Location:	Vermont	**Days after onset:**	2
		Entered:	1992-09-10
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	2M31091 / 1	LL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M190HK / 1	RL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0665C / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Cyanosis, Pallor, Pharyngitis, Pyrexia, Rash
SMQs:, Anaphylactic reaction (narrow), Agranulocytosis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal infections (narrow), Acute central respiratory depression (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No

Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations: NA~ ()~~~In patient
Other Medications: NONE
Current Illness: minor cough
Preexisting Conditions: downs syndrome, no heart disease
Allergies:
Diagnostic Lab Data: CBC-nl; HCT 29% WNL for 3mos old;
CDC Split Type:
Write-up: Approx 4-5 DTP/OPV/HIB pt found to be cyanotic in crib; was breathing moving but quiet; taken to ER by rescue 02 given in transit; t38.5; observed 2 days in hosp; minor URI, viral-like exanthem; pallor

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VAERS ID:	45018 (history)	**Vaccinated:**	1992-08-08
Form:	Version 1.0	**Onset:**	1992-08-08
Age:	41.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1992-09-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
TYP: TYPHOID VI POLYSACCHARIDE (ACETONE INACTIVATED DRIED) / PFIZER/WYETH	4918084 / UNK	- / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Abdominal pain, Cardiac arrest, Chills, Pyrexia, Shock, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 1992-08-08
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient

Other Medications: Mevacor, Questran lite
Current Illness:
Preexisting Conditions: Hypercholesterolemia; @ unk time in past was 444 total (45 HDL); in mid 1991 was 210 total (40 HDL);
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt recvd Typhoid vax about 1355, had fever 102.4 in next 2-3 hrs w/chills, abd pain & vomiting; At about 1830 collapsed w/no pulse; could not be resiscitated; six other receiving same vax had no more than usual mild reactions;

VAERS ID:	48056 (history)	**Vaccinated:**	1992-11-25
Form:	Version 1.0	**Onset:**	1992-11-25
Age:	1.5	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1992-12-09
Location:	Vermont	**Days after onset:**	14
		Entered:	1992-12-14
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / UNKNOWN MANUFACTURER	2A41126 / 4	- / L

Administered by: Public **Purchased by:** Public
Symptoms: Hypokinesia, Osteoarthritis
SMQs:, Parkinson-like events (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NA
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT92003
Write-up: swollen knee, pt could not walk for 2 wks;

VAERS ID:	48199 (history)	**Vaccinated:**	1992-11-27
Form:	Version 1.0	**Onset:**	1992-12-04
Age:	59.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	1992-12-08
Location:	Vermont	**Days after onset:**	4
		Entered:	1992-12-18
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / PFIZER/WYETH	4928115 / UNK	- / IM A

Administered by: Private **Purchased by:** Private
Symptoms: Osteoarthritis, Paraesthesia, Pruritus
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Arthritis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: erythromycin/Naprosyn
Allergies:
Diagnostic Lab Data: CBC, lytes, ESR-all nl;
CDC Split Type:
Write-up: joint swellings-hands, itchy feet w/tingling;

VAERS ID:	48755 (history)	**Vaccinated:**	1992-10-23
Form:	Version 1.0	**Onset:**	1992-10-24
Age:	59.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1992-12-14
Location:	Vermont	**Days after onset:**	51
		Entered:	1993-01-08
		Days after submission:	25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT		

LABORATORIES	2F31117 / 1	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Injection site hypersensitivity, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: HTN med, Cardigem CD
Current Illness: leg wound-resulting from boiling H20
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt descrives onset of redness @ inject site, LD w/rash occuring & spread to forearms, shoulder, chest, groins; denies fever or rash on face, no resp distress, no neuro deficit; rash described as, prickly, raised, dry, rough & itchy;

VAERS ID:	49627 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1992-04-13
Sex:	Unknown	**Entered:**	1993-01-29
Location:	Vermont	**Days after submission:**	291

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / PASTEUR MERIEUX INST.	- / 2	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Amblyopia, Dizziness, Headache
SMQs:, Anticholinergic syndrome (broad), Optic nerve disorders (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO4213
Write-up: dizziness, h/a, blurred vision p/2nd dose;

VAERS ID:	50003 (history)	**Vaccinated:**	1992-04-01
Form:	Version 1.0	**Onset:**	1992-04-01
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1992-04-03
Location:	Vermont	**Days after onset:**	2
		Entered:	1993-01-29
		Days after submission:	301

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / PASTEUR MERIEUX INST.	- / UNK	LA / -

Administered by: Public **Purchased by:** Public
Symptoms: Headache, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: KCL, dyazide, Pepcid, Buspar, COpoten, Lopid
Current Illness:
Preexisting Conditions: HTN, hypercholesteolemia, dyspepsia, depression, asthma, allergic to ATB & Tegartol;
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO4200
Write-up: nausea, h/a p/2nd dose;

VAERS ID:	49685 (history)	**Vaccinated:**	1992-12-07
Form:	Version 1.0	**Onset:**	1992-12-07
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-02-01
Location:	Vermont	**Days after onset:**	56
		Entered:	1993-02-04
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	2D41037 / 1	RL / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0661H / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Anaemia, Anorexia, CSF test abnormal, Infection, Pyrexia, Sepsis, Urine analysis abnormal
SMQs:, Haematopoietic erythropenia (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Sepsis (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations: NA~ ()~~~In patient
Other Medications:
Current Illness: NA
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data: CBC revealed Hemoglobin of 11.2 w/repeat 11.5; MCV 87; reticulocyte count was 2.8 w/blood type A+ & neg Coombs" test;
CDC Split Type: VT93001
Write-up: pt exp t102.5 & urine showed greater than 100 WBCs & bacteria; spinal fluid analysis showed a colorless, clear fluid w/ 70 RBCs, 6 WBCs, 6 Polys & 94 monos; directogen for group B strep was positive; CSF results suggestive for sepsis;

VAERS ID: 50483 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1992-12-11
Sex:	Unknown	**Entered:**	1993-03-03
Location:	Vermont	**Days after submission:**	82

Vaccination / Manufacturer	Lot / Dose	Site / Route
TYP: TYPHOID VI POLYSACCHARIDE (NO BRAND NAME) / PFIZER/WYETH	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 893020004E
Write-up: pt recvd Typhoid vax & devel hives, which lasted for 24 hrs;

VAERS ID: 51265 (history)		**Vaccinated:**	1993-02-08
Form:	Version 1.0	**Onset:**	1993-02-08
Age:	0.3	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-03-25
Location:	Vermont	**Days after onset:**	45
		Entered:	1993-03-29
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	2A41126 / 2	LL / -
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M100HP / 2	RL / -

Administered by: Public **Purchased by:** Public
Symptoms: Agitation, Anorexia, Ecchymosis, Injection site hypersensitivity, Injection site

inflammation, Injection site oedema
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT93002
Write-up: Pt exp lt thigh inject site red & swollen, pt fussy; leg w/minimal local inflammation, mom concerned about red swelling area to lt leg; poor appetite, creis a lot; swelling to lt thigh beginning to turn eccymotic;

VAERS ID:	51282 (history)	**Vaccinated:**	1993-03-18
Form:	Version 1.0	**Onset:**	1993-03-18
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-03-19
Location:	Vermont	**Days after onset:**	1
		Entered:	1993-03-29
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	2E41072 / UNK	- / -
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M150JC / UNK	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0674B / UNK	- / -

Administered by: Private **Purchased by:** Public

Symptoms: Hypotonia, Pallor, Screaming
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: APAP
Current Illness: NONE
Preexisting Conditions: torticollis; mild hydronephrosis; bel"s palsy;
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: pt cried for several hrs following vax then had episode off floppiness & pallor lasting apparently breifly; seen by MD;

VAERS ID:	52405 (history)	**Vaccinated:**	1992-12-28
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	34.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1993-05-05
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / PASTEUR MERIEUX INST.	G0330 / 3	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Asthenia, Chest pain, Myalgia, Myelitis, Neck pain, Neuropathy, Paraesthesia, Paraesthesia oral
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: pt exp raxn w/rabies vax #1 & 2 @ 35 y/o;~ ()~~~In patient
Other Medications: Ortho-Novum, Spironolactone
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: lab all neg
CDC Split Type:
Write-up: Pt had severe persistent painful dysesthesias s/p rabies vax; myalgias & paresthesias; some tingling in extremities, devel aching in posterior neck, numbness around lips, soreness, poss neuromuscular toxic reaction; also exhausted, frustrat

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VAERS ID:	52743 (history)	**Vaccinated:**	1993-05-07
Form:	Version 1.0	**Onset:**	1993-05-11
Age:	1.8	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	1993-05-12
Location:	Vermont	**Days after onset:**	1
		Entered:	1993-05-18
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1648W / 1	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Amoxicillin
Current Illness: OM
Preexisting Conditions: OM-on Amoxicillin
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: urticaria, 4 days following Recombivax vax;

VAERS ID:	54872 (history)	**Vaccinated:**	1993-07-12
Form:	Version 1.0	**Onset:**	1993-07-12
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-07-16
Location:	Vermont	**Days after onset:**	4
		Entered:	1993-07-26
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / PASTEUR MERIEUX INST.	- / 1	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: RIG 12JUL93;
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: onset 20-33mm p/recvd RIG & vax pt devel hives in trunk; no resp distress or other sx;

VAERS ID:	54946 (history)	**Vaccinated:**	1993-06-18
Form:	Version 1.0	**Onset:**	1993-06-23
Age:	57.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	1993-06-24
Location:	Vermont	**Days after onset:**	1
		Entered:	1993-07-30
		Days after submission:	36

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4938001 / UNK	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Ecchymosis, Infection, Injection site hypersensitivity
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Hypersensitivity (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: burn on fingers
Preexisting Conditions: allergic PCN-meds lithium & dardizem
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt noted redness around lt deltoid @ site of DT given 18JUn site is also ecchymotic which occured shortly p/DT given; dx infected lt arm;

VAERS ID:	55041 (history)	**Vaccinated:**	1992-09-24
Form:	Version 1.0	**Onset:**	1992-09-24
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1993-08-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1301T / 2	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Myalgia, Oedema peripheral, Vasodilatation
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Premarin
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES92090848

Write-up: pt recvd vax 24SEP92 & oon 25SEP92 exp soreness, redness, & moderate swelling which resolved in 48 hrs in the fleshy part of arm; following vax recalled being vaxed w/pneumococcal vax 2DEC91; no further details were provided;

VAERS ID:	55256 (history)	**Vaccinated:**	1993-02-23
Form:	Version 1.0	**Onset:**	1993-03-23
Age:	55.0	**Days after vaccination:**	28
Sex:	Male	**Submitted:**	1993-08-05
Location:	Vermont	**Days after onset:**	134
		Entered:	1993-08-16
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1093A2 / 2	- / A

Administered by: Other **Purchased by:** Public
Symptoms: Arthritis, Asthenia, Blood lactate dehydrogenase increased, Infection, Myelitis, Neuropathy, Paraesthesia, Quadriplegia
SMQs:, Peripheral neuropathy (narrow), Systemic lupus erythematosus (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Arthritis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: hx heart disease;
Allergies:
Diagnostic Lab Data: AST (SGOT) 63H; ALT (SGPT) 83 H; LDH 209 H; Sed rate 31 H; subopitimal study flow rates are reduced but fev1/fvc ratio is nl; TLC, RV, & FRC are all reduced suggestion chest restriction; sed rate 26H; CSF protein 50 H; Cholesterol 224H;
CDC Split Type:
Write-up: pt exp pains referable to shoulders & upper arms also quadriparesis; devel some type infectious disease process; malaise, elevated temp, infected tooth; lack of energy, aches & pains in muscles; hypalgesia & paresthesiae; progressive weakne

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VAERS ID:	55934 (history)	**Vaccinated:**	1993-08-30
Form:	Version 1.0	**Onset:**	1993-08-30
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1993-09-02
Location:	Vermont	**Days after onset:**	3
		Entered:	1993-09-09
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	3M41111 / 1	RL / -
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M460JP / 1	LL / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0685D / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Crying, Screaming
SMQs:, Hostility/aggression (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NA
Current Illness: NA
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: VT93003
Write-up: high pitched cry for 2-3 hrs noc following vax;

VAERS ID:	55979 (history)	**Vaccinated:**	1992-12-20
Form:	Version 1.0	**Onset:**	1992-12-20
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-07-14
Location:	Vermont	**Days after onset:**	205
		Entered:	1993-09-10
		Days after submission:	58

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / PASTEUR MERIEUX INST.	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown

Symptoms: Dizziness, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO4623
Write-up: dizziness & prickling sensation in legs which travels into buttock, also in hands; states also has dizziness w/begining of menstrual cycle; pt was in contact w/a dog that may have had the saliva of a rabid fox on its fur;

VAERS ID:	55990 (history)	**Vaccinated:**	1993-02-09
Form:	Version 1.0	**Onset:**	1993-02-09
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-07-14
Location:	Vermont	**Days after onset:**	154
		Entered:	1993-09-10
		Days after submission:	58

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX ID) / PASTEUR MERIEUX INST.	- / 1	- / A

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient

Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO4671
Write-up: wheal about the size of half dollar;

VAERS ID:	59012 (history)	**Vaccinated:**	1992-10-01
Form:	Version 1.0	**Onset:**	1992-10-01
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1992-12-09
Location:	Vermont	**Days after onset:**	69
		Entered:	1993-11-03
		Days after submission:	329

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / 1	- / IM A

Administered by: Public **Purchased by:** Other
Symptoms: Arthropathy, Malaise, Myalgia, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU922872
Write-up: pt recvd vax & exp general aches & pain, joint stiffness & malaise;

VAERS ID: 59023 (history)		**Vaccinated:**	1992-11-06
Form:	Version 1.0	**Onset:**	1992-11-08
Age:		**Days after vaccination:**	2
Sex:	Male	**Submitted:**	1992-12-03
Location:	Vermont	**Days after onset:**	25
		Entered:	1993-11-03
		Days after submission:	335

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU922889
Write-up: Pt recvd vax & 2 days later exp mild rash & hives; no treatment given;

VAERS ID: 61169 (history)		**Vaccinated:**	1993-03-29
Form:	Version 1.0	**Onset:**	1993-03-29
Age:	21.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-05-13
Location:	Vermont	**Days after onset:**	44
		Entered:	1993-11-03
		Days after submission:	174

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / UNK	- / IM A

Administered by: Other **Purchased by:** Other
Symptoms: Hypersensitivity, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU930594
Write-up: Pt recvd vax & devel hives; pt was treated w/Antihistamines (DPH); reporting MD indicated pt devel hives on 2 separate occasions unrelated to vax; A thimerosal allergy may exist;

VAERS ID:	61184 (history)	**Vaccinated:**	1993-04-01
Form:	Version 1.0	**Onset:**	1993-04-02
Age:	38.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1993-05-21
Location:	Vermont	**Days after onset:**	48
		Entered:	1993-11-03
		Days after submission:	166

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1070A4 / 3	- / IM A

Administered by: Public **Purchased by:** Private
Symptoms: Face oedema, Injection site hypersensitivity, Oedema peripheral, Pruritus
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE

Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: EBU930648
Write-up: Pt recvd vax & site of inject was itchy & red; pt''s arm swelled 2+ edema down to hand & eye became puffy; treated w/DPh;

VAERS ID:	57449 (history)	**Vaccinated:**	1993-10-28
Form:	Version 1.0	**Onset:**	1993-10-28
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1993-11-11
Location:	Vermont	**Days after onset:**	14
		Entered:	1993-11-16
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / 1	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Anxiety, Arrhythmia, Cardiac arrest, Cardiovascular disorder, Dizziness, Hyperhidrosis, Myocardial ischaemia, Tachycardia
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Other ischaemic heart disease (narrow), Vestibular disorders (broad), Respiratory failure (broad), Hypoglycaemia (broad), Dehydration (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES93110107
Write-up: pt recvd vax on 28OCT93 & 2 hrs later exp lightheadedness & an irregular pulse which was over 200; upon transport to hosp pt ex 2 cardiac arrests; dx Wolff-parkinson-White synd felt not vax related;

VAERS ID:	57615 (history)	**Vaccinated:**	1993-10-19
Form:	Version 1.0	**Onset:**	1993-10-20
Age:	28.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1993-11-10
Location:	Vermont	**Days after onset:**	21
		Entered:	1993-11-22
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Nausea, Palpitations, Tachycardia, Vasodilatation
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: BCP"s;
Current Illness: NONE
Preexisting Conditions: endometrosis
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: nausea, flushed, palpitats/tachycardia;

VAERS ID:	58134 (history)	**Vaccinated:**	1993-10-18
Form:	Version 1.0	**Onset:**	1993-11-08
Age:	46.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	1993-11-22
Location:	Vermont	**Days after onset:**	14
		Entered:	1993-12-13
		Days after submission:	21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / PFIZER/WYETH	4938089 / 1	RA / IM

Administered by: Public **Purchased by:** Other
Symptoms: CSF test abnormal, Guillain-Barre syndrome, Laboratory test abnormal, Paraesthesia
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Demyelination (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 7 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Clinoril
Current Illness: UNKNOWN
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 893333003J
Write-up: 2 wks p/vax pt devel numbness of legs below knees & numbness in fingers; admitted to hosp to rule out GBS;

VAERS ID:	58192 (history)	**Vaccinated:**	1993-11-29
Form:	Version 1.0	**Onset:**	1993-11-29
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-12-06
Location:	Vermont	**Days after onset:**	7
		Entered:	1993-12-13
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	3G51129 / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Injection site hypersensitivity, Injection site oedema, Urticaria, Vasodilatation

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: Zantac, Advil;
Current Illness: NONE
Preexisting Conditions: esophagitis;
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: upper lt amr red & swollen area w/papules (8cm x 21cm); c/o urticara wrist pain; area warm to touch;

VAERS ID:	59731 (history)	**Vaccinated:**	1993-10-22
Form:	Version 1.0	**Onset:**	1993-10-29
Age:	34.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	1993-11-04
Location:	Vermont	**Days after onset:**	6
		Entered:	1994-02-07
		Days after submission:	95

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0667V / 4	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Injection site oedema, Pyrexia, Rash, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: heat, swelling 4-5cm lt deltoid; fine rash face; temp;

VAERS ID:	62621 (history)	**Vaccinated:**	1992-12-09
Form:	Version 1.0	**Onset:**	1992-12-09
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1994-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0842V / 2	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Chest pain, Injection site hypersensitivity, Injection site oedema, Injection site pain, Neck pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES93020195
Write-up: Pt recvd vax 9DEC92 & exp pain which radiated down arm to fingers & up arm to neck & across chest; pt exp persistent pain w/sl swelling & redness @ inject site for a few days; 11DEC92 pt exp pain upon lifting lt arm; pt was seen by MD;

VAERS ID: 62916 (history)		**Vaccinated:**	1993-04-01
Form:	Version 1.0	**Onset:**	1993-04-02
Age:	18.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1994-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1301V / 1	- / IM

Administered by: Other **Purchased by:** Private
Symptoms: Injection site hypersensitivity, Injection site mass, Injection site oedema, Pruritus, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: h/a, migraine; allergy nickel;
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES93040195
Write-up: pt recvd vax 1APR93 & 2APR93 a local react consisting of warmth, swelling, pruritus, erythema & induration of 8 1/2 cm by 7 1/2 cm;

VAERS ID: 63487 (history)		**Vaccinated:**	1993-04-06
Form:	Version 1.0	**Onset:**	1993-04-07
Age:	25.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1994-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1615V / 2	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site hypersensitivity, Injection site oedema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: no relevant data;
CDC Split Type: WAES93040264
Write-up: pt recvd vax; pt devel local reaction manifested by swelling, redness & tenderness of her left deltoid;

VAERS ID:	63510 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	1994-03-14
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: no relevant data;
CDC Split Type: WAES93040649
Write-up: pt recvd vax; pt devel severe hives after vax;

VAERS ID:	64200 (history)	**Vaccinated:**	1993-09-16
Form:	Version 1.0	**Onset:**	1993-09-17
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1994-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0460W / UNK	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: recombivax of msd;
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: no relevant data;
CDC Split Type: WAES93090738
Write-up: pt recvd vax; pt devel hives;

VAERS ID:	61103 (history)	**Vaccinated:**	1994-03-08
Form:	Version 1.0	**Onset:**	1994-03-19
Age:	50.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	1994-03-24
Location:	Vermont	**Days after onset:**	5
		Entered:	1994-03-29
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	3L51092 / UNK	LA / -

Administered by: Private **Purchased by:** Other
Symptoms: Injection site mass

SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: large local react 16 cm circle firm;

VAERS ID:	61535 (history)	**Vaccinated:**	1994-03-16
Form:	Version 1.0	**Onset:**	1994-03-25
Age:	30.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	1994-03-30
Location:	Vermont	**Days after onset:**	5
		Entered:	1994-04-04
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4938228 / UNK	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Cellulitis, Fibrosis tendinous, Injection site hypersensitivity, Injection site oedema, Injection site pain, Tenosynovitis
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: crush injury lt lower leg;
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: CBC, Sed rate 11, Blood cult; CPK (73); WBC 7.0, Neut 44.3, Lymph 43.1, Mono 8.6, EOS 3.2, Baso 0.7;
CDC Split Type:
Write-up: pt''s rt upper arm became reddened, swollen, & tender 9 days p/DT inject; adm to hosp dx cellulitis, ?myositis/fascitis;

VAERS ID:	61686 (history)	**Vaccinated:**	1994-03-24
Form:	Version 1.0	**Onset:**	1994-03-25
Age:	48.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1994-04-01
Location:	Vermont	**Days after onset:**	7
		Entered:	1994-04-08
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	3L51092 / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site hypersensitivity, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: redness, swelling lt detloid 27 hrs p/vax;

VAERS ID:	61875 (history)	**Vaccinated:**	1994-04-06
Form:	Version 1.0	**Onset:**	1994-04-06
Age:	45.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1994-04-14
Location:	Vermont	**Days after onset:**	8
		Entered:	1994-04-18
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1290A4 / UNK	- / -

Administered by: Unknown **Purchased by:** Private
Symptoms: Arthralgia, Pruritus, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NA~ ()~~~In patient
Other Medications: NA
Current Illness: NA
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT94001
Write-up: Wed nite-itching on arms & legs; Thursday night worse; Friday still had redness on Arms & legs; MOnday felt joint pain;

VAERS ID:	62089 (history)	**Vaccinated:**	1994-04-18
Form:	Version 1.0	**Onset:**	1994-04-19
Age:	0.2	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1994-04-19
Location:	Vermont	**Days after onset:**	0
		Entered:	1994-04-25
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	3E51112 / 1	LL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M675KN / 1	RL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0691L / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 1994-04-19
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: hx of fetal tachycardia; s/p neonatal jaundice, s/p neg r/o sepsis;
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: pt had physical & 2 mo immun on 18APR; pt died on 19APR94-was sleeping on mattress between parents on back w/pillow under head;

VAERS ID:	62254 (history)	**Vaccinated:**	1994-04-05
Form:	Version 1.0	**Onset:**	1994-04-14
Age:	1.1	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	1994-04-22
Location:	Vermont	**Days after onset:**	8
		Entered:	1994-05-02
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	3B51129 / UNK	LL / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0081A / 1	RL / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	366957 / 3	MO / PO

Administered by: Public **Purchased by:** Public
Symptoms: Otitis media, Pyrexia, Rash, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and

therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: ?
CDC Split Type: UT942709
Write-up: 14APR94 temp 104.4 ax home; 15APR temp 104.9 ear @ clinic; rash started; blood work ordered per MD; ATB inject given; dx BOM-poss react to vax given 5APR94; 16APR elevated temp, vomiting, rash cont;

VAERS ID:	62736 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	11.0	**Submitted:**	1994-05-09
Sex:	Female	**Entered:**	1994-05-12
Location:	Vermont	**Days after submission:**	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site hypersensitivity, Injection site inflammation, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: minor erythema w/tenderness surrounding site of DT inject; no sign of infect look like inflammatory react; no documantation on where whom gave vax; pt came to ER for eval inject not given here;

VAERS ID:	65411 (history)	**Vaccinated:**	1993-01-27
Form:	Version 1.0	**Onset:**	1993-01-27
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1993-02-01
Location:	Vermont	**Days after onset:**	5
		Entered:	1994-06-02
		Days after submission:	485

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	338900 / 1	- / IM A

Administered by: Public **Purchased by:** Public
Symptoms: Oedema peripheral, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: healthy
Preexisting Conditions: allergy to horses
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: 930027101
Write-up: pt recvd vax 27JAN93 AM-by evening, hands & feet were swollen & covered w/hives; seen by nurse 29JAN93; DPH administered; pt recovered; pt has recently devel allergy to horses; no hx of react following prev immun;

VAERS ID:	66810 (history)	**Vaccinated:**	1994-09-12
Form:	Version 1.0	**Onset:**	1994-09-13
Age:	1.2	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1994-09-14
Location:	Vermont	**Days after onset:**	1
		Entered:	1994-09-19
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	355901 / 4	LL / -
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M170KB / 4	LL / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0897W / 2	LL / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0649K12 / 3	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: NH94023
Write-up: t105 24 hrs p/shot;

VAERS ID:	66817 (history)	**Vaccinated:**	1994-07-01
Form:	Version 1.0	**Onset:**	1994-07-01
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1994-09-12
Location:	Vermont	**Days after onset:**	73
		Entered:	1994-09-19
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	3F51124 / 1	LL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M520LA / 1	RL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0696E / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Anorexia, Asthenia, Hypotonia, Screaming
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: upper resp infect
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt very fussy w/prolonged crying 3-4 hrs (?) p/vax; pt was overly tired & limp for the subsequent 12-16 hrs & did not feed for $g 18 hrs;

VAERS ID:	66851 (history)	**Vaccinated:**	1994-08-11
Form:	Version 1.0	**Onset:**	1994-08-11
Age:	1.4	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1994-09-12
Location:	Vermont	**Days after onset:**	32
		Entered:	1994-09-22
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4H51057 / 4	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Hypotonia, Pyrexia, Somnolence, Stupor, Vomiting
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant

syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: conjunctivitis, serous otitis media
Preexisting Conditions: recurrent otitis;
Allergies:
Diagnostic Lab Data: WBC 7000; HCT 33%; Blooc culture-no growth; HGB 11.2; Platelets 181,000;
CDC Split Type:
Write-up: fever first noted 5 hrs p/vax; fever rose to 103.6 3 hrs later; pt floppy & unresponsive @ that time; 10 mins later parents noted generalized sz lasting 2-3 mins; pt remained sleepy for 3-4 hrs & then improved; also emesis x 3

VAERS ID:	67062 (history)	**Vaccinated:**	1994-09-20
Form:	Version 1.0	**Onset:**	1994-09-20
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1994-09-28
Location:	Vermont	**Days after onset:**	8
		Entered:	1994-10-03
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4M51115 / UNK	RL / -
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	4M51115 / UNK	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	376938 / UNK	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Crying, Pyrexia, Screaming
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: none;
Current Illness: none;
Preexisting Conditions: none;
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT94002
Write-up: pt recvd vax & had high pitched cry for 7 hrs; t 101.5;

VAERS ID:	67589 (history)	**Vaccinated:**	1994-08-29
Form:	Version 1.0	**Onset:**	1994-08-29
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1994-10-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	4B61052 / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Hypertonia, Injection site pain, Myalgia, Neck pain, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: pt exp incapacitated arm @ 20 w/Td booster~ ()~~~In patient
Other Medications: NA
Current Illness: puncture wound (cat bite);
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NA

CDC Split Type:
Write-up: 29AUG94 pt had Td shot lt delotid pt had sensation of zing; pt devel tightness & ache lt neck, lt shoulder & lt upper arm; soreness of lt upper arm has persisted;

VAERS ID:	67666 (history)	**Vaccinated:**	1994-10-21
Form:	Version 1.0	**Onset:**	1994-10-22
Age:	14.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1994-10-24
Location:	Vermont	**Days after onset:**	2
		Entered:	1994-10-27
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	4G61080 / 5	RA / -

Administered by: Public **Purchased by:** Public
Symptoms: Pyrexia, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: none;
Current Illness: none;
Preexisting Conditions: none;
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT94003
Write-up: pt recvd vax & 24 hrs later had t 101 & passed out;

VAERS ID: 70096 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1993-09-27
Sex:	Female	**Entered:**	1994-10-31
Location:	Vermont	**Days after submission:**	399

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / 1	- / IM A

Administered by: Private **Purchased by:** Private
Symptoms: Diarrhoea, Dyspepsia, Headache, Pain, Palpitations
SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 930025801
Write-up: pt recvd vax; 2 hrs later, exp palpitations, GI upset, d, cramps & ha for 12 hrs; subsided

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VAERS ID: 70366 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1994-01-31
Sex:	Unknown	**Entered:**	1994-10-31
Location:	Vermont	**Days after submission:**	273

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / 1	- / IM A

Administered by: Private **Purchased by:** Private
Symptoms: Migraine
SMQs:
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 940006281
Write-up: pt recvd vax & exp migraines; seen by MD; This file is considered to be invalid;

VAERS ID:	68945 (history)	**Vaccinated:**	1994-11-11
Form:	Version 1.0	**Onset:**	1994-11-11
Age:	1.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1994-11-16
Location:	Vermont	**Days after onset:**	5
		Entered:	1994-11-25
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0706A / 1	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1340 / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: APAP
Current Illness: mild URI
Preexisting Conditions: NONE

Allergies:
Diagnostic Lab Data: PO4, CBC, CT Scan, CA++, electrolytes, glucose, MG all nl
CDC Split Type:
Write-up: sz < 15 mins, probably focal, stopped spontaneously, not associated w/fever;

VAERS ID:	71688 (history)	**Vaccinated:**	1993-05-24
Form:	Version 1.0	**Onset:**	1993-05-27
Age:	27.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	1993-05-28
Location:	Vermont	**Days after onset:**	1
		Entered:	1994-12-02
		Days after submission:	553

Vaccination / Manufacturer	Lot / Dose	Site / Route
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	127891A / 2	MO / PO

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Abdominal pain, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: might have gastrointestinal
Preexisting Conditions: virus
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: BER10098
Write-up: took 2nd capsule stomache cramping, nausea & h/a;

VAERS ID: 69286 (history)		**Vaccinated:**	1994-11-23
Form:	Version 1.0	**Onset:**	1994-11-28
Age:	35.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	1994-11-29
Location:	Vermont	**Days after onset:**	1
		Entered:	1994-12-05
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4948029 / 1	LA / -

Administered by: Military **Purchased by:** Unknown
Symptoms: Injection site mass, Skin nodule
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: bcp;
Current Illness: none;
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt recvd vax; lump under lt arm; inject site hard;

VAERS ID: 69400 (history)		**Vaccinated:**	1994-09-15
Form:	Version 1.0	**Onset:**	1994-09-15
Age:	0.3	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1994-12-02
Location:	Vermont	**Days after onset:**	78
		Entered:	1994-12-08
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4H51120 / 2	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / UNK	- / -

Administered by: Private **Purchased by:** Other
Symptoms: Screaming

SMQs:, Hostility/aggression (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: none;~ ()~~~In patient
Other Medications: none;
Current Illness: none;
Preexisting Conditions: none;
Allergies:
Diagnostic Lab Data: none;
CDC Split Type:
Write-up: pt recvd vax; unconsolable crying for 3 hrs;

VAERS ID:	69651 (history)	**Vaccinated:**	1994-11-14
Form:	Version 1.0	**Onset:**	1994-11-14
Age:	56.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1994-12-02
Location:	Vermont	**Days after onset:**	18
		Entered:	1994-12-16
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / UNK	- / -

Administered by: Private **Purchased by:** Private
Symptoms: Agitation, Asthenia, Central nervous system stimulation, Condition aggravated, Hypersensitivity, Hypothermia, Malaise
SMQs:, Angioedema (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: in pt,same event occured last yr,pt thought it was flu vax;lasted 1 day;~

()~~~In patient
Other Medications: none;
Current Illness:
Preexisting Conditions: allergic to mercury, since early 1980"s;
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt recvd vax in pm;noc,began feeling bad & by next am was sick,t 97.7;agitation & fatigue,called "erethism";inc in sinus/nasal allergy sxs;allergic rxn to thimerosal;pt allergic to mercury & flu vax contained mercury preservatives;

VAERS ID:	69719 (history)	**Vaccinated:**	1994-12-13
Form:	Version 1.0	**Onset:**	1994-12-13
Age:	2.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1994-12-15
Location:	Vermont	**Days after onset:**	2
		Entered:	1994-12-19
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0594A / 2	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: pt exp 3 hrs crying @ 2mos w/DTP #1;~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: urticaria

VAERS ID:	70734 (history)	**Vaccinated:**	1995-01-09
Form:	Version 1.0	**Onset:**	1995-01-10
Age:	2.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1995-01-17
Location:	Vermont	**Days after onset:**	7
		Entered:	1995-01-23
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4H51058 / 4	- / L
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0858A / 3	- / L
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	382943 / 3	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Condition aggravated, Convulsion
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: phenobarbital
Current Illness: none
Preexisting Conditions: sz disorder-afebrile
Allergies:
Diagnostic Lab Data: phenobarbital level - 21.7(therapeutic)
CDC Split Type:
Write-up: pt recvd vax;on phenobarbital for afebrile szs;no sz since start of phenobarbital in apr94;had afebrile sz 24 hrs p/ vax; no fever,no local rxn;

VAERS ID:	71432 (history)	**Vaccinated:**	1995-01-10
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	33.0	**Submitted:**	1995-02-07
Sex:	Female	**Entered:**	1995-02-13
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT	4H6118 /	LA / IM

LABORATORIES	UNK	

Administered by: Private **Purchased by:** Private
Symptoms: Injection site hypersensitivity, Injection site mass
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 8x8cm area of induration/erythema @ inject site;

VAERS ID:	71562 (history)	**Vaccinated:**	1995-01-18
Form:	Version 1.0	**Onset:**	1995-01-18
Age:	0.3	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1995-02-03
Location:	Vermont	**Days after onset:**	16
		Entered:	1995-02-21
		Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4H51120 / 2	- / -
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	4H51120 / 2	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	376942 / UNK	- / -

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Screaming
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: pt recvd vax & was irritable;~ ()~~~In patient
Other Medications:
Current Illness: mild URI, rhinorrhea;
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT95001
Write-up: pt recvd vax 18JAN95 & cried steadily for approx 5 hrs; mom states there wasn''t a period of even 30 seconds where pt didn''t cry through the rest of the noc; pt irritable;

VAERS ID:	73480 (history)	**Vaccinated:**	1994-02-09
Form:	Version 1.0	**Onset:**	1994-02-11
Age:	37.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1995-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1405W / 1	- / IM

Administered by: Public **Purchased by:** Other
Symptoms: Hypertonia, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Insulin-NPH; Lopid; Glucatrol; Vitamin E; Multivitamin;
Current Illness:
Preexisting Conditions: pancreatitis; diabetes, insulin dependent;
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES94030362
Write-up: pt recv vax 09FEB94 & 11FEB94 devel pain & stiffness in lt shoulder & lt thumb & was seen by MD; APR94 pt recovered; No further details were provided;

VAERS ID:	72716 (history)	**Vaccinated:**	1995-01-09
Form:	Version 1.0	**Onset:**	1995-01-09
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-03-23
Location:	Vermont	**Days after onset:**	73
		Entered:	1995-03-31
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4A61040 / 1	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	LL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0711C / 1	MO / PO

Administered by: Private **Purchased by:** Other
Symptoms: Agitation, Crying
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2 hrs of high pitched, peculiar, inconsolable crying despite APAP;

VAERS ID:	73056 (history)	**Vaccinated:**	1995-03-22
Form:	Version 1.0	**Onset:**	1995-03-22
Age:	14.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1995-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (NO BRAND NAME) /	1050A /	- / -

UNKNOWN MANUFACTURER	UNK	
TD: TD ADSORBED (NO BRAND NAME) / UNKNOWN MANUFACTURER	4H61118 / UNK	- / -

Administered by: Other **Purchased by:** Public
Symptoms: Cellulitis, Face oedema, Headache, Nausea, Pain
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NA~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT95002
Write-up: pain down both arms; h/a; "nausis"; facial edema; treated for cellulitis w/Keflex

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VAERS ID:	73626 (history)	**Vaccinated:**	1995-04-18
Form:	Version 1.0	**Onset:**	1995-04-25
Age:	52.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	1995-04-25
Location:	Vermont	**Days after onset:**	0
		Entered:	1995-05-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	4H61118 / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site oedema, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Premarin
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt recv vax 18APR; On 25APR pt devel large red swollen, itchy area around inj site & other red raised areas distant to upper arm;

VAERS ID:	74015 (history)	**Vaccinated:**	1994-09-16
Form:	Version 1.0	**Onset:**	1994-09-20
Age:	25.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	1995-03-24
Location:	Vermont	**Days after onset:**	185
		Entered:	1995-05-12
		Days after submission:	48

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1393A4 / 1	- / IM A

Administered by: Other **Purchased by:** Private
Symptoms: Arthralgia, Conjunctivitis, Dizziness, Headache, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Severe cutaneous adverse reactions (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Conjunctival disorders (narrow), Ocular infections (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE

CDC Split Type: VT95003
Write-up: h/a, discharge of eyes R/L (a few wk) dizziness episodes, aching, hip discomfort;

VAERS ID:	75117 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	1.5	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	1995-05-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site hypersensitivity, Pain, Vasodilatation
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: no relevant data
CDC Split Type: WAES94081157
Write-up: pt recv vax; exp a rash at inject site; arm was also "red & painful"; sx subsided in 35 mins;

VAERS ID:	74177 (history)	**Vaccinated:**	1995-05-10
Form:	Version 1.0	**Onset:**	1995-05-10
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1995-05-12
Location:	Vermont	**Days after onset:**	2
		Entered:	1995-05-18
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO.		

INC.	1050A / 2	LA / -

Administered by: Public **Purchased by:** Public
Symptoms: Convulsion, Dizziness, Hypertonia, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT95006
Write-up: pt became faint, rigid, sz lasting about 20-30 sec-fainted again; immed bolted upright & asked if had fallen asleep; event lasting under 2 mins;

VAERS ID:	74477 (history)	**Vaccinated:**	1995-02-28
Form:	Version 1.0	**Onset:**	1995-02-28
Age:	0.4	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1995-05-26
Location:	Vermont	**Days after onset:**	86
		Entered:	1995-06-02
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4L51032 / 2	- / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	4L51032 / UNK	- / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0711C / 2	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Crying, Oedema peripheral, Screaming, Vasodilatation
SMQs:, Cardiac failure (broad), Angioedema (broad), Hostility/aggression (broad),

Haemodynamic oedema, effusions and fluid overload (narrow), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: none~ ()~~~In patient
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT95004
Write-up: pt recv vax; not consolable for 4 hr, screamed, leg swollen fr knee to hip, also red;

VAERS ID:	74478 (history)	**Vaccinated:**	1995-05-09
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	12.0	**Submitted:**	1995-05-29
Sex:	Female	**Entered:**	1995-06-02
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0972A / 2	LA / -

Administered by: Other **Purchased by:** Public
Symptoms: Face oedema, Urticaria, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: VT95005
Write-up: pt recv vax; saw MD; hives, red face, eyes swollen shut; tx w/ dph & 5 days prednisone therapy;

VAERS ID:	74558 (history)	**Vaccinated:**	1995-05-25
Form:	Version 1.0	**Onset:**	1995-05-31
Age:	51.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	1995-06-01
Location:	Vermont	**Days after onset:**	1
		Entered:	1995-06-06
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	4H61156 / UNK	LA / IM
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	394960 / UNK	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site mass, Injection site oedema, Vasodilatation
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: diabetes, HTN, smoker, aortic stenosis
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 3" area of redness swelling; hard to touch, warmth; tx w/ATB

VAERS ID:	75396 (history)	**Vaccinated:**	1995-05-22
Form:	Version 1.0	**Onset:**	1995-05-22
Age:	4.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-05-24
Location:	Vermont	**Days after onset:**	2
		Entered:	1995-06-26
		Days after submission:	33

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4M51065 / 6	- / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	716M2 / 5	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site oedema, Injection site pain, Vasodilatation
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: PPD given 23may95;
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: NH95016
Write-up: site very swollen, warm, red & painful;

VAERS ID:	75975 (history)	**Vaccinated:**	1995-06-06
Form:	Version 1.0	**Onset:**	1995-06-06
Age:	0.1	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1995-07-11
Location:	Vermont	**Days after onset:**	35
		Entered:	1995-07-18
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	4E61017 / 1	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	4E61017 / 1	LL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0721F / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Muscle spasms, Myoclonus, Pallor, Pyrexia, Somnolence, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: CBC, BUN cr glucose; electrolytes, MG Ca, WNL
CDC Split Type:
Write-up: noted by mom & staff pale, gray appearance & briefly shaking one leg; remained pale & lethargic for 3-4 hr; t36.6-37.8 BP 110/50; myoclonic spasm observed;

VAERS ID:	76602 (history)	**Vaccinated:**	1995-08-10
Form:	Version 1.0	**Onset:**	1995-08-10
Age:	1.3	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-08-10
Location:	Vermont	**Days after onset:**	0
		Entered:	1995-08-14
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (ACEL-IMUNE) / PFIZER/WYETH	378909 / 3	RL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M520LA / 3	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: pt exp inc crying & inc T 14 hrs @ 2mos w/DTP/HIB dose 1~ ()~~~In patient
Other Medications: Tempra
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: onset of diffuse erythema & urticaria w/in 30 mins of DTAP & HIB vax; rx Epi & DPH;

VAERS ID:	78111 (history)	**Vaccinated:**	1995-10-05
Form:	Version 1.0	**Onset:**	1995-10-05
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-10-09
Location:	Vermont	**Days after onset:**	4
		Entered:	1995-10-13
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	5H71142 / UNK	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Pain, Vasodilatation
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications:
Current Illness: NONE

Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: inflammed upper arm 70% tender

VAERS ID:	81783 (history)	**Vaccinated:**	1994-08-31
Form:	Version 1.0	**Onset:**	1994-08-31
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-08-31
Location:	Vermont	**Days after onset:**	365
		Entered:	1995-10-13
		Days after submission:	43

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX ID) / PASTEUR MERIEUX INST.	J0735 / 1	- / -

Administered by: Other **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NA
Preexisting Conditions: allergy to cats, ragweed & dust
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO5564
Write-up: generalized urticaria w/in 2hrs of vax;no angioedema,wheezing or GI sx

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VAERS ID:	81784 (history)	**Vaccinated:**	1994-08-31
Form:	Version 1.0	**Onset:**	1994-08-31
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-08-31
Location:	Vermont	**Days after onset:**	365
		Entered:	1995-10-13
		Days after submission:	43

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX ID) / PASTEUR MERIEUX INST.	J0735 / UNK	- / -

Administered by: Other **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NA
Current Illness: NA
Preexisting Conditions: environmental allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO5565
Write-up: generalized mild urticaria w/in 2hrs of vax;no angioedema,wheezing or GI sx;

VAERS ID:	81999 (history)	**Vaccinated:**	1995-02-15
Form:	Version 1.0	**Onset:**	1995-02-17
Age:	26.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	1995-08-31
Location:	Vermont	**Days after onset:**	194
		Entered:	1995-10-13
		Days after submission:	43

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX ID) / PASTEUR MERIEUX INST.	K0040 / 2	- / A

Administered by: Other **Purchased by:** Other
Symptoms: Injection site hypersensitivity, Pain, Phlebitis
SMQs:, Thrombophlebitis (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO5826
Write-up: phlebitis in axilla to around chest;initially very painful;pain dec as of 2MAR95;local rxn size of quarter;25APR95 f/u both doses given in lt deltoid & both w/4cm surrounding erythema;

VAERS ID:	78152 (history)	**Vaccinated:**	1995-09-22
Form:	Version 1.0	**Onset:**	1995-09-27
Age:	1.3	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	1995-09-28
Location:	Vermont	**Days after onset:**	1
		Entered:	1995-10-16
		Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1337W / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema multiforme, Rash, Rash maculo-papular, Urticaria
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NKA
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: NH95024
Write-up: insidious onset, rash, called on 27SEP; rash on trunk & neck fussy, no fever, MMR rash, sxs MMR rash; seen 28SEP rash on extremities, welts in places like hives, NAD, multi-form,

erithematous, no vesicles, mouth clear, afeb

VAERS ID:	78130 (history)	**Vaccinated:**	1995-06-30
Form:	Version 1.0	**Onset:**	1995-07-21
Age:	72.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	1995-09-22
Location:	Vermont	**Days after onset:**	63
		Entered:	1995-10-17
		Days after submission:	25

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	4G61080 / UNK	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Asthenia, Guillain-Barre syndrome, Hyporeflexia
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Demyelination (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: EMG
CDC Split Type: VT95007
Write-up: pt recvd vax & exp muscle weakness & diminished reflexes

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VAERS ID:	78528 (history)	**Vaccinated:**	1995-10-25
Form:	Version 1.0	**Onset:**	1995-10-25
Age:	78.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-10-25
Location:	Vermont	**Days after onset:**	0
		Entered:	1995-10-31
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	5F61127 / UNK	LA / -

Administered by: Public **Purchased by:** Other
Symptoms: Chills, Cough, Nausea, Pharyngitis, Pyrexia, Rhinitis
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Agranulocytosis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal infections (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Gly burde, chlorthazidine, APAP
Current Illness: Otitis Media
Preexisting Conditions: HTN DM
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: sudden onset fever, chill, coryza, nausea, scratching throat, coughing

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VAERS ID:	82045 (history)	**Vaccinated:**	1994-10-11
Form:	Version 1.0	**Onset:**	1994-10-11
Age:	6.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1994-11-17
Location:	Vermont	**Days after onset:**	37
		Entered:	1995-11-14
		Days after submission:	362

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / 1	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Asthenia, Malaise, Pyrexia, Somnolence
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious

encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 940106231
Write-up: pt recvd vax & exp temp 104, was fatigued & sleepy & just did not feel well;

VAERS ID:	82119 (history)	**Vaccinated:**	1995-01-24
Form:	Version 1.0	**Onset:**	1995-01-24
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-02-01
Location:	Vermont	**Days after onset:**	8
		Entered:	1995-11-14
		Days after submission:	286

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1437A4 / 1	- / IM A

Administered by: Private **Purchased by:** Private
Symptoms: Injection site hypersensitivity, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Aerobid;Albuterol
Current Illness:

Preexisting Conditions: asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type: 950007921
Write-up: pt recvd vax & post vax exp a low grade temp & rash around the inj site extending across thorax & up neck;these symptoms were treated w/DPH;

VAERS ID:	82258 (history)	**Vaccinated:**	1995-02-10
Form:	Version 1.0	**Onset:**	1995-02-24
Age:	25.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	1995-03-31
Location:	Vermont	**Days after onset:**	35
		Entered:	1995-11-14
		Days after submission:	228

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1411A4 / 1	- / -

Administered by: Other **Purchased by:** Private
Symptoms: Dermatitis bullous, Face oedema, Injection site hypersensitivity, Injection site mass, Injection site oedema, Pruritus, Urticaria, Vasodilatation
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: ?runny nose
Preexisting Conditions: NKA
Allergies:
Diagnostic Lab Data:
CDC Split Type: 950019451
Write-up: pt recvd vax & exp dime sized knot (inj site);lump dec over 1 month is now gone; seen by MD @ ER;tx warm compresses;swelling, redness & warmth (inj site);2wks post vax devel hives, swollen face & pox on hands & arms w/itching;

VAERS ID: 79507 (history)		**Vaccinated:**	1995-11-07
Form:	Version 1.0	**Onset:**	1995-11-09
Age:	42.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	1995-11-11
Location:	Vermont	**Days after onset:**	2
		Entered:	1995-11-20
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4958036 / UNK	LA / -

Administered by: Private **Purchased by:** Other
Symptoms: Oedema peripheral, Vasodilatation
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: injury
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: inc redness, swelling hand size area-no palp abscess lt deltoid

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VAERS ID: 79723 (history)		**Vaccinated:**	1995-10-25
Form:	Version 1.0	**Onset:**	1995-10-29
Age:	63.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	1995-11-18
Location:	Vermont	**Days after onset:**	20
		Entered:	1995-11-27
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Public **Purchased by:** Unknown
Symptoms: Asthenia, Chills, Diarrhoea, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: "start of virus"
Preexisting Conditions: low immunity
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: feel very tired on 29OCT-30OCT fever, chills, h/a, diarrhea had it 10-12 days; fever 100-101;flu shot given 25OCT95 still feel tired;nurse told pt that she had "start of virus" when vaxed, made it "twice as diff"

VAERS ID:	82216 (history)	**Vaccinated:**	1995-01-12
Form:	Version 1.0	**Onset:**	1995-01-22
Age:	42.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1995-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
RUB: RUBELLA (MERUVAX II) / MERCK & CO. INC.	0694A / 1	- / SC

Administered by: Private **Purchased by:** Other
Symptoms: Arthralgia, Arthritis, Oedema peripheral, Osteoarthritis, Pain, Pyrexia, Tenosynovitis
SMQs:, Cardiac failure (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (narrow), Tendinopathies and ligament disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data
CDC Split Type: WAES95020617
Write-up: pt recvd vax 12JAN95 & 23JAN95 pt exp a fever of 103 to 104;fever lasted x 2 days;also exp arthritic sx in both knees,rt hip,both wrists;exp gen joint swelling & pain,exp in wrists;both hands were swollen & painful;had carpal tunnel

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VAERS ID:	80953 (history)	**Vaccinated:**	1995-12-19
Form:	Version 1.0	**Onset:**	1995-12-19
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1996-01-10
Location:	Vermont	**Days after onset:**	22
		Entered:	1996-01-18
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTPHIB: DTP + HIB (TETRAMUNE) / PFIZER/WYETH	429968 / 1	LL / IM
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0523B / 2	RL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0733H / 1	MO / PO

Administered by: Private **Purchased by:** Other
Symptoms: Anorexia, Crying, Muscle twitching, Personality disorder, Screaming, Stupor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (broad), Dystonia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: VT96001

Write-up: pt recvd vax 19DEC95 2PM started very intense high pitched crying 330PM-lasting to MN;consoled only few minutes intermittently;eyes glazed;not aware mom was there;would not breast feed during this time;had jerking legs;called MD office;

VAERS ID:	80964 (history)	**Vaccinated:**	1995-10-20
Form:	Version 1.0	**Onset:**	1995-10-21
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1996-01-04
Location:	Vermont	**Days after onset:**	75
		Entered:	1996-01-19
		Days after submission:	15

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	5H71142 / 4	- / -

Administered by: Private **Purchased by:** Public
Symptoms: Oedema, Pain, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: TINE
Current Illness:
Preexisting Conditions: cashews-hives
Allergies:
Diagnostic Lab Data:
CDC Split Type: NH95033
Write-up: red & swollen;hurt lasted 5-6 days;

VAERS ID:	81271 (history)	**Vaccinated:**	1996-01-07
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	67.0	**Submitted:**	1995-01-16
Sex:	Female	**Entered:**	1996-01-24
Location:	Vermont	**Days after submission:**	373

Vaccination / Manufacturer	Lot / Dose	Site / Route

TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4958036 / UNK	RA / -

Administered by: Public **Purchased by:** Other
Symptoms: Cellulitis, Injection site hypersensitivity, Injection site pain, Vasodilatation
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: LTS CAI;Maxide;Votaire
Current Illness: lt middle finger injury
Preexisting Conditions: DJD, MI 1982
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: red, painful, warm area about arm p/td on 7JAN96; consistent w/cellulitis

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VAERS ID:	83182 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	20.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1996-01-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data: varicella antibody-neg 4 wks post second dose
CDC Split Type: WAES95111184
Write-up: pt recv 2 doses of vax 4 wk apart;lab testing performed 4wk following 2nd dose of vax indicated that pt had not seroconverted;

VAERS ID:	83183 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	20.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1996-01-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: varicella antibody neg 4wks post 2nd vax
CDC Split Type: WAES95111185
Write-up: pt recv 2 doses of vax 4wk apart;lab testing indicated that pt had not seroconverted;no f/u titers were performed;

VAERS ID:	82579 (history)	**Vaccinated:**	1996-02-06
Form:	Version 1.0	**Onset:**	1996-02-07
Age:	31.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1996-02-08
Location:	Vermont	**Days after onset:**	1
		Entered:	1996-02-15
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site /

		Route
DT: DT ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	430109 / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site oedema, Skin striae
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 4cm red swelling @ site of inj w/red streaks running toward axilla;

VAERS ID:	83943 (history)	**Vaccinated:**	1995-10-17
Form:	Version 1.0	**Onset:**	1995-10-18
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1995-10-20
Location:	Vermont	**Days after onset:**	2
		Entered:	1996-02-26
		Days after submission:	129

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	4958138 / 2	- / IM A

Administered by: Private **Purchased by:** Private
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 895304005L
Write-up: pt recv vax 17OCT95 & 18OCT95 devel a diffuse rash characterized as red,punctate & w/a halo around it;pt was tx w/DPH;addtl info recv 30NOV95: pt was dx w/pseudomonas rash

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VAERS ID:	83136 (history)	**Vaccinated:**	1996-02-12
Form:	Version 1.0	**Onset:**	1996-02-13
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1996-02-19
Location:	Vermont	**Days after onset:**	6
		Entered:	1996-02-27
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	429310 / UNK	LA / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site hypersensitivity, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: pt recvd vax;local rxn at site prolonged w/ swelling & redness;

VAERS ID:	84873 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	1995-05-01
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	1996-02-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Polyarteritis nodosa, Pyrexia, Weight decreased
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Vasculitis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: muscle biopsy-polyarteritis nodosa 1995
CDC Split Type: WAES95121215
Write-up: pt recv vax in 1994 or early 1995;In MAY or JUN95 pt devel polyarthritis nodosa which was dx in SEP or OCT95 by a muscle biopsy;pt also exhibited fevers & weight loss;

VAERS ID:	85418 (history)	**Vaccinated:**	1996-02-01
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	28.0	**Submitted:**	1996-04-26
Sex:	Female	**Entered:**	1996-04-30
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / -

Administered by: Other **Purchased by:** Other

Symptoms: Abortion, Haemorrhage, Ovarian disorder
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Termination of pregnancy and risk of abortion (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Varicella antibody neg;
CDC Split Type: WAES96041842
Write-up: pt recv vax 1FEB96&5wks p/vax became pregnant;in seventh wk of pregnancy,on 2APR96 pt began to bleed&presented to OB/GYN-dx w/blighted ovum;subsequently,pt had a miscarriage;19APR96 dilation&curettage was performed

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VAERS ID:	86993 (history)	**Vaccinated:**	1995-09-20
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	1996-06-05
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: no relevant data;
CDC Split Type: WAES95100301
Write-up: pt recv vax 20SEP95 & 3OCT95 pt devel hives all over body;no further details were provided;

VAERS ID:	88435 (history)	**Vaccinated:**	1996-06-18
Form:	Version 1.0	**Onset:**	1996-06-18
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1996-07-17
Location:	Vermont	**Days after onset:**	29
		Entered:	1996-08-02
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTPHIB: DTP + HIB (TETRAMUNE) / PFIZER/WYETH	433567 / 1	RL / IM
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1722A2 / 2	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Apnoea, Pallor
SMQs:, Acute central respiratory depression (narrow), Hypotonic-hyporesponsive episode (broad), Respiratory failure (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: APAP
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: transient pale color possible brief apnea-observed by parents;

VAERS ID:	89059 (history)	**Vaccinated:**	1995-04-04
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	26.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1996-08-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1541A / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Infection, Injection site oedema, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES95061189
Write-up: pt recv vax 4APR95 & exp severe swelling @ the inj site;the area which was 3 inches by 5 inches, became infected;also exp t104 & was treated w/ATB;no further details were provided;

VAERS ID:	89060 (history)	**Vaccinated:**	1995-04-04
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	20.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1996-08-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1541A / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain, Skin discolouration
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES95061190
Write-up: pt recv vax 4APR95 & pt exp a large painful, discolored area @ inj site;It was present for approx 10 days;

VAERS ID:	89061 (history)	**Vaccinated:**	1995-04-04
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	40.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1996-08-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1541A / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES95061191
Write-up: pt recv vax 4APR95 & exp significant pain @ the inj site radiating to axilla;no further details were provided;

VAERS ID: 89062 (history) **Vaccinated:** 1995-04-04
Form: Version 1.0 **Onset:** 0000-00-00
Age: 50.0 **Submitted:** 0000-00-00
Sex: Male **Entered:** 1996-08-02
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1541A / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Asthenia, Dizziness
SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES95061192
Write-up: pt recv vax 4APR95 & pt exp lightheadedness & weakness sometime p/vax;the exp resolved in 1hr;

VAERS ID: 89368 (history) **Vaccinated:** 1996-08-15
Form: Version 1.0 **Onset:** 1996-08-15
Age: 0.5 **Days after vaccination:** 0
Sex: Male **Submitted:** 1996-08-16
Location: Vermont **Days after onset:** 1
Entered: 1996-08-29
Days after submission: 13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTPHIB: DTP + HIB (TETRAMUNE) / PFIZER/WYETH	427840 / 3	- / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	740K3 / 3	MO / PO

Administered by: Private **Purchased by:** Public

Symptoms: Chills, Convulsion, Pallor, Somnolence, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: EEG-results pending
CDC Split Type:
Write-up: pt recv vax 15AUG96 430PM & about 8PM pt was nursing & mom noticed was shaking & shivering all over x 1min;pt became pale, lethargic;mom called MD & was seen in the office then transported to ER;

VAERS ID:	89384 (history)	**Vaccinated:**	1996-08-21
Form:	Version 1.0	**Onset:**	1996-08-22
Age:	14.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1996-08-23
Location:	Vermont	**Days after onset:**	1
		Entered:	1996-08-29
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0742B / 1	RA / -
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	6E81148 / 5	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Headache, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NA~ ()~~~In patient
Other Medications: NA
Current Illness: NA
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT96003
Write-up: aches all over, joint pain, h/a, nausea;

VAERS ID:	89544 (history)	**Vaccinated:**	1996-08-23
Form:	Version 1.0	**Onset:**	1996-08-23
Age:	0.6	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1996-08-26
Location:	Vermont	**Days after onset:**	3
		Entered:	1996-09-03
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTPHIB: DTP + HIB (TETRAMUNE) / PFIZER/WYETH	434810 / 3	LL / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0740K / 3	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Dyspnoea, Hyperventilation, Pyrexia, Rhinitis, Skin discolouration
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NOE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: CXR-nl;oxymetry-nl
CDC Split Type:
Write-up: several hr p/vax mottled appearance, fever, grunting rapid resp, clear nasal discharge;

VAERS ID:	90390 (history)	**Vaccinated:**	1995-11-09
Form:	Version 1.0	**Onset:**	1995-11-09
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1995-11-16
Location:	Vermont	**Days after onset:**	7
		Entered:	1996-09-11
		Days after submission:	299

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	- / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Pain, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 895340017L
Write-up: a few hr p/vax pt exp paresthesia & pain in the inj arm;pt was treated w/codeine w/o results;by the next day pt exp paresthesia across the entire injected arm, including the fingers;pt has recovered;

VAERS ID:	90434 (history)	**Vaccinated:**	1996-08-01
Form:	Version 1.0	**Onset:**	1996-08-01
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1996-09-27
Location:	Vermont	**Days after onset:**	57
		Entered:	1996-10-01
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Colitis, Diarrhoea, Gastrointestinal haemorrhage, Petechiae, Purpura, Pyrexia, Thrombocytopenic purpura, Vomiting
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal haemorrhage (narrow), Gastrointestinal nonspecific inflammation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Pred, Glucotrol, Insulin
Current Illness:
Preexisting Conditions: diabetes
Allergies:
Diagnostic Lab Data: SEP96 platelet count 12 THS/MM#;13SEP96 platelet count 15 THS/MM3;SEP96 Guaiac stool-positive;
CDC Split Type: WAES96091129
Write-up: pt recv vax AUG96 & 2wk p/ vax pt devel low fever, abd discomfort & some loose stools;pt treated for poss diverticulitis for 1wk;6SEP96 pt became more ill w/worsening sx & hosp;devel n/v, petechiae & purpura;dx thrombocytopenia;tx w/med

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VAERS ID:	90858 (history)	**Vaccinated:**	1995-10-13
Form:	Version 1.0	**Onset:**	1996-01-12
Age:	28.0	**Days after vaccination:**	91
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1996-10-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: 12JAN96 varicella antibody negative
CDC Split Type: WAES96061848
Write-up: pt recv vax & became pregnant (LMP 12DEC95);estimated delivery date is 18SEP96;12JAN96 lab eval revealed a negative varicella antibody titer;@ time of report, pt @ 27wk gestation no other adverse exp,no pregnancy complications;nl delivery;

VAERS ID:	90914 (history)	**Vaccinated:**	1995-06-15
Form:	Version 1.0	**Onset:**	1996-06-25
Age:	26.0	**Days after vaccination:**	376
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1996-10-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / SC

Administered by: Private **Purchased by:** Private
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: 25JUN96 varicella antibody 0.8;
CDC Split Type: WAES96070291
Write-up: pt recv vax 15JUN95 & 25JUN96 IgG antibody titer was 0.8 (greater than 1.0 immunity);

VAERS ID:	93313 (history)	**Vaccinated:**	1996-11-25
Form:	Version 1.0	**Onset:**	1996-12-08
Age:	38.0	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	1996-12-27
Location:	Vermont	**Days after onset:**	19
		Entered:	1996-12-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1478D / UNK	- / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Pruritus, Rash maculo-papular, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: proventil, aeroboclin inhaler;
Current Illness:
Preexisting Conditions: asthma; allergic rhinitis, recurrent sinusitis;
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt recv vax; itchy rash on shoulders, back, arms; started as fine red rash; welt type rash;

VAERS ID:	93537 (history)	**Vaccinated:**	1996-10-18
Form:	Version 1.0	**Onset:**	1996-10-19
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1996-12-04
Location:	Vermont	**Days after onset:**	46
		Entered:	1997-01-03
		Days after submission:	30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	4968170 / UNK	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Laboratory test abnormal, Myasthenic syndrome, Myelitis, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Malignancy related conditions (narrow), Guillain-Barre syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: MRI of entire spine; CT scan head WNL. LP-high protein, al IgG. EMG WNL
CDC Split Type: VT96004
Write-up: ascending paresthesias, left leg weakness w/ transverse myelitis: hosp for 5 days sudomedrol. sx occurred w. 36 hr of influenza vax; no other expandable cause for sx.

VAERS ID:	93538 (history)	**Vaccinated:**	1996-10-15
Form:	Version 1.0	**Onset:**	1996-10-18
Age:	58.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	1996-12-02
Location:	Vermont	**Days after onset:**	45
		Entered:	1997-01-03
		Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / MEDEVA PHARMA,	E3036GA /	

LTD.	UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Asthenia, Guillain-Barre syndrome, Hypokinesia, Myasthenic syndrome, Paraesthesia
SMQs:, Peripheral neuropathy (narrow), Malignancy related conditions (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (narrow), Demyelination (narrow), Hypotonic-hyporesponsive episode (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 29 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: since 11oct96 biaxin for bronchitis/ pneumonia
Current Illness: recovering from pneumonia/bronchitis
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: GBS
CDC Split Type: VT96005
Write-up: 18oct96 woke w/ tingling in legs, weakness, worked all day. 20oct96 went to MD w/ above complaints "legs going on me" 21oct96 went to ER-admitted. 22oct96 transferred to diff hosp. Dx: GBS

VAERS ID:	93539 (history)	**Vaccinated:**	1996-11-08
Form:	Version 1.0	**Onset:**	1996-11-18
Age:	54.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	1996-12-02
Location:	Vermont	**Days after onset:**	14
		Entered:	1997-01-03
		Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	4968170 / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Back pain, Guillain-Barre syndrome, Headache, Hypokinesia, Myasthenic syndrome, Pain
SMQs:, Peripheral neuropathy (narrow), Retroperitoneal fibrosis (broad), Malignancy related conditions (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (narrow), Demyelination (narrow), Hypotonic-hyporesponsive episode (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 10 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: GBS
CDC Split Type: VT96006
Write-up: 18nov96- headache, legs and back ache;20dec96- went to MD for complaints; 22nov96- again went to MD for same complaints & weakness in legs-using walker; 23nov96-went to ER, unable to walk at all; pt admitted; still in ICU 02dec96; GBS

VAERS ID:	93540 (history)	**Vaccinated:**	1996-11-15
Form:	Version 1.0	**Onset:**	1996-11-29
Age:	59.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	1996-12-24
Location:	Vermont	**Days after onset:**	25
		Entered:	1997-01-03
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	6F71221 / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Guillain-Barre syndrome, Hypokinesia, Myasthenic syndrome, Paraesthesia
SMQs:, Peripheral neuropathy (narrow), Malignancy related conditions (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (narrow), Demyelination (narrow), Hypotonic-hyporesponsive episode (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 25 days
Extended hospital stay? No

Previous Vaccinations: ~ ()~~~In patient
Other Medications: albuterol, alupent, calan premarin, theophylline
Current Illness: none
Preexisting Conditions: chronic obstructive pulmonary disease; hypertension
Allergies:
Diagnostic Lab Data: GBS
CDC Split Type: VT96007
Write-up: 29nov96- woke up feeling fine, w/in hr felt picky numbness, muscle weakness & eventually could not stand;went to med outpatient ctr; 30nov96- sx worse- went to ER admitted & still hospitalized; GBS

VAERS ID:	95194 (history)	**Vaccinated:**	1997-02-11
Form:	Version 1.0	**Onset:**	1997-02-11
Age:	1.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1997-02-14
Location:	Vermont	**Days after onset:**	3
		Entered:	1997-02-19
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTPHIB: DTP + HIB (TETRAMUNE) / PFIZER/WYETH	441099 / 4	- / A

Administered by: Private **Purchased by:** Public
Symptoms: Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT97001
Write-up: shaking spell, elevated temp was taken to Er & evaluated & sent home w/APAP;

VAERS ID: 96318 (history)		**Vaccinated:**	1997-02-04
Form:	Version 1.0	**Onset:**	1997-02-05
Age:	68.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1997-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	438673 / 1	RA / IM
TD: TD ADSORBED (NO BRAND NAME) / UNKNOWN MANUFACTURER	6K81364 / UNK	LA / -

Administered by: Private **Purchased by:** Private
Symptoms: Hyperhidrosis, Injection site hypersensitivity, Injection site reaction, Myalgia, Pruritus, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NA
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT97002
Write-up: huge local rxn rt arm fever, joint aches, noc sweats;itching @ site;

VAERS ID: 96519 (history)		**Vaccinated:**	1997-01-15
Form:	Version 1.0	**Onset:**	1997-01-27
Age:	35.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	1997-03-21
Location:	Vermont	**Days after onset:**	53
		Entered:	1997-03-28
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1130B / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Dermatitis bullous, Mouth ulceration, Pruritus
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: PCN0env. allergy-hayfever
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 28JAN97 pt devel pustules on forehead, chin, lower throat & rt arm;29JAN97 devel cold sore on rt lower lip;30JAN97 3x3 patch pustules x 5 or rt lower abd;27JAN97 gen pruritus lasting x 1wk;

VAERS ID:	97794 (history)	**Vaccinated:**	1997-02-12
Form:	Version 1.0	**Onset:**	1997-02-20
Age:	1.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1997-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / 1	- / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1356D / 1	- / SC

Administered by: Private **Purchased by:** Public
Symptoms: Rash maculo-papular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Ceclor
Current Illness: infect, resp, upper;OM
Preexisting Conditions: allergy, PCN;
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES97022293
Write-up: pt recv vax 12FEB97 & 20FEB97 pt devel a raised, red, papular rash on stomach which spread to back, chest, neck & face;there was no no pruritus;rash occurred for one day & resolved;pt then exp new outbreaks for 5 days;

VAERS ID:	98771 (history)	**Vaccinated:**	1995-11-09
Form:	Version 1.0	**Onset:**	1995-11-09
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1997-02-06
Location:	Vermont	**Days after onset:**	455
		Entered:	1997-04-18
		Days after submission:	70

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	5F61024 / 1	- / IM A

Administered by: Other **Purchased by:** Other
Symptoms: Conjunctivitis, Cough, Dry mouth, Lacrimal disorder, Laryngospasm, Myalgia, Pruritus, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Severe cutaneous adverse reactions (broad), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Conjunctival disorders (narrow), Lacrimal disorders (narrow), Ocular infections (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: allergy to tetracycline
Allergies:
Diagnostic Lab Data:
CDC Split Type: CO6327
Write-up: eyes very red, itchy & watery;dry mouth, felt like object in throat 1hr p/vax;persistent cough;BP fine, P=fine;called MD who sent to ER;tx w/DPH;throat better;6PM devel temp 100.6 & was achy;nothing unusual to eat or drink;

VAERS ID:	98166 (history)	**Vaccinated:**	1997-05-05
Form:	Version 1.0	**Onset:**	1997-05-07
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	1997-05-15
Location:	Vermont	**Days after onset:**	8
		Entered:	1997-05-21
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTPHIB: DTP + HIB (TETRAMUNE) / PFIZER/WYETH	438621 / 5	LA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0097D / 3	RA / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	0756M / 4	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Injection site oedema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT97003
Write-up: local rxn of lt upper arm swelling & pain;

VAERS ID:	98351 (history)	**Vaccinated:**	1997-05-12
Form:	Version 1.0	**Onset:**	1997-05-15
Age:	1.5	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	1997-05-20
Location:	Vermont	**Days after onset:**	5
		Entered:	1997-05-28
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0180E / 1	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Gastrointestinal disorder, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt recv vax 12MAY97 & devel gastroenteritis 15MAY97 & fever up to 103.5;had 2-3 sz & was adm to hosp 17MAY97;

VAERS ID:	98613 (history)	**Vaccinated:**	1997-01-14
Form:	Version 1.0	**Onset:**	1997-01-16
Age:	1.3	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	1997-05-28
Location:	Vermont	**Days after onset:**	131
		Entered:	1997-06-03
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTPHIB: DTP + HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	441099 / 4	RA / -

Administered by: Private **Purchased by:** Public
Symptoms: Febrile convulsion, Injection site hypersensitivity, Injection site oedema, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT97004
Write-up: Febrile seizure, t103.8, red swollen arm;

VAERS ID:	98691 (history)	**Vaccinated:**	1997-05-14
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	45.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1997-06-06
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1692D / 1	- / -

Administered by: Private **Purchased by:** Private
Symptoms: Influenza, Myalgia, Oedema peripheral
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT97005
Write-up: systemic flu sx;aches;swelling in feet;

VAERS ID:	99183 (history)	**Vaccinated:**	1997-06-11
Form:	Version 1.0	**Onset:**	1997-06-11
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1997-06-11
Location:	Vermont	**Days after onset:**	0
		Entered:	1997-06-19
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (TRIPEDIA) / CONNAUGHT LABORATORIES	6D81396 / 5	LA / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	440728 / 4	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Dyspnoea, Oedema genital, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NA
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data:

CDC Split Type: VT97006
Write-up: hives-itchy, SOB, genital swelling;

VAERS ID:	99351 (history)	**Vaccinated:**	1997-05-22
Form:	Version 1.0	**Onset:**	1997-05-22
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1997-06-17
Location:	Vermont	**Days after onset:**	26
		Entered:	1997-06-27
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1469D / 3	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Facial palsy, Myasthenic syndrome, Pharyngitis
SMQs:, Agranulocytosis (broad), Malignancy related conditions (narrow), Oropharyngeal infections (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: c/o tongue felt smoothe & funny-unable to whistle
Preexisting Conditions: allergic to PCN & bee stings;
Allergies:
Diagnostic Lab Data: NA
CDC Split Type: VT97007
Write-up: pt recv vax & next day woke up w/marked weakness lt side of face unable to completely close lt eye & side of mouth;Bells palsy but pt actually in because of URI & pharynx inflammed;

VAERS ID:	101973 (history)	**Vaccinated:**	1996-08-01
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1997-07-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Thrombocytopenia
SMQs:, Haematopoietic thrombocytopenia (narrow), Systemic lupus erythematosus (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES96091214
Write-up: pt recv vax AUG96 & pt exp a very low platelet count;pt condition was improving @ the time of the report, but had not yet recovered;

VAERS ID:	101832 (history)	**Vaccinated:**	1997-07-15
Form:	Version 1.0	**Onset:**	1997-07-20
Age:	21.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	1997-08-18
Location:	Vermont	**Days after onset:**	29
		Entered:	1997-08-26
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1613A1 / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Coagulopathy, Ecchymosis, Oedema peripheral, Vasodilatation
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Haemodynamic oedema, effusions and fluid

overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 5 days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT97008
Write-up: 20JUL97 sudden onset arms 2xnl size, red, purple, hot-went to ER said not vaccine rx;did ultrasound & sent home;21JUL pt to MD adm to hosp had hugh blood clot that had to be dissolved-surgery;f/u 6wk remove rib;MD felt rxn not r/t vax;

VAERS ID:	103292 (history)	**Vaccinated:**	1996-12-17
Form:	Version 1.0	**Onset:**	1997-02-01
Age:	28.0	**Days after vaccination:**	46
Sex:	Female	**Submitted:**	1997-10-17
Location:	Vermont	**Days after onset:**	257
		Entered:	1997-10-20
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / SMITHKLINE BEECHAM	- / UNK	- / -

Administered by: Public **Purchased by:** Private
Symptoms: Alopecia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: pt exp alopecia @ 29yr old w/hep a 1st dose;~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE

Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Alopecia areata p/vax;

VAERS ID:	103513 (history)	**Vaccinated:**	1996-12-10
Form:	Version 1.0	**Onset:**	1997-06-23
Age:	4.0	**Days after vaccination:**	195
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1997-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1662B / 1	RA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Dermatitis bullous, Herpes zoster, Infection
SMQs:, Severe cutaneous adverse reactions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NO relevant data;
CDC Split Type: WAES97062356
Write-up: pt recv vax 10DEC96 & 23JUN97 pt exp a red, blister-like, fluid-filled area on rt thigh which hurt;presented to MD who was dx w/shingles on rt upper thigh on 25JUN97;pt recovered;

VAERS ID:	103796 (history)	**Vaccinated:**	1995-07-06
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	30.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1997-10-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES97090335
Write-up: pt recv vax & pt failed to seroconvert;

VAERS ID:	103847 (history)	**Vaccinated:**	1997-01-04
Form:	Version 1.0	**Onset:**	1997-08-11
Age:	7.0	**Days after vaccination:**	219
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1997-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0772D / 1	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Dermatitis bullous, Herpes zoster, Infection
SMQs:, Severe cutaneous adverse reactions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions:

Allergies:
Diagnostic Lab Data: No relevant data;
CDC Split Type: WAES97091258
Write-up: pt recv vax 4JAN97 & 21AUG97 pt devel a shingle type rash which was not eval by MD first hand;

VAERS ID:	104039 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	1997-10-17
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1997-10-21
Location:	Vermont	**Days after onset:**	4
		Entered:	1997-10-29
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	7F81754 / 1	LA / -

Administered by: Other **Purchased by:** Public
Symptoms: Chills, Nausea, Pyrexia, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: oral contraceptive;Loestrin
Current Illness: NONE
Preexisting Conditions: endometriosis
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 8 1/2hr p/vax pt devel sl nausea, followed by uncontrollable shaking & teeth chattering;p/a period of rest pt devel a fever;T max 102 orally;had one other episode of violent shaking w/in the next 12hr;temp remained elevated for 36hr;

VAERS ID:	104296 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	47.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	1997-11-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / UNK	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Oedema peripheral, Pain, Pruritus, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: 5/8" needle provided by Wyeth for IM flu vax;
CDC Split Type:
Write-up: pt states arm turned red, swelling up, itching, burn; reporter states 5/8" needle provided by Wyeth for IM flu vax;

VAERS ID:	104297 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	1997-10-18
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1997-10-28
Location:	Vermont	**Days after onset:**	10
		Entered:	1997-11-03
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	4978193 / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Oedema peripheral, Pruritus, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad),

Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: allergies-colitis (ulcerative)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: large reddened, raised area on deltoid, heat filled;ice applied;lasted 4+ days then resolved;spot was also very itchy during rxn;reporter feels the vax was given SC instead of IM because 5/8" needle provided by Wyeth;

VAERS ID:	104298 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	1997-10-18
Age:	29.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1997-10-28
Location:	Vermont	**Days after onset:**	10
		Entered:	1997-11-03
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / UNK	- / -

Administered by: Other **Purchased by:** Private
Symptoms: Oedema peripheral, Vasodilatation
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications:

Current Illness: NONE
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt arm swelled up turned very hot & red;pt put ice on it;it took 4 days to go back to nl;3 by 4 in wide raised;reporter states pt has large arms there fore 5/8" needle provided on tubex did not go IM;

VAERS ID:	104299 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	1997-10-18
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1997-10-23
Location:	Vermont	**Days after onset:**	5
		Entered:	1997-11-03
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / UNK	LA / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site mass, Injection site pain, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: pt exp itchy, hard, red wheal w/flu vax in 1996;~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: PCN
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: devel a 4inch x 2inch itchy, hard, red wheal @ site of the inj-varied between locally sore & locally very itchy till today 23OCt97;pt has recv vax other yr including last year w/rxn;reporter states 5/8" needle went SC not IM;

VAERS ID:	104300 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	1997-10-17
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1997-10-28
Location:	Vermont	**Days after onset:**	11
		Entered:	1997-11-03
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / UNK	LA / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site hypersensitivity, Injection site mass, Injection site oedema, Oedema peripheral, Pruritus, Rash, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: large red rash/swelling/itching/hot & was a hard ball where it was given;d/t 5/8" needle provided by Wyeth this inj probably went SC;

VAERS ID:	104301 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	1997-10-18
Age:	53.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1997-10-28
Location:	Vermont	**Days after onset:**	10
		Entered:	1997-11-03
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / UNK	LA / -

Administered by: Other **Purchased by:** Unknown
Symptoms: Oedema, Pain, Skin nodule, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: area about size of a tennis ball that was swollen very red & hot very sore for 3 days;flu vax recv in individual doses from wyeth w/ 5/8" needle;

VAERS ID:	104302 (history)	**Vaccinated:**	1997-10-20
Form:	Version 1.0	**Onset:**	1997-10-20
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1997-10-24
Location:	Vermont	**Days after onset:**	4
		Entered:	1997-11-03
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / 1	RA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site hypersensitivity, Injection site mass, Pain, Vasodilatation
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations: NA~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: rt upper arm, deltoid area became hot to touch w/tenderness, along w/a hard raised rash of 3" inches in circumference around the inj site;reporter states flu vax provided by Wyeth tubex prepared w/ 5/8" for Im shot;

VAERS ID:	104538 (history)	**Vaccinated:**	1997-10-23
Form:	Version 1.0	**Onset:**	1997-11-02
Age:	1.2	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	1997-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	1997-11-07
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTPHIB: DTP + HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	44101 / 4	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0103E / 1	RL / SC

Administered by: Private **Purchased by:** Other
Symptoms: Lymphadenopathy, Pyrexia, Rash, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: rash-red blanching lesions occipital adenopathy;fever to 100; APAP given;

VAERS ID:	104879 (history)	**Vaccinated:**	1997-10-09
Form:	Version 1.0	**Onset:**	1997-10-30
Age:	25.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	1997-11-02
Location:	Vermont	**Days after onset:**	3
		Entered:	1997-11-20
		Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dermatitis bullous, Skin disorder
SMQs:, Severe cutaneous adverse reactions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt adm to ER 2 blisters loose abd & chest & thigh;no itching, one blister broken;described as varicella-like rash by MD;pt had vax on 9OCT for low titer;4NOV97 re-admit to ER w/many more blisters (20+);given rx for Vorivax;

VAERS ID:	105122 (history)	**Vaccinated:**	1997-08-01
Form:	Version 1.0	**Onset:**	1997-11-01
Age:	17.0	**Days after vaccination:**	92
Sex:	Female	**Submitted:**	1997-11-18
Location:	Vermont	**Days after onset:**	17
		Entered:	1997-11-25
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	2299A4 / 2	- / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthritis, Blood alkaline phosphatase increased, Blood thromboplastin decreased, Gamma-glutamyltransferase increased, Myasthenic syndrome, Pharyngitis, Synovitis, Thrombocythaemia
SMQs:, Liver related investigations, signs and symptoms (narrow), Liver-related coagulation and bleeding disturbances (narrow), Agranulocytosis (broad), Haemorrhage laboratory terms (broad), Systemic lupus erythematosus (broad), Malignancy related conditions (narrow), Oropharyngeal infections (narrow), Biliary system related investigations, signs and symptoms (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: none
Current Illness:
Preexisting Conditions: nka
Allergies:
Diagnostic Lab Data: 4NOV97 basophils .6;Eosinophils 4;12NOV97 eos .1;Transferase 96;4NOV97 lymphocytes 16.8;12NOV97 lymphocytes 9.8;monocytes 6.2;monocytes 2.8;12NOV97 thromboplastin time 40;platelets 361;neutrophils 76;neutrophils 87;SGOT 188;SGOT 102;SGPT378
CDC Split Type: 970271161
Write-up: pt devel sore throat & arthralgia w/fever;devel purple-pink rash on eyelids, rash on both elbows, active inflammation in wrists,elbow, ankles;synovitis in joints;knee swollen;muscle weakness;diff climbing stairs;T100;

VAERS ID:	105813 (history)	**Vaccinated:**	1997-11-19
Form:	Version 1.0	**Onset:**	1997-11-19
Age:	45.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1997-12-11
Location:	Vermont	**Days after onset:**	22
		Entered:	1997-12-22
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	7E91672 / UNK	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Hypokinesia, Injection site pain, Pain
SMQs:, Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: unk
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT97009
Write-up: pt c/o pain @ vax site & down lt arm immed;12 days later stated pain cont & had been noting some limits in some ROM in lt arm;pt saw MD p/that time frame;

VAERS ID:	105946 (history)	**Vaccinated:**	1997-12-01
Form:	Version 1.0	**Onset:**	1997-12-22
Age:	1.7	**Days after vaccination:**	21
Sex:	Male	**Submitted:**	1997-12-26
Location:	Vermont	**Days after onset:**	4
		Entered:	1998-01-02
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	826A2 / 4	LA / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M350PN / 4	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abscess
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: sterile abscess lt shoulder;

VAERS ID:	106612 (history)	**Vaccinated:**	1997-10-31
Form:	Version 1.0	**Onset:**	1997-11-02
Age:	25.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	1998-01-12
Location:	Vermont	**Days after onset:**	71
		Entered:	1998-01-15
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Dermatitis bullous
SMQs:, Severe cutaneous adverse reactions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: No relevant data;~ ()~~~In patient
Other Medications: unk
Current Illness:
Preexisting Conditions: unk
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES97110253
Write-up: pt recv vax 31OCT97 & 2NOV97 pt reported to the ER w/4 blisters & on 4NOV97 pt returned the ER w/20-30 blisters;the blisters reminded her of chickenpox;

VAERS ID:	106438 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	53.0	**Submitted:**	1998-01-12
Sex:	Female	**Entered:**	1998-01-16
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	7F81788 / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Pain, Tendon disorder
SMQs:, Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: diabetes
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt reported persistent soreness in lt arm & devel of tendonitis since flu shot;feels nurse gave shot too far back in arm;pt has been seen by MD & can not find cause for tendonitis-? flu shot only started since recv vax;

VAERS ID:	106439 (history)	**Vaccinated:**	1997-10-17
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	33.0	**Submitted:**	1998-01-12
Sex:	Female	**Entered:**	1998-01-16
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	7F81894 / UNK	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Injection site mass

SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: pt exp abscess p/vax;~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: unk
CDC Split Type:
Write-up: pt reported persistent lump about the size of walnut from flu shot;

VAERS ID:	109228 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1997-10-22
Sex:	Unknown	**Entered:**	1998-03-26
Location:	Vermont	**Days after submission:**	155

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / UNK	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site reaction
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: unk
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 897314036L
Write-up: several pt devel exaggerated inj site rxn p/vax;reporter unable to specify the number of

people who exp this event;

VAERS ID:	109292 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1997-11-06
Sex:	Unknown	**Entered:**	1998-03-26
Location:	Vermont	**Days after submission:**	140

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	- / UNK	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site hypersensitivity, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: unk
Current Illness: unk
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 897344032L
Write-up: pt recv vax & devel an inj site rxn characterized by pain & redness;

VAERS ID:	110769 (history)	**Vaccinated:**	1998-05-04
Form:	Version 1.0	**Onset:**	1998-05-06
Age:	5.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	1998-05-06
Location:	Vermont	**Days after onset:**	0
		Entered:	1998-05-11
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	840A2 / 1	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1234E / 2	LA / SC

OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	446716 / 4	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site oedema, Oedema peripheral, Rash
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: erythema, edema entire arm & shoulder-elbow w/extensive erythema to chest & forearm approx 36hr p/vax;

VAERS ID:	111338 (history)	**Vaccinated:**	1998-03-18
Form:	Version 1.0	**Onset:**	1998-03-28
Age:	0.4	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	1998-05-22
Location:	Vermont	**Days after onset:**	54
		Entered:	1998-06-01
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	841A2 / 2	- / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site mass, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: bronchiolitis, upper resp infect. NKA
Allergies:
Diagnostic Lab Data:
CDC Split Type: 19980090171
Write-up: Pt recvd vax & devel 3cm area of induration @inj site & fever lasting 1 wk.

VAERS ID:	111339 (history)	**Vaccinated:**	1998-03-16
Form:	Version 1.0	**Onset:**	1998-03-16
Age:	0.6	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1998-05-22
Location:	Vermont	**Days after onset:**	66
		Entered:	1998-06-01
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	841A2 / 3	- / IM

Administered by: Private **Purchased by:** Public
Symptoms: Crying, Ecchymosis, Injection site hypersensitivity, Pyrexia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Depression (excl suicide and self injury) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 19980111011
Write-up: Several hr p/vax pt devel screaming,ecchymosis @inj site & fever 101.4.

VAERS ID:	111340 (history)	**Vaccinated:**	1998-03-25
Form:	Version 1.0	**Onset:**	1998-03-29
Age:	1.4	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	1998-05-22
Location:	Vermont	**Days after onset:**	53
		Entered:	1998-06-01
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	841A2 / 1	- / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abnormal dreams, Agitation, Ecchymosis, Injection site hypersensitivity, Injection site mass, Pyrexia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: bronchiolitis,conjunctivitis,otitis media,poss allergy amoxicillin,upper resp infect
Allergies:
Diagnostic Lab Data:
CDC Split Type: 19980111111
Write-up: Approx 4 day p/vax pt devel walnut size purple area @inj site,fussiness & fever of 99.9. 12April98 pt devel nightmares. Pea sized lump @inj site still remains

VAERS ID: 111341 (history)		**Vaccinated:**	1998-03-30
Form:	Version 1.0	**Onset:**	1998-03-30
Age:	1.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1998-05-22
Location:	Vermont	**Days after onset:**	52
		Entered:	1998-06-01
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	841A2 / 1	- / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site mass, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Actigall (Ursodiol)
Current Illness: Poss upper resp infect/chest congestion
Preexisting Conditions: myotubular myopathy, upper resp infect; NKA
Allergies:
Diagnostic Lab Data:
CDC Split Type: 19980111121
Write-up: Approx 2 hr p/vax pt devel fever 101.3. Also redness & firmness @inj site.

VAERS ID: 113052 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	1997-10-01
Age:		**Submitted:**	1998-07-30
Sex:	Unknown	**Days after onset:**	302
Location:	Vermont	**Entered:**	1998-08-03
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Cellulitis
SMQs:

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: No relevant data;~ ()~~~In patient
Other Medications: unk
Current Illness:
Preexisting Conditions: unk
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES97101019
Write-up: pt recv vax 13OCT97 & pt devel cellulitis w/in the last week;

VAERS ID:	113053 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	1997-10-01
Age:		**Submitted:**	1998-07-30
Sex:	Unknown	**Days after onset:**	302
Location:	Vermont	**Entered:**	1998-08-03
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: No relevant data;~ ()~~~In patient
Other Medications: unk
Current Illness:
Preexisting Conditions: unk
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES97101020
Write-up: pt recv vax & 13OCT97 reporter indicated pt devel hematoma w/in the last wk;

VAERS ID:	113696 (history)	**Vaccinated:**	1998-08-03
Form:	Version 1.0	**Onset:**	1998-08-04
Age:	0.2	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1998-08-24
Location:	Vermont	**Days after onset:**	20
		Entered:	1998-08-28
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A847A2 / 1	- / IM L
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1308D / 2	- / IM L
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M285RJ / 1	- / IM L
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	L1112 / 1	- / SC L

Administered by: Private **Purchased by:** Public
Symptoms: Condition aggravated, Gaze palsy, Hyporeflexia, Tongue disorder
SMQs:, Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Ocular motility disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: 38wk c/s for placental insufficiency;similar episode of apnea @ 3wk;
Allergies:
Diagnostic Lab Data: CBC-nl
CDC Split Type:
Write-up: pt was falling asleep & mom went to place in bussinet, noticed pt was not breathing, eyes rolled back, tongue out of mouth lasted 15sec;mom shouted & shook child-child responded seconds later repeat of similar episode;brought to ER;

VAERS ID:	114725 (history)	**Vaccinated:**	1998-07-14
Form:	Version 1.0	**Onset:**	1998-07-16
Age:	30.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	1998-09-30
Location:	Vermont	**Days after onset:**	76
		Entered:	1998-10-05
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	2632A2 / 2	RA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0034H / 2	LA / -

Administered by: Private **Purchased by:** Private
Symptoms: Influenza, Injection site hypersensitivity, Injection site pain, Malaise, Myalgia, Vasodilatation
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Ventolin Rotocaps;Vanceril
Current Illness: Asthma-chronic
Preexisting Conditions: possible PCN allergy
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: pt recv vax 14JUL98 & had local redness, warmth & tenderness;had flu like synd w/malaise, h/a;

VAERS ID:	115159 (history)	**Vaccinated:**	1998-08-12
Form:	Version 1.0	**Onset:**	1998-08-13
Age:	15.0	**Days after vaccination:**	1
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1998-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route

TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	451463 / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Laryngospasm, Myalgia, Oedema peripheral
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Dystonia (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT98003
Write-up: gen myalgia w/o trouble breathing;tightness in throat;swollen arm;

VAERS ID:	115160 (history)	**Vaccinated:**	1998-08-31
Form:	Version 1.0	**Onset:**	1998-09-01
Age:	15.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1998-10-14
Location:	Vermont	**Days after onset:**	43
		Entered:	1998-10-21
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	451463 / 6	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Influenza, Injection site oedema, Injection site pain, Nuchal rigidity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT98001
Write-up: sore & swollen @ site of inj;flu sx;stiff neck;

VAERS ID:	115161 (history)	**Vaccinated:**	1998-10-07
Form:	Version 1.0	**Onset:**	1998-10-08
Age:	61.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1998-10-14
Location:	Vermont	**Days after onset:**	6
		Entered:	1998-10-21
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	4988203 / UNK	RA / -

Administered by: Private **Purchased by:** Private
Symptoms: Malaise, Pharyngitis, Pyrexia, Tinnitus
SMQs:, Agranulocytosis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal infections (narrow), Hearing impairment (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT98002
Write-up: ringing ears, sore throat, malaise, elevated temp;

VAERS ID:	115882 (history)	**Vaccinated:**	1998-04-04
Form:	Version 1.0	**Onset:**	1998-04-08
Age:	22.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	1998-10-26
Location:	Vermont	**Days after onset:**	201
		Entered:	1998-11-02
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / 1	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Arthralgia, Neck pain, Pruritus, Pyrexia, Rash, Urticaria, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 19980105871
Write-up: pt recv vax 4APR98 & 8APR98 pt devel a fever & sore neck;13APR exp joint pain;14APR broke out in a red itchy, confluent rash described as hive/urticaria on chin, neck, stomach, area, inner elbow, upper thighs & wrist;

VAERS ID:	115707 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	1988-10-27
Age:	49.0	**Submitted:**	1998-10-23
Sex:	Female	**Days after onset:**	3648
Location:	Vermont	**Entered:**	1998-11-04
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN	- / UNK	- / -

MANUFACTURER		

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Anorexia, Asthenia, Facial palsy, Guillain-Barre syndrome, Hyperhidrosis, Hypokinesia, Myasthenic syndrome, Pain, Paraesthesia, Speech disorder
SMQs:, Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Dementia (broad), Malignancy related conditions (narrow), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Demyelination (narrow), Hearing impairment (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt recv vax & exp sweat, numbness in feet & hands;pt then put in hosp;GBS 3 days later in ICU;had bell''s palsy;had to learn to talk, eat, walk again;pt states was in perfect health a/shot;

VAERS ID:	116306 (history)	**Vaccinated:**	1998-10-13
Form:	Version 1.0	**Onset:**	1998-10-13
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1998-10-15
Location:	Vermont	**Days after onset:**	2
		Entered:	1998-11-09
		Days after submission:	25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUOGEN) / PARKDALE PHARMACEUTICALS	02298P / 1	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Chest pain, Conjunctivitis, Cough, Dyspnoea, Face oedema
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (narrow), Angioedema (narrow), Acute central respiratory depression (broad), Pulmonary hypertension

(broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Conjunctival disorders (narrow), Ocular infections (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: UNK~ ()~~~In patient
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: FLU88121098
Write-up: Pt recv vax on 10/13/98; post vax pt exp increased cough, tight chest, red/puffy eyes & difficulty breathing

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VAERS ID:	116307 (history)	**Vaccinated:**	1998-10-14
Form:	Version 1.0	**Onset:**	1998-10-14
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1998-10-15
Location:	Vermont	**Days after onset:**	1
		Entered:	1998-11-09
		Days after submission:	25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUOGEN) / PARKDALE PHARMACEUTICALS	02298P / 2	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Dysphonia, Laryngospasm, Rash maculo-papular
SMQs:, Anaphylactic reaction (broad), Dystonia (broad), Parkinson-like events (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: UNK~ ()~~~In patient
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: FLU88131098
Write-up: Pt recv vax on 10/14/98; post vax pt exp tight throat, hoarse, red blotches on neck & chest

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VAERS ID:	116182 (history)	**Vaccinated:**	1998-09-02
Form:	Version 1.0	**Onset:**	1998-09-02
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1998-11-01
Location:	Vermont	**Days after onset:**	60
		Entered:	1998-11-10
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1372E / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Rash maculo-papular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: w/in a few hr of vax pt broke out in a raised, red, papular rash which extended over entire body & lasted 4wk;pt was examined by 2 MD who confirmed that this was not varicella or poison ivy;neither MD could dx cause;

VAERS ID:	116616 (history)	**Vaccinated:**	1998-10-07
Form:	Version 1.0	**Onset:**	1998-10-16
Age:	1.2	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	1998-11-16
Location:	Vermont	**Days after onset:**	31
		Entered:	1998-11-23
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0785H / 1	RL / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0644H / 1	LL / -

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Hydronephrosis, Hypoxia, Pericardial effusion, Pulmonary oedema, Renal impairment, Rhinitis
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Asthma/bronchospasm (broad), Systemic lupus erythematosus (broad), Retroperitoneal fibrosis (narrow), Convulsions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Generalised convulsive seizures following immunisation (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 1998-10-16
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Ibuprofen
Current Illness: NONE
Preexisting Conditions: adopted child-birth parents siblings;hydronephrosis & renal insuff on autopsy
Allergies:
Diagnostic Lab Data: autopsy unrevealing of COD
CDC Split Type:
Write-up: unexplained infant death;autopsy finding of hydronephrosis & renal insufficiency not felt to be r/t pt death;

VAERS ID:	117209 (history)	**Vaccinated:**	1998-11-23
Form:	Version 1.0	**Onset:**	1998-11-23
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1998-12-01
Location:	Vermont	**Days after onset:**	8
		Entered:	1998-12-08
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	0975780 / 2	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Chest pain, Injection site hypersensitivity, Injection site oedema, Urticaria, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: UNK~ ()~~~In patient
Other Medications: UNK
Current Illness: NONE
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: MA9847
Write-up: Pt recv vax on 11/23/98; 3 min post vax pt exp red, warm, swollen vax site; hives on chest, neck; chest tight; tx=Benadryl, Epi kit

VAERS ID:	117349 (history)	**Vaccinated:**	1998-10-13
Form:	Version 1.0	**Onset:**	1998-10-15
Age:	10.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	1998-12-09
Location:	Vermont	**Days after onset:**	55
		Entered:	1998-12-14
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	1229H / 1	LA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0785H / 2	- / -

Administered by: Public **Purchased by:** Public
Symptoms: Arthralgia, Arthritis, Hypertonia, Osteoarthritis
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Arthritis (narrow), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: MA98004
Write-up: diagnosed/reactive arthritis: joint pain, swelling & stiffness in hands & knees;taking high doses of advil;

VAERS ID:	117696 (history)	**Vaccinated:**	1998-12-15
Form:	Version 1.0	**Onset:**	1998-12-16
Age:	1.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1998-12-18
Location:	Vermont	**Days after onset:**	2
		Entered:	1998-12-28
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	860A2 / 4	LA / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	M010RN / 4	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR I) / MERCK & CO. INC.	0515H / 1	RA / SC
OPV: POLIO VIRUS, ORAL (NO BRAND NAME) / UNKNOWN MANUFACTURER	0792C / 1	MO / PO

Administered by: Private **Purchased by:** Other
Symptoms: Febrile convulsion, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type:
Write-up: Pt recv vax on 12/15/98; on 12/16/98 pt exp fever (104.5), febrile seizure

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VAERS ID:	118282 (history)	**Vaccinated:**	1998-11-05
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	48.0	**Submitted:**	1998-12-12
Sex:	Male	**Entered:**	1999-01-22
Location:	Vermont	**Days after submission:**	41

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	0984550 / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Diarrhoea, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: unk
CDC Split Type:
Write-up: pt reported a month p/vax has been sick w/diarrhea, nausea & h/a since inj;has not seen a MD;states there as few other @ office who were sick;encouraged pt to see MD;

VAERS ID:	119878 (history)	**Vaccinated:**	1990-06-06
Form:	Version 1.0	**Onset:**	1998-03-13
Age:	42.0	**Days after vaccination:**	2837
Sex:	Male	**Submitted:**	1999-03-01
Location:	Vermont	**Days after onset:**	353
		Entered:	1999-03-03
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / 3	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood alkaline phosphatase increased, Gamma-glutamyltransferase increased, Hypercholesterolaemia, Hyperlipidaemia
SMQs:, Liver related investigations, signs and symptoms (narrow), Dyslipidaemia (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Biliary system related investigations, signs and symptoms (broad), Lipodystrophy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: no relevant data;~ ()~~~In patient

Other Medications: unk
Current Illness: migraine
Preexisting Conditions: cholecystectomy;food allergy;hepatic function abnormality;insect sting allergy;migraine;
Allergies:
Diagnostic Lab Data: 13MAR98 plasma triglyceride 279;serum alanine aminotrans 71;serum alk phos 244;serum aspartate aminotra 36;serum cholesterol 288;serum gamma glutamyl tra 289;total serum bilirubin 0.6;urine leukocyte esterase positive;
CDC Split Type: WAES98040427
Write-up: pt recv vax 6JUN90 & 13MAR98 lab eval revealed elevated liver enzymes;13MAR98 lab tests were performed: alk phos 244;SGOT 36;SGPT 71;Bilirubin 0.6;GGT 289, triglycerides 279, cholesterol 288 & leukocyte esterase positive;

VAERS ID:	121189 (history)	**Vaccinated:**	1999-02-08
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	48.0	**Submitted:**	1999-02-09
Sex:	Female	**Entered:**	1999-04-13
Location:	Vermont	**Days after submission:**	62

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	2795A2 / 2	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: h/o breast cancer w/chemotherapy
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: pt recv vax 8FEB99 & pt was given DPH 35min p/vax (pt stayed in clinic) started itching chest & neck DPH given w/relief of sx;

VAERS ID:	121471 (history)	**Vaccinated:**	1999-04-20
Form:	Version 1.0	**Onset:**	1999-04-20
Age:	1.4	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1999-04-20
Location:	Vermont	**Days after onset:**	0
		Entered:	1999-04-26
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	890A2 / 2	LL / IM
HIBV: HIB (PROHIBIT) / CONNAUGHT LABORATORIES	788AA / 2	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	4911 / 2	LL / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR I) / MERCK & CO. INC.	1649H / 1	RL / SC

Administered by: Public **Purchased by:** Public
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT99001
Write-up: Pt recv vax on 4/20/99; 15 min post vax pt exp large hives on back of neck, shoulders & chest; pt to E.R.; tx=Benadryl

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VAERS ID:	122198 (history)	**Vaccinated:**	1999-04-27
Form:	Version 1.0	**Onset:**	1999-04-28
Age:	14.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1999-05-12
Location:	Vermont	**Days after onset:**	14
		Entered:	1999-05-17
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1604H / 2	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Purpura
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT99002
Write-up: Pt recv vax on 4/27/99; on 4/28/99 pt exp hemorrhagic rash on upper chest &around neck&chin

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VAERS ID:	122855 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	1999-05-14
Sex:	Female	**Entered:**	1999-05-21
Location:	Vermont	**Days after submission:**	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: No Relevant data;~ ()~~~In patient

Other Medications: unk
Current Illness:
Preexisting Conditions: unk
Allergies:
Diagnostic Lab Data: lab test varicella antibody seronegative;
CDC Split Type: WAES98040224
Write-up: pt recv vax & lab eval revealed a lack of seroconversion;

VAERS ID:	123616 (history)	**Vaccinated:**	1997-10-09
Form:	Version 1.0	**Onset:**	1997-10-28
Age:		**Days after vaccination:**	19
Sex:	Female	**Submitted:**	1999-05-14
Location:	Vermont	**Days after onset:**	562
		Entered:	1999-05-21
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 1	- / -

Administered by: Public **Purchased by:** Other
Symptoms: Dermatitis bullous, Infection
SMQs:, Severe cutaneous adverse reactions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: no relevant data~ ()~~~In patient
Other Medications: unk
Current Illness:
Preexisting Conditions: unk
Allergies:
Diagnostic Lab Data: lab tests: 10/?/98, pos varicella titers
CDC Split Type: WAES98070547
Write-up: p/ pt recv vax approx 17 days later pt devel a ``varicella rash w/approx 50 lesions''". in 7/98 pt devel a 2nd case of varicella w/40-50 ``varicella-like lesions'''' rpt MD felt both cases were not related to therapy w/varivax. tests done.

VAERS ID:	123258 (history)	**Vaccinated:**	1999-05-24
Form:	Version 1.0	**Onset:**	1999-05-25
Age:	70.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1999-05-27
Location:	Vermont	**Days after onset:**	2
		Entered:	1999-06-02
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4998027 / UNK	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site hypersensitivity, Injection site mass, Vasodilatation
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: mitral regeug acoustic neuroma
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: p/vax pt exp firm mass around site 5 cm, inflamed & warm to elbow, heat & anti inflammation recommended

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VAERS ID:	123364 (history)	**Vaccinated:**	1999-06-02
Form:	Version 1.0	**Onset:**	1999-06-03
Age:	0.2	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1999-06-04
Location:	Vermont	**Days after onset:**	1
		Entered:	1999-06-07
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	9862A2 / 1	RL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	361453 / 1	LL / IM

IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	N0651 / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Insomnia, Screaming, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: no
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: after vax pt exp very sleepy for about 24 hr, screamed inconsolably 2pm-12 mn, slept fitfully until morn

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VAERS ID:	125300 (history)	**Vaccinated:**	1999-06-04
Form:	Version 1.0	**Onset:**	1999-06-04
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	1999-07-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	903A2 / 1	RL / IM
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	3068A2 / 2	LL / -
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	N0788AA / 1	RL / -
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	N04911 / 1	LL / -

Administered by: Private **Purchased by:** Public
Symptoms: Apnoea, Convulsion, Electroencephalogram abnormal, Gaze palsy, Muscle twitching, Somnolence
SMQs:, Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Acute central respiratory depression (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Ocular motility disorders (narrow), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (narrow), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: NA
Current Illness:
Preexisting Conditions: premature @ 33wks gestation-currently 9lb, 5oz @ 2mo & devel nicely
Allergies:
Diagnostic Lab Data: EEG= discharges in lt temporal area; head CT=nl;
CDC Split Type: VT99003
Write-up: afebrile sz;8hr p/vax parents noticed 3 sz;described-jerking all over, not breathing, upward rolling of eyes, for about 20 seconds;then drowsiness for several hr;adm to hosp-no further sz; had 1 sz, a week later; tx w/ phenobarbitol Annual follow-up received 9/5/00 states that the pt has recovered.

VAERS ID:	128412 (history)	**Vaccinated:**	1999-07-01
Form:	Version 1.0	**Onset:**	1999-07-22
Age:	31.0	**Days after vaccination:**	21
Sex:	Male	**Submitted:**	1999-09-16
Location:	Vermont	**Days after onset:**	56
		Entered:	1999-09-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (RABAVERT) / NOVARTIS VACCINES AND DIAGNOSTICS	208011 / UNK	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Arthralgia, Headache, Hyperhidrosis, Myalgia, Nausea, Pelvic pain, Pharyngitis, Pyrexia, Weight decreased
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Agranulocytosis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal infections (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Bayrab Human Raibes Immune Globulin
Current Illness:
Preexisting Conditions: bit by bat 7/1/99 & bit by sting ray on 7/18/99
Allergies:
Diagnostic Lab Data: CBC, erythrocyte sedimentation rate (ESR) & comprehensive metabolite profile were nl on 7/23/99
CDC Split Type: 4201
Write-up: p/vax pt exp severe groin pain, fever of101, sore throat, h/a, pharyngitis, weight loss, nausea, noc sweats, arthralgia, myalgia;pt was not adm to hosp tx as an outpatient;

VAERS ID:	129872 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	1999-10-20
Sex:	Male	**Entered:**	1999-10-26
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Other **Purchased by:** Unknown
Symptoms: Arthralgia, Myalgia, Vertigo
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: myalgia, arthralgia, vertigo;

VAERS ID:	130003 (history)	**Vaccinated:**	1999-09-29
Form:	Version 1.0	**Onset:**	1999-09-29
Age:	1.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1999-10-13
Location:	Vermont	**Days after onset:**	14
		Entered:	1999-10-28
		Days after submission:	15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	- / 3	- / -
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / 3	- / -
HIBV: HIB (HIBTITER) / PFIZER/WYETH	- / 3	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	- / 3	- / -

Administered by: Private **Purchased by:** Public
Symptoms: Erythema multiforme
SMQs:, Severe cutaneous adverse reactions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: WRI/Croup
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: erythema multiforme rash began several hours p/vax, spread over next day, resolved w/in a week;

VAERS ID:	130172 (history)	**Vaccinated:**	1999-10-18
Form:	Version 1.0	**Onset:**	1999-10-19
Age:	0.2	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1999-10-20
Location:	Vermont	**Days after onset:**	1
		Entered:	1999-11-02
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	911A2 / 1	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	P1113AA / 1	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	N08262 / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Injection site hypersensitivity, Injection site mass
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: VT99007
Write-up: local rxn in rt leg;red, hard lump, size of dime;no fever;very fussy 24hr p/vax;call to MD given APAP;seen in MD office;

VAERS ID:	130173 (history)	**Vaccinated:**	1999-10-19
Form:	Version 1.0	**Onset:**	1999-10-20
Age:	0.5	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1999-10-20
Location:	Vermont	**Days after onset:**	0
		Entered:	1999-11-02
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	911A2 / 2	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	P1113AA / 2	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	N08262 / 2	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Injection site hypersensitivity, Injection site pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: heart disease, congental-single ventrical
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: VT99006
Write-up: local rxn, very fussy;pain @ site, remarkable tenderness, erythema;temp this AM 102 ax @ home;seen in MD office 10/20/99 3PM;rt leg reaction;

VAERS ID:	130174 (history)	**Vaccinated:**	1999-10-19
Form:	Version 1.0	**Onset:**	1999-10-19
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1999-10-19
Location:	Vermont	**Days after onset:**	0
		Entered:	1999-11-02
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	911A2 / 1	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	P1113AA / 1	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	N08262 / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Agitation, Injection site hypersensitivity, Injection site pain
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation

events (injections, infusions and implants) (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: VT99005
Write-up: 3hr p/vax pt has been crying since vax;remarkably tender site rxn, erythema, pain in lt leg;given APAP & sent home;

VAERS ID:	130175 (history)	**Vaccinated:**	1999-10-19
Form:	Version 1.0	**Onset:**	1999-10-19
Age:	0.3	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1999-10-19
Location:	Vermont	**Days after onset:**	0
		Entered:	1999-11-02
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	911A1 / 2	RL / IM
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	4998225 / 1	RL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	P1113AA / 2	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	N08262 / 2	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations: NONE~ ()~~~In patient
Other Medications: Digixon;Lasix;
Current Illness: NONE
Preexisting Conditions: pre-mature, heart conditon;aeortic stenosis
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: VT99004
Write-up: 5hr p/vax pt to MD office;has been crying since vax;remarkably tender, site rxn, erythema, pain in rt leg;

VAERS ID:	130718 (history)	**Vaccinated:**	1999-10-01
Form:	Version 1.0	**Onset:**	1999-10-02
Age:	37.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	1999-10-27
Location:	Vermont	**Days after onset:**	25
		Entered:	1999-11-12
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0347J / UNK	RA / SC
TD: TD ADSORBED (TDVAX) / MASS. PUB HLTH BIOL LAB	TD65 / UNK	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Arthralgia
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: joint pain ("over whole body") 24hr p/vax;lasted 1wk;

VAERS ID:	132100 (history)	**Vaccinated:**	1999-10-19
Form:	Version 1.0	**Onset:**	1999-10-19
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1999-11-01
Location:	Vermont	**Days after onset:**	13
		Entered:	1999-12-28
		Days after submission:	57

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUOGEN) / PARKDALE PHARMACEUTICALS	03179P / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Asthma, Back pain, Chills, Dysphonia, Injection site hypersensitivity, Injection site mass, Neck pain, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Lipitor,albuterol,Xanax,prednisone,Ambien
Current Illness: NONE
Preexisting Conditions: asthma,hypertension,elevated cholestrol,MVP,osteoarthritis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: By 4p on 10/19/99, pt had a raised,bright red welt approx 2" x 3" in diam;hot to the touch at inj. site,neck,shoulder, & lower back pain w/ accompying chills.The next day,sx worsened.Tx w/ Benadryl & cephalexin.

VAERS ID:	132261 (history)	**Vaccinated:**	1999-11-03
Form:	Version 1.0	**Onset:**	1999-11-03
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1999-11-05
Location:	Vermont	**Days after onset:**	2
		Entered:	1999-12-28
		Days after submission:	53

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	U0104AA / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Hypertonia, Injection site hypersensitivity, Injection site pain, Laryngospasm, Tongue oedema, Vasodilatation
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Dystonia (broad), Parkinson-like events (narrow), Oropharyngeal allergic conditions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Allergy to tea tree oil, Asthma
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: VT99008
Write-up: Vax. at worksite, continued at job, 3 1/2 hrs. later felt like throat had something stuck in it, felt constricted. Tongue felt tingly and thick. Felt flush, skin on chest, legs & arms was mottled, but not described as hives. Left arm at

VAERS ID:	132752 (history)	**Vaccinated:**	1999-11-24
Form:	Version 1.0	**Onset:**	1999-11-26
Age:	37.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	1999-12-07
Location:	Vermont	**Days after onset:**	11
		Entered:	1999-12-28
		Days after submission:	21

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / CONNAUGHT LTD.	U0011AH / UNK	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Gastritis, Oedema, Pain, Pyrexia, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific inflammation (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness: Gastritis
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: Negative blood cultures
CDC Split Type:
Write-up: 11/26/99 - Arm swelling and sore. 11/27/99 - ER visit, arm red, swollen, and fever. Antibiotics prescribed. 12/1/99 - Recheck in office, pt improving.

VAERS ID:	131761 (history)	**Vaccinated:**	1999-11-19
Form:	Version 1.0	**Onset:**	1999-11-19
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1999-11-29
Location:	Vermont	**Days after onset:**	10
		Entered:	1999-12-29
		Days after submission:	30

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / PASTEUR MERIEUX INST.	R0399 / 3	- / IM

Administered by: Other **Purchased by:** Private
Symptoms: Dyspnoea, Gastrointestinal disorder, Laryngospasm, Paraesthesia oral, Rash
SMQs:, Anaphylactic reaction (narrow), Dystonia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications: Orthocept, Lefsil, Comot/c
Current Illness: NONE
Preexisting Conditions: IBS
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received #3 Imovax at 8:30 am on 11/19/99. Went to ER at 2:30 pm w/rash on face & neck, trouble breathing, feeling of constriction in throat & numbness in lips. PE/wnl, lungs CTA. Tx"d w/Prednisone 60mg, Benadryl 50mg, Zantac 50mg/po.

VAERS ID:	133301 (history)	**Vaccinated:**	1991-10-14
Form:	Version 1.0	**Onset:**	1999-10-08
Age:	46.0	**Days after vaccination:**	2916
Sex:	Male	**Submitted:**	1999-12-16
Location:	Vermont	**Days after onset:**	69
		Entered:	2000-01-13
		Days after submission:	28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	U0104AA / 2	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Brain MR scan normal.
CDC Split Type:
Write-up: Tingly numbness rear L sole, heal, & rear arch. Spread 1/2 rear calf, then to include entire L palm, forearm while present in leg. 1 wk later numbness receded. Present only in L foot. Ruled out GBS.

VAERS ID:	133594 (history)	**Vaccinated:**	1999-04-02
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	12.0	**Submitted:**	2000-01-31
Sex:	Male	**Entered:**	2000-02-01
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	2934A2 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Arthritis
SMQs:, Systemic lupus erythematosus (broad), Arthritis (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: ANA, ESR 67, CRP 2.1
CDC Split Type:
Write-up: In late April, within 3 weeks following HEP-B, pt developed arthralgia and eventually arthritis in his right knee.

VAERS ID:	133856 (history)	**Vaccinated:**	2000-02-01
Form:	Version 1.0	**Onset:**	2000-02-03
Age:	0.53	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2000-02-08
Location:	Vermont	**Days after onset:**	5
		Entered:	2000-02-10
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	911A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	P1113AA / 3	LL / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Small head circumference.
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 2 days, post/vax, Mom notices that when baby is in standing position, her legs are shaking, head is not steady. Called MD & was seen 2/4 w/same sxs. MD has referred pt to Neurologist. Mom says baby is fine now but will f/u.

VAERS ID:	134391 (history)	**Vaccinated:**	2000-02-15
Form:	Version 1.0	**Onset:**	2000-02-16
Age:	1.6	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2000-02-17
Location:	Vermont	**Days after onset:**	1
		Entered:	2000-02-28
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 4	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	N0826 / 3	RL / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Oedema, Pain, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: Hypospadius
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, redness, slightly tender. Gait normal. Afebrile.

VAERS ID:	134358 (history)	**Vaccinated:**	2000-01-20
Form:	Version 1.0	**Onset:**	2000-01-26
Age:	51.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2000-02-18
Location:	Vermont	**Days after onset:**	23
		Entered:	2000-02-29
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4998301 / UNK	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site hypersensitivity, Injection site oedema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No

Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Prozac, multiple vitamins
Current Illness: NONE
Preexisting Conditions: Congenital birth defect/Cerebral Palsy
Allergies:
Diagnostic Lab Data: Blood tests for eye surgery 2 days prior to vax - wnl
CDC Split Type:
Write-up: Swelling, redness, tenderness locally arm. Treated with unk antibiotic. Resolved in 24 hrs.

VAERS ID:	151689 (history)	**Vaccinated:**	2000-04-03
Form:	Version 1.0	**Onset:**	2000-04-03
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2000-04-05
Location:	Vermont	**Days after onset:**	2
		Entered:	2000-05-08
		Days after submission:	33

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	ENG3139A2 / 1	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Flushing, Pruritus, Rash macular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Ten minutes, post vax, pt complained of severe itching over most of her body, with red blotches an back and arms. Face and ears were flushed. Treated with Benadryl at 04:50 and at 05:00, the symptoms started to decrease. At 05:30, they were minimal. At 05:35, she was driven home by her employer. At 10:00, contacted her by phone and all symptoms of itching and blotches, were gone.

VAERS ID:	152323 (history)	**Vaccinated:**	2000-04-09
Form:	Version 1.0	**Onset:**	2000-04-10
Age:	25.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2000-05-11
Location:	Vermont	**Days after onset:**	31
		Entered:	2000-05-24
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (NO BRAND NAME) / MICHIGAN DEPT PUB HLTH	FAV047 / 3	LA / SC

Administered by: Military **Purchased by:** Military
Symptoms: Arthralgia, Erythema, Myalgia, Oedema peripheral
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: Bilateral hearing loss.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Two days post vax, pt''s signs and symptoms included near circumferential swelling and erythema of entire upper arm and half of forearm Some local myalgias and arthralgias. Pt did not report any systemic symptoms. Pt placed on oral prednisone, histamine blocking agents and had resolution within 24 hours.

VAERS ID:	152883 (history)	**Vaccinated:**	2000-04-25
Form:	Version 1.0	**Onset:**	2000-04-26
Age:	1.3	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2000-04-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2000-06-08
		Days after submission:	43

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A916A2 / 4	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA483AA / 4	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0932J / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bactrim
Current Illness:
Preexisting Conditions: chronic otitis media
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hours post vax, the pt developed mild erythema at injection site and swelling from thigh to knee.

VAERS ID:	153202 (history)	**Vaccinated:**	2000-04-03
Form:	Version 1.0	**Onset:**	2000-04-04
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2000-04-28
Location:	Vermont	**Days after onset:**	24
		Entered:	2000-06-08
		Days after submission:	41

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	7358AB / 5	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Pain in jaw
SMQs:, Osteonecrosis (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Transient jaw pain, resolved in 24 hours.

VAERS ID:	153203 (history)	**Vaccinated:**	2000-04-12
Form:	Version 1.0	**Onset:**	2000-04-13
Age:	15.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2000-04-29
Location:	Vermont	**Days after onset:**	16
		Entered:	2000-06-08
		Days after submission:	40

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	7358AB / 5	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Pain in jaw
SMQs:, Osteonecrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Transient jaw pain/inability to open mouth, resolved in 48-72 hours.

VAERS ID:	153927 (history)	**Vaccinated:**	2000-05-24
Form:	Version 1.0	**Onset:**	2000-05-24
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2000-05-25
Location:	Vermont	**Days after onset:**	1
		Entered:	2000-06-12
		Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	ENG3201A2 / 1	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0932J / 2	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Coma, Syncope, Syncope vasovagal
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Post vax slumped from chair to floor, unconscious, unresponsive to venbal or painful stimuli. Unable to appreciate pulse or respiration. 911 called, child responded to lowering hend and elevating legs. Cool cloth to forehead, increased air flow in area, awake and alert when ambulance arrived. Able to walk to stretcher. Dx at hospital probable vasovagal reaction to needles.

VAERS ID:	153931 (history)	**Vaccinated:**	2000-05-06
Form:	Version 1.0	**Onset:**	2000-05-08
Age:	83.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2000-06-06
Location:	Vermont	**Days after onset:**	29
		Entered:	2000-06-12
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / UNKNOWN MANUFACTURER	4988175 / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Asthenia, Dizziness, Injury, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT00003
Write-up: 5/6/2000 Treated at ER for gouge on finger. On 5/7/2000 felt light headed but otherwise no serious problem. On 5/8/2000 morning had an episode of vomiting and extreme weakness. The weakness dissipated by 5/10/00 and pt recovered.

VAERS ID: 154372 (history)		**Vaccinated:**	1999-06-24
Form:	Version 1.0	**Onset:**	1999-06-25
Age:	44.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	1999-09-29
Location:	Vermont	**Days after onset:**	96
		Entered:	2000-06-15
		Days after submission:	260

Vaccination / Manufacturer	Lot / Dose	Site / Route
LYME: LYME (LYMERIX) / SMITHKLINE BEECHAM	104B2 / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Arthralgia, Dizziness, Headache, Influenza like illness, Nausea, Paraesthesia
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness:
Preexisting Conditions: Environmental allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type: 19990167441
Write-up: This is a spontaneous report from a nurse referring to a 44 year old male pt who on 5/27/99, received his 1st Lymerix, with no ill effects. On 6/24/1999, he received the 2nd dose and 1 day later, experienced nausea, dizziness, headache, aching joints, flu-like symptoms and a tingling left arm at injection site. The pt was advised to take Tylenol or ibuprofen as treatment, and the pt has not decided to receive the 3rd Lymerix injection. The most recent information received on 8/5/99, reports the symptoms resolved, 3 days later on 6/28/1999.

VAERS ID: 155309 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-05-24
Sex:	Female	**Entered:**	2000-06-22
Location:	Vermont	**Days after submission:**	29

Vaccination / Manufacturer	Lot / Dose	Site / Route

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / 4	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: diagnostic lab-neg measles, mumps, rubella antibodies
CDC Split Type: WAES99110130
Write-up: Pt received 4th dose of vax in 1990. Subsequently post vax, the pt"s laboratory results indicated that she had a negative measles, mumps, and rubella titer.

VAERS ID:	155765 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-05-16
Sex:	Female	**Entered:**	2000-06-29
Location:	Vermont	**Days after submission:**	44

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:

Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: serum varicella zoster - failure to seroconvert
CDC Split Type: WAES00021913
Write-up: After two varicella vaccines, the pt failed to seroconvert. Unspecified medical attention was sought. Additional information has been requested.

VAERS ID:	156140 (history)	**Vaccinated:**	2000-06-22
Form:	Version 1.0	**Onset:**	2000-06-30
Age:	1.6	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	2000-07-02
Location:	Vermont	**Days after onset:**	2
		Entered:	2000-07-10
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	922A2 / 4	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA510AA / 4	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1714J / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Pyrexia, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Augmentin started on 6/25/00
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Eight days, post vax, pt developed a low fever and urticarial rash which spread to the trunk and extremities. No treatment.

VAERS ID:	157106 (history)	**Vaccinated:**	1998-09-15
Form:	Version 1.0	**Onset:**	1999-05-20
Age:	20.0	**Days after vaccination:**	247
Sex:	Male	**Submitted:**	2000-05-16
Location:	Vermont	**Days after onset:**	362
		Entered:	2000-07-18
		Days after submission:	63

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: Serum Varicella Zoster Neg. No detectable antibodies
CDC Split Type: WAES99060678
Write-up: Lack of response after receiving 1st and 2nd doses of varicella.

VAERS ID:	157903 (history)	**Vaccinated:**	2000-07-13
Form:	Version 1.0	**Onset:**	2000-07-14
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2000-07-17
Location:	Vermont	**Days after onset:**	3
		Entered:	2000-07-25
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	465912 / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site oedema, Injection site warmth, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid

overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Pt experienced fever, local reaction, erythema, warmth and swelling at injection site.

VAERS ID:	158300 (history)	**Vaccinated:**	1999-10-12
Form:	Version 1.0	**Onset:**	1999-10-12
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1999-10-22
Location:	Vermont	**Days after onset:**	10
		Entered:	2000-08-02
		Days after submission:	285

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	U0145CA / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	U011H / 1	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Erythema, Feeling hot, Oedema, Skin nodule
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 10/12, the same day as vax, the pt experienced redness, swelling and hot. 10/17 five days post vax, the pt experienced increased redness and warmth. Antibiotics were given. On 10/20, area was red and hard and an appointment with a private MD was made. 10/22, the pt is improved and continues on antibiotics.

VAERS ID:	158302 (history)	**Vaccinated:**	1999-11-05
Form:	Version 1.0	**Onset:**	1999-11-05
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	1999-11-05
Location:	Vermont	**Days after onset:**	0
		Entered:	2000-08-02
		Days after submission:	270

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	U0145CA / 1	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Chest discomfort, Pharyngolaryngeal pain, Pruritus
SMQs:, Anaphylactic reaction (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: The pt complained of itching arms, legs with a rash. The pt experienced a burning throat, increased pressure in the chest. 911 was called.

VAERS ID:	158741 (history)	**Vaccinated:**	2000-08-07
Form:	Version 1.0	**Onset:**	2000-08-07
Age:	1.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2000-08-08
Location:	Vermont	**Days after onset:**	1
		Entered:	2000-08-11
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A941A2 / 5	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA510AA / 4	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1276J / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Irritability
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hours, post vax, pt came back to office with redness and swelling of right thigh. No fever. Pt has been cranky. Treat with Tylenol and Motrin and warm baths to decrease swelling. Cool wash cloth to area of swelling. Call with any changes.

VAERS ID:	159711 (history)	**Vaccinated:**	1999-10-08
Form:	Version 1.0	**Onset:**	1999-10-16
Age:		**Days after vaccination:**	8
Sex:	Female	**Submitted:**	1999-10-26
Location:	Vermont	**Days after onset:**	10
		Entered:	2000-09-08
		Days after submission:	318

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / IM
YF: YELLOW FEVER (YF-VAX) / CONNAUGHT LABORATORIES	- / UNK	- / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Hypersensitivity, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: U1999007600
Write-up: It was reported, that a female pt received a Yellow Fever and a Hepatitis A (unspecified) vaccination on October 8, 1999. Reportedly, on 10/16/1999, the pt developed urticaria and was evaluated by physician, and dermatologist. Pt was treated with Prednisone and Benadryl. Reportedly, the dermatologist feels it is an allergic reaction to a preservative. Pt stated, the only thing I did differently was eat sheeps cheese the day before I broke out in hives. Pt denies egg allergy.

VAERS ID: 159564 (history)		**Vaccinated:**	2000-08-22
Form:	Version 1.0	**Onset:**	2000-08-23
Age:	12.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2000-09-05
Location:	Vermont	**Days after onset:**	13
		Entered:	2000-09-11
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	ENG3201A2 / 3	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Blister
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT00004
Write-up: Pt developed large facial blisters one day post vax. Had previously denied adverse response to #1 and 2 Hep B, but now feels that the flu like illness following those injections may have been related. Fever of 101-102 with the first two doses.

VAERS ID: 161809 (history)		**Vaccinated:**	1999-11-04
Form:	Version 1.0	**Onset:**	1999-11-04
Age:	76.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1999-12-21
Location:	Vermont	**Days after onset:**	47
		Entered:	2000-10-06
		Days after submission:	289

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	461144 / UNK	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Cellulitis, Injection site reaction

SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: antihypertensives, Claritin
Current Illness: NONE
Preexisting Conditions: Hypertension NOS
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: HQ5728116NOV1999
Write-up: A pharmacist reported that a pt received Pnu-Imune 23 in 11/99 and on 11/4/99, developed cellulitis which extended from the deltoid to the wrist. The pt was seen by the physician and treated with unspecified antibiotics. The pt recovered. Additional information received 12/7/99 from the physician, included the date of immunization, the administrator of the vaccine and the pt''s address. This is 1 of 3 pts from this facility who experienced an adverse event following receipt of Pnu-Imune 23 lot 461144.

VAERS ID:	162053 (history)	**Vaccinated:**	1999-10-13
Form:	Version 1.0	**Onset:**	1999-10-13
Age:	56.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	1999-12-14
Location:	Vermont	**Days after onset:**	62
		Entered:	2000-10-06
		Days after submission:	296

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	4998212 / UNK	- / IM
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	461144 / UNK	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site haemorrhage, Injection site oedema, Injection site pain
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness: NONE
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: HQ8314513DEC1999
Write-up: On the same day of vax, the pt developed an injection site reaction in the right arm characterized by swelling which extended over the upper arm and pain. The pt also developed ecchymotic areas in the upper arm and forearm. The pt recovered.

VAERS ID:	162054 (history)	**Vaccinated:**	1999-10-13
Form:	Version 1.0	**Onset:**	1999-10-13
Age:	36.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2000-03-15
Location:	Vermont	**Days after onset:**	154
		Entered:	2000-10-06
		Days after submission:	204

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	4998212 / UNK	- / IM
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	461144 / 1	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site haemorrhage, Injection site oedema, Injection site pain
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: HQ8314913DEC1999
Write-up: The same day of vaccination, the pt developed an injection site reaction characterized by upper arm pain and swelling to the Pnu-Imune site. The pt also developed bruising at the injection site. The pt recovered.

VAERS ID:	162348 (history)	**Vaccinated:**	1999-10-14
Form:	Version 1.0	**Onset:**	1999-10-31
Age:	56.0	**Days after vaccination:**	17
Sex:	Male	**Submitted:**	1999-12-29
Location:	Vermont	**Days after onset:**	59
		Entered:	2000-10-13
		Days after submission:	288

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	- / UNK	- / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: MRI scan of right brain-nml
CDC Split Type: U1999010150
Write-up: It was reported that a 56 year old male pt received a Fluzone UNSP "99-"00 vaccination on 10/14/99. Reportedly, on 10/31/99, the pt developed paresthesia from sole of left foot with gradual increase to left leg, left side of body and left arm to the forearm. The paresthesia has faded in the same pattern it progressed. No right side involvement, pt"s reflexes were normal. Pt also developed paresthesia below right ankle at this time and is fading. The doctor has not confirmed dx with spinal tap or nerve conduction studies due to symptoms resolving at this time. No additional information was provided from correspondence returned on 12/17/99.

VAERS ID: 160924 (history)		**Vaccinated:**	2000-08-30
Form:	Version 1.0	**Onset:**	2000-08-31
Age:	50.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2000-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	5100A2 / 3	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Oculogyration
SMQs:, Neuroleptic malignant syndrome (broad), Dyskinesia (narrow), Dystonia (narrow), Ocular motility disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Ocular motor

VAERS ID: 161234 (history)		**Vaccinated:**	2000-10-20
Form:	Version 1.0	**Onset:**	2000-10-20
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2000-10-24
Location:	Vermont	**Days after onset:**	4
		Entered:	2000-11-01
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Other
Symptoms: Dizziness, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific

symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prilosec, HCTZ, Serzone, Welbutrin
Current Illness: NONE
Preexisting Conditions: HTN, fibromyalgia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 10 minutes post vax, the pt had a sudden onset of headache, dizziness, and nausea. She experienced the nausea and headache for the rest of the day and had the dizziness into the evening.

VAERS ID:	161235 (history)	**Vaccinated:**	2000-10-23
Form:	Version 1.0	**Onset:**	2000-10-23
Age:	52.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2000-10-24
Location:	Vermont	**Days after onset:**	1
		Entered:	2000-11-01
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / MEDEVA PHARMA, LTD.	E67360KA / 5	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Headache, Hyperhidrosis
SMQs:, Neuroleptic malignant syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prilosec, Lipitor, Bentyl, Lopressor

Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 30 minutes post vax, the pt developed pounding headache and sweating. One hour post vax, the pt had headache only. 2 hours post vax, the pt had no symptoms.

VAERS ID:	163282 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	12.0	**Submitted:**	1999-11-12
Sex:	Male	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	368

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	- / 2	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Rheumatoid arthritis
SMQs:, Arthritis (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 19990298351
Write-up: Two weeks subsequent to receiving the second dose of Engerix B, the pt developed rheumatoid arthritis. The most recent information received, reports the condition of the pt is ongoing.

VAERS ID:	163437 (history)	**Vaccinated:**	1992-07-30
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-22
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	84

Vaccination / Manufacturer	Lot / Dose	Site / Route

HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	950A4 / 3	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000252331
Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. As of 08/09/2000, the outcome of the event is unknown.

VAERS ID:	163438 (history)	**Vaccinated:**	1992-07-30
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-23
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	83

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	950A4 / 3	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000253311
Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. As of 08/09/2000 the outcome of the event is unknown.

VAERS ID:	163439 (history)	**Vaccinated:**	1992-08-12
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-23
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	83

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1022A4 / 3	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000253351
Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. As of 08/09/2000, the outcome of the event is unknown.

VAERS ID:	163440 (history)	**Vaccinated:**	1994-11-15
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-23
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	83

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1407A4 / 3	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000253431
Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. As of 08/09/2000, the outcome of the event is unknown.

VAERS ID:	163441 (history)	**Vaccinated:**	2000-04-21
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-23
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	83

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	ENG3203A4 / 4	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: 20000253481
Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. On 04/21/2000, the pt received the fourth dose of Engerix B. She was again found to be a non-responder. As of 08/09/2000, the outcome of the event is unknown.

VAERS ID:	163442 (history)	**Vaccinated:**	1996-07-05
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-23
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	83

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1814A4 / 3	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000253531
Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. As of 08/09/2000, the outcome of the event is unknown.

VAERS ID:	163443 (history)	**Vaccinated:**	1999-12-15
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-23
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	83

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	3066A4 / 5	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective

SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: non-responder~Hep B (Engerix-B)~3~0.00~In Patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000253611
Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. The pt received her fourth and fifth doses of Engerix B and was again found to be a non-responder. As of 08/09/2000, the outcome of the event is unknown.

VAERS ID:	163444 (history)	**Vaccinated:**	1992-08-10
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-23
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	83

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	1022A4 / 3	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000253701

Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. As of 08/09/2000, the outcome of the event is unknown.

VAERS ID:	163445 (history)	**Vaccinated:**	1992-07-30
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2000-08-24
Sex:	Female	**Entered:**	2000-11-14
Location:	Vermont	**Days after submission:**	82

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	9504A4 / 3	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000253911
Write-up: Subsequent to receiving three doses of Engerix B, the pt was found to be a non-responder. As of 08/09/2000, the outcome of the event is unknown.

VAERS ID:	162575 (history)	**Vaccinated:**	2000-10-12
Form:	Version 1.0	**Onset:**	2000-10-12
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2000-11-17
Location:	Vermont	**Days after onset:**	36
		Entered:	2000-11-24
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	U0194AA / UNK	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site swelling, Type III immune complex mediated reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Premarin, Fosamax, ibuprofen, amitriptyline
Current Illness: Medial epicondylitis
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Swollen arm, Arthus, Type II

VAERS ID:	163148 (history)	**Vaccinated:**	2000-11-28
Form:	Version 1.0	**Onset:**	2000-11-28
Age:	3.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2000-11-30
Location:	Vermont	**Days after onset:**	2
		Entered:	2000-12-06
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473346 / 1	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Cyanosis, Dyspnoea, Eye movement disorder, Musculoskeletal stiffness, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Dystonia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: While sitting on couch pt began having labored and difficulty breathing. Body became rigid and shaking, eyes rolled back into head, pt became blue around mouth, lips and nose. Pt was transported via ambulance using O2 and Neb.

VAERS ID:	163762 (history)	**Vaccinated:**	2000-12-05
Form:	Version 1.0	**Onset:**	2000-12-06
Age:	9.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2000-12-13
Location:	Vermont	**Days after onset:**	7
		Entered:	2000-12-14
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	40085190 / UNK	- / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: reactive airway disease
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT00005
Write-up: One day post vax, the pt developed hives on arms, legs, face trunk. Still has them one week later.

VAERS ID:	164430 (history)	**Vaccinated:**	2000-12-18
Form:	Version 1.0	**Onset:**	2000-12-19
Age:	1.25	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2000-12-26
Location:	Vermont	**Days after onset:**	7
		Entered:	2001-01-03
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A955A2 / 4	LL / IM
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	ENG3198A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA500AA / 4	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Enteritis, Feeling cold, Irritability, Sleep disorder, Stupor, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific inflammation (narrow), Hostility/aggression (broad), Noninfectious diarrhoea (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride, Acetaminophen
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Post vax, pt was fussy in the evening and moaning after she went to sleep. Mom noted legs/arms shaking, flailing but stopped with mom"s touch. One arm very cool to touch for "awhile". When child was awakened, seemed a little dazed. Next AM, was cranky but playful. Normal exam in office. Several days later developed enteritis (suspect community acquired as very prevalent now and sibling with symptoms).

VAERS ID: 165041 (history)		**Vaccinated:**	2000-09-20
Form:	Version 1.0	**Onset:**	2000-09-20
Age:	2.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2000-12-21
Location:	Vermont	**Days after onset:**	92
		Entered:	2001-01-22
		Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	474718 / 1	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~Pneumo (Prevnar)~~0.00~In Sibling
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Premature baby
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: HQ0856511SEP2000
Write-up: A physician reported that a 2 year old female received an injection of Prevnar on 9/20/00. That same day, the child developed a fever of greater than 102F. She recovered. This is 1 of 5 pts from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID: 165134 (history)		**Vaccinated:**	2000-09-20
Form:	Version 1.0	**Onset:**	2000-09-24
Age:	2.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2000-12-21
Location:	Vermont	**Days after onset:**	88
		Entered:	2001-01-22
		Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	474718 / 1	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~Pneumo (Prevnar)~~0.00~In Sibling
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Prematurity
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: HQ4320001DEC2000
Write-up: Physician reported that patient received a Prevnar vaccine on 9/20/2000, and on 9/24/2000 she developed a fever of greater than 102 deg. F. The patient recovered. This is 1 of 5 patients from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID:	165135 (history)	**Vaccinated:**	2000-08-19
Form:	Version 1.0	**Onset:**	2000-08-20
Age:	0.5	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2000-12-21
Location:	Vermont	**Days after onset:**	123
		Entered:	2001-01-22
		Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / UNKNOWN MANUFACTURER	955A2 / 3	- / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	U521AA / 3	- / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	471655 / 1	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: HQ4320101DEC2000
Write-up: Physician reported that patient received Prevnar, Hib-Titer, and DPT (manufacturer unknown) on 8/19/2000. The next day the patient developed a fever of greater than 102 deg. F. This is 1 of 5 patients from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID:	165136 (history)	**Vaccinated:**	2000-09-19
Form:	Version 1.0	**Onset:**	2000-09-20
Age:	0.75	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2000-12-14
Location:	Vermont	**Days after onset:**	85
		Entered:	2001-01-22
		Days after submission:	39

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	5100A2 / 2	- / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	R1294 / 3	- / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	427042 / 1	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: HQ4320201DEC2000
Write-up: Physician reported that patient received Prevnar, IPV (Aventis Pasteur SA), and

hepatitis B vaccines on 9/19/2000. The next day the patient developed a fever of greater than 102 deg. F. He recovered. This is 1 of 5 patients from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID:	165137 (history)	**Vaccinated:**	2000-09-15
Form:	Version 1.0	**Onset:**	2000-09-18
Age:	1.08	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2000-12-21
Location:	Vermont	**Days after onset:**	94
		Entered:	2001-01-22
		Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA513ARS / 4	- / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0106K / 1	- / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	474718 / 1	- / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0540K / UNK	- / SC

Administered by: Private **Purchased by:** Other
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: HQ4320301DEC2000
Write-up: Physician reported that patient received Prevnar, haemophilus B (manufacturer unknown), measles, mumps, rubella (manufacturer unknown), and varicella virus (manufacturer unknown) vaccines on 9/15/2000. On 9/18/2000 the patient developed a fever of greater than 102 deg. F. He recovered. This is 1 of 5 patients from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID:	167840 (history)	**Vaccinated:**	2001-02-28
Form:	Version 1.0	**Onset:**	2001-03-01
Age:	0.5	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2001-03-19
Location:	Vermont	**Days after onset:**	18
		Entered:	2001-03-27
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A960A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA513AB / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473333 / 3	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Irritability, Pyrexia, Rhinorrhoea, Upper respiratory tract infection
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mycostatin
Current Illness: Oral thrush
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Runny nose, fever, fussy, red dime-sized circle on left thigh at Prevnar site. Dx"d with URI and Prevnar reaction, approx. 1 cm in diameter.

VAERS ID:	167841 (history)	**Vaccinated:**	2001-02-28
Form:	Version 1.0	**Onset:**	2001-03-01
Age:	0.2	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2001-03-19
Location:	Vermont	**Days after onset:**	18
		Entered:	2001-03-27
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A960A2 / 1	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA513AB / 1	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	R1345 / 1	LL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473333 / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, red, dime-sized circle on left upper thigh at Prevnar site. Dx''d with local reaction to Prevnar approx. 1 cm diameter.

VAERS ID:	167842 (history)	**Vaccinated:**	2000-12-14
Form:	Version 1.0	**Onset:**	2000-12-15
Age:	3.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2001-03-19
Location:	Vermont	**Days after onset:**	94
		Entered:	2001-03-27
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473346 / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site mass, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Mom reported on 3/14/01 to nurse, while in office with second child, that this pt presented with a hard lump at injection site of Prevnar. Said it was swollen and red, approx. size of a ping-pong ball. Thought it was normal reaction so did not call us. On 3/14/01, he still had hard lump at site. Child was not with mother when reported.

VAERS ID:	167843 (history)	**Vaccinated:**	2001-02-27
Form:	Version 1.0	**Onset:**	2001-03-01
Age:	2.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2001-03-19
Location:	Vermont	**Days after onset:**	18
		Entered:	2001-03-27
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473332 / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Fever, complaining of leg pain X 2 days, large red and tender area 7.5cm X 11cm. Dx''d with local reaction at Prevnar site.

VAERS ID:	167844 (history)	**Vaccinated:**	2001-02-27
Form:	Version 1.0	**Onset:**	2001-03-01
Age:	1.5	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2001-03-19
Location:	Vermont	**Days after onset:**	18
		Entered:	2001-03-27
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	3329A2 / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473332 / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Gastroenteritis, Injection site erythema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Noninfectious diarrhoea (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Bilateral serous otitis media
Preexisting Conditions:

Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Complained of pain to left thigh and red. Triage done, seen by MD on 3/4-3/6 for ? viral GE.

VAERS ID:	167845 (history)	**Vaccinated:**	2001-02-21
Form:	Version 1.0	**Onset:**	2001-02-22
Age:	3.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2001-03-19
Location:	Vermont	**Days after onset:**	25
		Entered:	2001-03-27
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473346 / 1	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Cough, Decreased appetite, Injection site pain, Otitis media, Pyrexia, Viral infection
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Fever, complaining of being sore on 2/22/01. Seen my MD on 2/26/01 and dx''d with viral syndrome and right serious otitis media. On 2/27/01, triage for cough, decrease in po intake.

VAERS ID:	167869 (history)	**Vaccinated:**	2001-03-13
Form:	Version 1.0	**Onset:**	2001-03-14
Age:	1.2	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2001-03-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	978A2 / 4	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA544AA / 4	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	T0160 / 3	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	17058J / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Irritability, Somnolence, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: URI
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The pt became fussy, experienced increased sleeping the same day of the vax. The pt also experienced urticaria increasing over the next 24 hours.

VAERS ID:	168217 (history)	**Vaccinated:**	2000-01-24
Form:	Version 1.0	**Onset:**	2000-01-24
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2000-04-24
Location:	Vermont	**Days after onset:**	90
		Entered:	2001-04-02
		Days after submission:	343

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	LA / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 1	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000114801
Write-up: The evening of the vax, the pt experienced a fever of 101 (rectal) which was treated with Tylenol and lasted three days. The most recent information received on 3/27/00 reports the condition of the pt is resolved.

VAERS ID:	168218 (history)	**Vaccinated:**	1999-12-14
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.2	**Submitted:**	2000-04-24
Sex:	Male	**Entered:**	2001-04-02
Location:	Vermont	**Days after submission:**	343

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	916A2 / 1	LL / -
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 1	LL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000114851
Write-up: Following vax, the pt experienced sleepiness and a red injection site. The pt was treated with Tylenol. The most recent information received on 3/27/00 reports the condition of the pt as resolved.

VAERS ID:	168219 (history)	**Vaccinated:**	2000-02-15
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.2	**Submitted:**	2000-04-25
Sex:	Female	**Entered:**	2001-04-02
Location:	Vermont	**Days after submission:**	342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 2	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 2	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 2	RL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Hypotonia, Injection site erythema, Pyrexia, Screaming, Somnolence
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: lethargic~DTaP (Infanrix)~1~0.00~In Patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000115661
Write-up: On 2/15/00 the pt received her second dose of Infanrix. Subsequently she was sleepy for 24 hours, screamed for 4 hours and was flaccid, had a fever the next day and had a slightly red injection site. The pt was treated with Tylenol. Outcome resolved. The most recent information received on 3/27/00 reports the condition of the pt as resolved. Following the 1st dose, the pt was lethargic, but recovered.

VAERS ID:	168220 (history)	**Vaccinated:**	1999-12-21
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.2	**Submitted:**	2000-04-25
Sex:	Male	**Entered:**	2001-04-02
Location:	Vermont	**Days after submission:**	342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	916A2 / 1	- / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	- / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 1	- / -

Administered by: Private **Purchased by:** Other
Symptoms: Agitation, Pyrexia, Screaming
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000115861
Write-up: On 12/21/99, the pt received his first dose of Infanrix, subsequently he screamed and was difficult to console. Additionally he had a fever of 100.6 degrees (rectal). Outcome of pt is

resolved.

VAERS ID:	168221 (history)	**Vaccinated:**	1999-12-23
Form:	Version 1.0	**Onset:**	1999-12-23
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2000-04-25
Location:	Vermont	**Days after onset:**	123
		Entered:	2001-04-02
		Days after submission:	342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	916A2 / 1	- / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	- / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 1	- / -

Administered by: Private **Purchased by:** Other
Symptoms: Agitation, Screaming
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000115961
Write-up: On 12/23/99, the pt received his first dose of Infanrix. Subsequently on 12/23/99 he screamed for two hours. Outcome: resolved. The most recent information received on 3/27/00 reports the condition of the pt as resolved.

VAERS ID:	168222 (history)	**Vaccinated:**	2000-02-01
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	1.25	**Submitted:**	2000-04-25
Sex:	Female	**Entered:**	2001-04-02
Location:	Vermont	**Days after submission:**	342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 3	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Agitation, Injection site pain, Pyrexia, Screaming
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000116031
Write-up: In 2/00 the pt received her third dose of Infanrix. Subsequently, the same day as the vax, she screamed and had a fever and soreness at the injection site (leg). No treatment was given. Outcome: resolved. The most recent information received on 3/27/00 reports the condition of the pt as resolved.

VAERS ID:	168223 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	1.25	**Submitted:**	2000-04-25
Sex:	Male	**Entered:**	2001-04-02
Location:	Vermont	**Days after submission:**	342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	911A2 / 3	- / IM
HIBV: HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000116211
Write-up: On the same day of vax, the pt experienced redness and heat at the injection site, which was 1/2/ the size of a softball. Outcome: resolved. The most recent information received on 3/27/00 reports the condition of the pt as resolved.

VAERS ID:	168224 (history)	**Vaccinated:**	2000-02-01
Form:	Version 1.0	**Onset:**	2000-02-01
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2000-04-25
Location:	Vermont	**Days after onset:**	83
		Entered:	2001-04-02
		Days after submission:	342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	919A2 / 1	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 1	LL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Screaming
SMQs:, Hostility/aggression (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000116221
Write-up: Following vaccination, the same day the pt cried for 6 hours. No treatment was given. The outcome is resolved. The most recent information received on 3/27/00 reports the condition of the pt as resolved.

VAERS ID:	168225 (history)	**Vaccinated:**	2000-01-21
Form:	Version 1.0	**Onset:**	2000-01-22
Age:	0.2	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2000-04-25
Location:	Vermont	**Days after onset:**	93
		Entered:	2001-04-02
		Days after submission:	342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 1	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 1	LL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Crying, Injection site oedema, Irritability
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20000116231
Write-up: Two hours post vax, the pt was irritable, and screamed for nine hours. The injection site was swollen. The next day she was "out of sorts". The most recent information received on 3/27/00 reported the condition of the pt as resolved.

VAERS ID:	169246 (history)	**Vaccinated:**	2001-02-17
Form:	Version 1.0	**Onset:**	2001-02-17
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2001-04-24
Location:	Vermont	**Days after onset:**	65
		Entered:	2001-04-30
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	VO375AA / UNK	- / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Haemorrhage, Injection site erythema, Injection site oedema, Muscle disorder, Myositis, Pain, Paraesthesia, Rash macular
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paxil
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: MRI - right upper extremity - probably myositis and inflammatory response involving deltoid muscle
CDC Split Type:
Write-up: The pt experienced an adverse reaction after receiving the tetanus and diphtheria adsorbed vaccine which included acute swelling, red blotches, internal bleeding and deep pain. It progressed to loss of feeling 90% in pt''s arm.

VAERS ID:	170178 (history)	**Vaccinated:**	2001-04-16
Form:	Version 1.0	**Onset:**	2001-04-17
Age:	45.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2001-05-03
Location:	Vermont	**Days after onset:**	16
		Entered:	2001-05-23
		Days after submission:	20

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	3375A4 / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Oedema peripheral, Pruritus, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: Hypertension
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client denied sensitivity to latex, bananas, kiwis, avocados, European chestnuts and also denied sensitivity to Hep-B vaccine components and any adverse reactions to vaccines. The next AM, approx. 20 hours, post vax, he reported to me that his hands were very swollen and itchy. 3 hours later, he had head to toe hives. Recommended he not use latex gloves again and to consult his MD.

VAERS ID:	171499 (history)	**Vaccinated:**	2000-03-01
Form:	Version 1.0	**Onset:**	2000-06-26
Age:		**Days after vaccination:**	117
Sex:	Unknown	**Submitted:**	2001-06-15
Location:	Vermont	**Days after onset:**	354
		Entered:	2001-06-01
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 1	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Infection, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: varicella exposure
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES00063238
Write-up: Information has been received concerning a pt who was vaccinated with one dose of varicella vaccine in March 2000. On 06/12/00 the pt was exposed to a child with live varicella. On 06/26/00 the pt developed spots. Unspecified medical attention was sought.

VAERS ID:	171597 (history)	**Vaccinated:**	2000-06-28
Form:	Version 1.0	**Onset:**	2000-07-16
Age:	34.0	**Days after vaccination:**	18
Sex:	Male	**Submitted:**	2001-05-15
Location:	Vermont	**Days after onset:**	303
		Entered:	2001-06-01
		Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Dermatitis bullous, Laboratory test abnormal
SMQs:, Severe cutaneous adverse reactions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~Varicella (Varivax)~~30.00~In Siblingl~Varicella (Varivax)~~30.00~In Sibling
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: serum varicella zoster - nonimmune
CDC Split Type: WAES00071611
Write-up: Information has been received from a RN concerning a patient that tested nonimmune to varicella and who on 06/28/2000 was vaccinated with varicella virus vaccine live. On 07/16/2000 the patient experienced a chickenpox like rash. The patient is very concerned about this in that at least one other family member, a brother received the vaccine and developed chickenpox and quickly thereafter shingles. The patient stated that he does not have any known immunodeficiency and is very worried since he works with the public. The patient sought unspecified medical attention. Additional information has bee requested.

VAERS ID:	171601 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	30.0	**Submitted:**	2001-05-15
Sex:	Male	**Entered:**	2001-06-01
Location:	Vermont	**Days after submission:**	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	- / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dermatitis bullous, Herpes zoster
SMQs:, Severe cutaneous adverse reactions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~Varicella (Varivax)~~34.00~In Sibling
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK

Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES00071888
Write-up: The patient was vaccinated in approximately 1999. It was reported that in approximately July of 2000, the patient "presented with a chickenpox-like rash and shingles after his brother was vaccinated. The patient"s brother had a similar experience following exposure to varicella virus vaccine live. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	172089 (history)	**Vaccinated:**	1997-04-01
Form:	Version 1.0	**Onset:**	2001-01-01
Age:	16.0	**Days after vaccination:**	1371
Sex:	Female	**Submitted:**	2001-05-15
Location:	Vermont	**Days after onset:**	133
		Entered:	2001-06-01
		Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 2	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: Serum varicella zoster - negative
CDC Split Type: WAES01012015
Write-up: The patient received in February 1997 and April 1997 the first and second doses of varicella virus vaccine live. It was reported on 01/22/2001 that a recent titer showed negative antibodies. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID: 172697 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2001-08-17
Sex:	Female	**Entered:**	2001-07-02
Location:	Vermont	**Days after submission:**	46

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473346 / 1	RL / IM

Administered by: Other **Purchased by:** Other
Symptoms: Irritability, Restlessness
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Akathisia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: HQ1354925MAY2001
Write-up: Pt became irritable and restless post vax. Pt"s mother had a history of latex allergy. No further info was available at the time of this report. Pt experienced restlessness and irritability following second dose of Prevnar. See HQ1482831MAY2001.

VAERS ID: 172699 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2001-08-17
Sex:	Female	**Entered:**	2001-07-02
Location:	Vermont	**Days after submission:**	46

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (ACEL-IMUNE) / PFIZER/WYETH	- / UNK	- / -
HIBV: HIB (HIBTITER) / PFIZER/WYETH	- / UNK	- / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	- / UNK	- / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	- / 2	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: Irritability, Restlessness, Vaccine positive rechallenge
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Akathisia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: restlessness, irritability~Pneumo (Prevnar)~1~0.00~In Patient
Other Medications: UNK
Current Illness: NONE
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: HQ1482831MAY2001
Write-up: Pt became irritable and restless following second dose of Prevnar. Pt''s mother had a history of latex allergy. No further info was available at the time of this report. Follow-up stattes a nurse reported via a company representative that her daughter became irritable and restless following her second dose of Prevnar. The child''s mother had a history of latex allergy. Info from the child''s physician revealed the child also received DTaP, HIB, and IPV vaccines that same day. The child has since recovered.

VAERS ID:	174360 (history)	**Vaccinated:**	2001-07-27
Form:	Version 1.0	**Onset:**	2001-07-28
Age:	3.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2001-08-08
Location:	Vermont	**Days after onset:**	11
		Entered:	2001-08-15
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	477454 / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: UA-neg
CDC Split Type:
Write-up: Fever starting 1 day, post vax of PCV.

VAERS ID:	174836 (history)	**Vaccinated:**	2001-07-10
Form:	Version 1.0	**Onset:**	2001-07-10
Age:	21.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2001-08-07
Location:	Vermont	**Days after onset:**	28
		Entered:	2001-08-30
		Days after submission:	23

Vaccination / Manufacturer	Lot / Dose	Site / Route
YF: YELLOW FEVER (YF-VAX) / SANOFI PASTEUR	UA430AA / UNK	- / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: SVT with cardiac ablation as a teenager
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Onset of itchy hives 1 hour after yellow fever vaccine given. Pt had also just worked out. No SOB, dysphagia or wheezing. Responded well to Benadryl 25 po.

VAERS ID:	175003 (history)	**Vaccinated:**	2000-10-24
Form:	Version 1.0	**Onset:**	2000-10-24
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2000-12-27
Location:	Vermont	**Days after onset:**	64
		Entered:	2001-09-05
		Days after submission:	251

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	- / UNK	- / SC

Administered by: Private **Purchased by:** Other
Symptoms: Diarrhoea, Discomfort, Injection site swelling, Serum sickness
SMQs:, Pseudomembranous colitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram
Current Illness: Depression
Preexisting Conditions: Depression NEC
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: HQ2870227OCT2000
Write-up: A physician reported that a 41 year old female received an inadvertent Intradermal injection of Pnu-Imune 23 in her forearm on 10/24/00. PPD was to have been administered. Within 24 hours, the pt experienced diarrhea. Additionally, she experienced total body discomfort, serum sickness symptoms and swelling at the injection site, described as a "quarter-size" local reaction.

VAERS ID:	175571 (history)	**Vaccinated:**	2001-09-17
Form:	Version 1.0	**Onset:**	2001-09-18
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2001-09-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2001-09-21
		Days after submission:	2

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A997A2 / 5	RA / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UO598AA / 3	RA / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	T0785 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1516K / 2	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 6 x 9 inch irregular shaped red, swollen area right upper arm.

VAERS ID:	175589 (history)	**Vaccinated:**	2000-09-12
Form:	Version 1.0	**Onset:**	2000-09-13
Age:	1.5	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2001-09-14
Location:	Vermont	**Days after onset:**	366
		Entered:	2001-09-21
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	997A2 / 4	- / -
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	5205A2 / 3	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	T0472 / 4	RL / SC

Administered by: Military **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: The pt experienced a red, hot raised area to the left mid thigh.

VAERS ID:	175813 (history)	**Vaccinated:**	2001-09-13
Form:	Version 1.0	**Onset:**	2001-09-13
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2001-09-27
Location:	Vermont	**Days after onset:**	14
		Entered:	2001-09-28
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	04481 / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Chest pain, Dyspnoea, Injection site swelling, Paraesthesia, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol, Albuterol, Flovent
Current Illness: NONE
Preexisting Conditions: allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 20 minutes post vax the pt developed swelling at the site, shortness of breath, tingling of arm, hand, fingers, tightness in throat and chest felt heavy. Was immediately brought to ER. Possible medicine reaction.

VAERS ID:	176062 (history)	**Vaccinated:**	2001-09-17
Form:	Version 1.0	**Onset:**	2001-09-17
Age:	0.4	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2001-09-30
Location:	Vermont	**Days after onset:**	13
		Entered:	2001-10-05
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	477454 / 2	LL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site haemorrhage, Injection site induration
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Erythema and swelling~Pneumo (Prevnar)~1~0.25~In Patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT00006
Write-up: Pt"s left thigh developed slight ecchymosis and induration about quarter-sized with no erythema or cellulitis. Pt is recovering.

VAERS ID: 176692 (history)		**Vaccinated:**	2001-08-16
Form:	Version 1.0	**Onset:**	2001-08-23
Age:	85.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	2001-10-18
Location:	Vermont	**Days after onset:**	56
		Entered:	2001-10-24
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	466793 / 1	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Musculoskeletal stiffness, Myalgia, Oedema
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: Swelling and painful muscles
Preexisting Conditions: Atrial Fibrillation in past
Allergies:
Diagnostic Lab Data: Rh Factor L20, ANA 1:160 Homogeneous, ESR 87.
CDC Split Type:
Write-up: Within 2 weeks of vaccination, pt developed muscle pain, swelling and stiffness.

VAERS ID: 177087 (history)		**Vaccinated:**	2001-09-25
Form:	Version 1.0	**Onset:**	2001-09-26
Age:	0.5	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2001-10-18
Location:	Vermont	**Days after onset:**	22
		Entered:	2001-11-01
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (ACEL-IMUNE) / PFIZER/WYETH	978A2 / 3	RL / IM

HBHEPB: HIB + HEP B (COMVAX) / MERCK & CO. INC.	0657L / 3	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	T1153 / 3	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Febrile convulsion
SMQs:, Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Foot birth defect
Allergies:
Diagnostic Lab Data: EEG normal
CDC Split Type:
Write-up: The patient experienced a febrile seizure within 24 hours of immunizations.

VAERS ID:	177144 (history)	**Vaccinated:**	2001-10-18
Form:	Version 1.0	**Onset:**	2001-10-18
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2001-10-20
Location:	Vermont	**Days after onset:**	2
		Entered:	2001-11-02
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1197K / 1	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HRT
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: pt has swelling, redness and pain. 5 cm developing at site of injection right upper arm.

VAERS ID:	177801 (history)	**Vaccinated:**	2001-11-09
Form:	Version 1.0	**Onset:**	2001-11-09
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2001-11-09
Location:	Vermont	**Days after onset:**	0
		Entered:	2001-11-16
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / EVANS VACCINES	E10821LA / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Dizziness, Nausea, Nervousness, Pallor
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient felt dizzy, nauseated, nervous and was very pale. The patient rested and was reassured.

VAERS ID: 177824 (history)		**Vaccinated:**	2001-11-05
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	57.0	**Submitted:**	2001-11-05
Sex:	Female	**Entered:**	2001-11-16
Location:	Vermont	**Days after submission:**	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / EVANS VACCINES	E10821LA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injury
SMQs:, Accidents and injuries (narrow), Hostility/aggression (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: UNK
Preexisting Conditions: Allergic to Thimerosol.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient was injected with a needle on a syringe. There was no air or solution in it.

VAERS ID: 177850 (history)		**Vaccinated:**	2001-11-07
Form:	Version 1.0	**Onset:**	2001-11-08
Age:	1.3	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2001-11-09
Location:	Vermont	**Days after onset:**	1
		Entered:	2001-11-16
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	AS06A2 / 4	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	Y9695AA / 4	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site oedema, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synergis Medimmune, Augmentin, Xoperex and Pulmicort.
Current Illness: Purulent nasal discharge
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT01001
Write-up: On 11/08/2001 the patient''s mother noticed redness, swelling and warmness. The patient was seen by the Dr on 11/09/2001 and diagnosed with erythema and swelling of the left upper thigh. The patient was treated with Motrin and Benadryl.

VAERS ID:	178040 (history)	**Vaccinated:**	2001-10-12
Form:	Version 1.0	**Onset:**	2001-10-12
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2001-11-08
Location:	Vermont	**Days after onset:**	27
		Entered:	2001-11-21
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	506A2 / 1	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA605AA / 1	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	T1128 / 1	LL / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	480898 / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Apnoea, Asthenia, Cyanosis, Pallor
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days

Extended hospital stay? No
Previous Vaccinations:
Other Medications: Mylicon prn
Current Illness: EKG-wnl
Preexisting Conditions: URI X 3 days; afebrile
Allergies:
Diagnostic Lab Data: 36 weeks gestation; TTNB (transient tachypnea of the newborn); Irregular heart rhythm (resolved)
CDC Split Type:
Write-up: About 10 minutes post vax, while heavily bundled and in infant seat, pt paled and turned blue. He appeared apneic. He was given blow by O2. He cried vigorously but appeared weak. Rescue squad was called, and pt was hospitalized overnight. He had no further trouble with color after about 1 hour.

VAERS ID:	178442 (history)	**Vaccinated:**	2001-10-03
Form:	Version 1.0	**Onset:**	2001-10-03
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2001-11-05
Location:	Vermont	**Days after onset:**	33
		Entered:	2001-11-30
		Days after submission:	25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U0600AA / UNK	LA / SC

Administered by: Public **Purchased by:** Private
Symptoms: Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: The patient felt pain after the injection and had to lie down. It was several days until the whole body pain went away.

VAERS ID:	178443 (history)	**Vaccinated:**	2001-10-03
Form:	Version 1.0	**Onset:**	2001-10-03
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2001-11-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U0600AA / UNK	- / SC

Administered by: Public **Purchased by:** Unknown
Symptoms: Abdominal pain, Dizziness, Muscle spasms, Pain
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: The patient had generalized pain, cramps, abdominal pain and dizziness for about 2 weeks.

VAERS ID:	178444 (history)	**Vaccinated:**	2001-10-14
Form:	Version 1.0	**Onset:**	2001-10-15
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2001-11-21
Location:	Vermont	**Days after onset:**	37
		Entered:	2001-11-30
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U0600AA / UNK	- / SC

Administered by: Public **Purchased by:** Unknown
Symptoms: Balance disorder, Dizziness, Ear discomfort, Ear disorder, Headache
SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders

(broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Post vax the patient''s ears started popping, she felt dizzy, her equilibrium was off all weekend, middle ear was stuffed and she had pressure in the head areas.

VAERS ID:	178478 (history)	**Vaccinated:**	2001-10-10
Form:	Version 1.0	**Onset:**	2001-10-17
Age:		**Days after vaccination:**	7
Sex:	Female	**Submitted:**	2001-11-21
Location:	Vermont	**Days after onset:**	35
		Entered:	2001-12-03
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U0600AA / UNK	- / SC

Administered by: Public **Purchased by:** Other
Symptoms: Hypokinesia, Injection site pain, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The pt developed pain at the injection site, initially on 10/19/01, and the pain worsened. It went up the neck and down arms to chest and down hands to 4th and 5th digits which was prickly. Cannot move right arm. Seen MD and the flu vaccine could not be ruled out. It may be related.

VAERS ID:	179036 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.8	**Submitted:**	2001-12-10
Sex:	Female	**Entered:**	2001-12-14
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	474947 / 4	- / -

Administered by: Private **Purchased by:** Private
Symptoms: Bacterial infection, Otitis media
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: Macrocephaly, mild gross motor delay
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Strep pneumo bacteremia, later otitis media. Treatment 90 mg/Kg/D Amoxicillin for 10 days.

VAERS ID:	179733 (history)	**Vaccinated:**	2001-10-31
Form:	Version 1.0	**Onset:**	2001-10-31
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2001-12-29
Location:	Vermont	**Days after onset:**	59
		Entered:	2001-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	- / UNK	- / -

Administered by: Private **Purchased by:** Private
Symptoms: Asthenia, Chest pain, Dizziness, Dyspnoea, Palpitations
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HRT
Current Illness: None
Preexisting Conditions: Amoxicillian
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient c/o of painful cardiac palpitations, some SOB, lightheadedness and weakness (mod), which required her to sit and rest about 15 minutes.

VAERS ID:	179891 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.75	**Submitted:**	2002-01-03
Sex:	Female	**Entered:**	2002-01-14
Location:	Vermont	**Days after submission:**	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	474947 / 3	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Laboratory test abnormal, Otitis media, Pneumonia, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Carnitine
Current Illness: NONE
Preexisting Conditions: Carnitine decreased; developmental coordination disorder
Allergies:
Diagnostic Lab Data: Blood culture positive Streptoccus pneumoniae; "many and early" body temperature increased 105 (deg.F)
CDC Split Type: HQ8919628NOV2001
Write-up: A physician reported that a 10-month old female received 3 injections of Prevnar (dates not specified). The patient''s medical history included macrocephaly, "mild" gross motor delay and low carnitine levels. Concomitant therapy included carnitine. The patient experienced pneumococcal bacteremia and was said to be " very sick with fevers to 105 without a source". A blood culture revealed " many and early" Streptococcus pneumoniae. A repeat blood culture prior to initiation of antibiotic therapy was negative. The patient also experienced otitis. she was treated with 10 days of amoxicillin therapy and the events resolved. The events were considered to be "medically important" Follow-up info received on 01/02/2002 clarified the pt''s age to be 9 months and the lot number of the vaccine.

VAERS ID:	179893 (history)	**Vaccinated:**	2001-06-13
Form:	Version 1.0	**Onset:**	2001-07-19
Age:		**Days after vaccination:**	36
Sex:	Female	**Submitted:**	2001-09-28
Location:	Vermont	**Days after onset:**	71
		Entered:	2002-01-14
		Days after submission:	108

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	- / 2	- / -

Administered by: Private **Purchased by:** Private
Symptoms: Cough, Dyspnoea, Rales, Respiratory distress, Sleep disorder, Wheezing
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: HQ3988102AUG2001
Write-up: A physician reported that an 18-month old female received her second dose of Prevnar on 06/13/2001. On 06/19/2001, she was seen by her pediatrician for a chronic cough. Physical exam revealed rales on her left side, but otherwise, the child was in no acute distress. She was diagnosed with pneumonia and treated with Zithromax. The physician noted that if condition continued, a diagnosis of asthma may be considered. On 07/05/2001, she was again seen by the physician for an irritability cough, shortness of breath, wheezing, not sleeping well and some retractions. The child was in mild to moderate respiratory distress. Her exam was consistent with reactive airway distress. She received Albuterol via nebulizer and responded well. There was a decrease in her respiratory rate and an increase in breath sounds. On 07/12/2001, the child was seen for a recheck. Physical exam was within normal limits and her lungs were entirely clear. The physician indicated that "her original pneumonia most likely was an episode of asthma". She was placed on Flovent 44 mcg BID and Albuterol PRN. The physician noted "It is my opinion that this is not a vaccine related reaction".

VAERS ID:	180080 (history)	**Vaccinated:**	2002-01-07
Form:	Version 1.0	**Onset:**	2002-01-08
Age:	54.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2002-01-11
Location:	Vermont	**Days after onset:**	3
		Entered:	2002-01-17
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0912L / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Arthralgia, Joint swelling, Neck pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: About 24 hours, post vax of 1st injection, the pt complains of neck pain. About 12 hours later, he complained of fever and bilateral knee pain and swelling. He contacted his private MD who has prescribed Celebrex.

VAERS ID:	180181 (history)	**Vaccinated:**	2001-12-17
Form:	Version 1.0	**Onset:**	2001-12-17
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2001-12-18
Location:	Vermont	**Days after onset:**	1
		Entered:	2002-01-22
		Days after submission:	35

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	506A2 / 1	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA605AA / 1	RL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Irritability, Screaming
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Baseball-sized area of redness and erythema at left thigh injection site X 48 hours; inconsolable crying and fussiness X over 8 hours, following injection.

VAERS ID:	180593 (history)	**Vaccinated:**	2002-01-03
Form:	Version 1.0	**Onset:**	2002-01-03
Age:	1.25	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2002-01-21
Location:	Vermont	**Days after onset:**	18
		Entered:	2002-01-28
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA535AC / 4	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	T1446 / 3	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0906L / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Crying, Irritability, Personality change, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: Occasional vomiting
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: Normal CBC, Chems and LFT"s on 1/15/02.
CDC Split Type:
Write-up: Parent"s relate that from the day he received MMR, HIB and IPV, he had change in behavior. He was clingy, insecure and screaming at night. This behavior progressed and fever of 102F-104F started 9 days, post vax, and continued for 4 full days with marked irritability. He complained of "boo-boos" in his knees and wrists.

VAERS ID: 180717 (history)		**Vaccinated:**	2002-01-16
Form:	Version 1.0	**Onset:**	2002-01-17
Age:	1.25	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2002-01-22
Location:	Vermont	**Days after onset:**	5
		Entered:	2002-01-30
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA656AA / 4	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: gradual increase redness, swelling and itching since immunization administration. relieved by ice and hydrocortisone cream 10 over 4 days fever and cold sx 1-20-02

VAERS ID: 181042 (history)		**Vaccinated:**	2002-01-25
Form:	Version 1.0	**Onset:**	2002-01-25
Age:	4.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2002-01-28
Location:	Vermont	**Days after onset:**	3
		Entered:	2002-02-07
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	483176 / 1	LA / IM

Administered by: Private **Purchased by:** Private

Symptoms: Injection site erythema, Injection site swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt had gradual increase of redness and swelling starting evening of immunization. The next day had fever and upper arm beet red and very swollen. Ice for swelling and tylenol for fever for 2 days. Today (1/28/02), itchy but decreased redness and swelling.

VAERS ID:	181638 (history)	**Vaccinated:**	2002-02-18
Form:	Version 1.0	**Onset:**	2002-02-18
Age:	1.3	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2002-02-20
Location:	Vermont	**Days after onset:**	2
		Entered:	2002-02-22
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A532A2 / 4	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Hypersensitivity, Injection site oedema, Injection site warmth
SMQs:, Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Motrin
Current Illness: diarrhea/lactos intolerance
Preexisting Conditions: R.A.D.
Allergies:
Diagnostic Lab Data: Allergic reaction to MMR
CDC Split Type:
Write-up: Pt. received vaccines on 2/18/02, swelling and warmth of shoulders immediately post

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VAERS ID:	181679 (history)	**Vaccinated:**	2002-01-28
Form:	Version 1.0	**Onset:**	2002-01-29
Age:	0.5	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2002-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	512A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA601AA / 3	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	T13902 / 3	LL / IM
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	484134 / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Premature (32 weeks GA)
Allergies:
Diagnostic Lab Data: WBC 20,100, 5652B27L9M, 6% Atypical lympjs, Blood culture-no growth-find
CDC Split Type:
Write-up: 103/6 fever early am, 1/29/02 day after vaccine.

VAERS ID: 182205 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2001-06-22
Sex:	Male	**Entered:**	2002-03-11
Location:	Vermont	**Days after submission:**	262

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / SMITHKLINE BEECHAM	- / 1	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data:
CDC Split Type: 20010150081
Write-up: Report described rash on palms of hands in a male vaccinee of unspecified age who received hep A vaccine. Allergies, medical history, and concomitant medications were not specified. On an unspecified date, the vaccinee received his first dose of Havrix. Two days prost-vaccination, he developed a rash on the palms of his hands. As of 06/20/2001, the outcome of the event was unknown.

VAERS ID: 182679 (history)		**Vaccinated:**	2002-03-12
Form:	Version 1.0	**Onset:**	2002-03-12
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2002-03-15
Location:	Vermont	**Days after onset:**	3
		Entered:	2002-03-20
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	5242A4 / 2	LA / IM

Administered by: Other **Purchased by:** Public

Symptoms: Abdominal pain, Chills
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: allergic to mold, dust and animal dander
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Two hours after the vaccination, the pt developed chills, 8-12hrs later she developed abdomin cramping which lasted until 03/15/2002. Had similar reaction to the first dose. Symptoms improved by 03/15/2002.

VAERS ID:	183461 (history)	**Vaccinated:**	2002-04-08
Form:	Version 1.0	**Onset:**	2002-04-08
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2002-04-11
Location:	Vermont	**Days after onset:**	3
		Entered:	2002-04-15
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1264L / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Arthritis, Injection site erythema, Injection site pain, Injection site warmth, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Pneumonia (03/18/2002/resolved at time of injection)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Temp of 102 deg. F. on 1st day with myalgias, arthritis, erythema, warmth and pain at injection site. Tylenol, Advil, and Benadryl was used .

VAERS ID:	183695 (history)	**Vaccinated:**	2002-04-09
Form:	Version 1.0	**Onset:**	2002-04-09
Age:	6.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2002-04-10
Location:	Vermont	**Days after onset:**	1
		Entered:	2002-04-19
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1352L / 1	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Singulair
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: VA02010
Write-up: Itchy hives on abdomen. Mom gave Benadryl X 1 about 10pm. Child slept though night. Hives gone by the morning 4/11/02-No further symptoms.

VAERS ID:	184753 (history)	**Vaccinated:**	2002-05-10
Form:	Version 1.0	**Onset:**	2002-05-10
Age:	0.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2002-05-15
Location:	Vermont	**Days after onset:**	5
		Entered:	2002-05-17
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	542A2 / 3	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA656BA / 3	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	483176 / 3	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site inflammation, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 5cm inflammed/red area around injection site X 4 days (DTAP site). Fever X 2 days.

VAERS ID:	186596 (history)	**Vaccinated:**	2002-03-21
Form:	Version 1.0	**Onset:**	2002-03-21
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2002-06-05
Location:	Vermont	**Days after onset:**	75
		Entered:	2002-06-17
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPAB: HEP A + HEP B (TWINRIX) / SMITHKLINE BEECHAM	218B6 / UNK	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Dizziness, Hyperhidrosis
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: UNK
Preexisting Conditions: Medical history was not specified. The vaccinee "had not eaten anything all day prior to immunization"
Allergies:
Diagnostic Lab Data: Blood pressure, left arm-03/21/02- 100/60 mmHG, blood pressure, right arm-03/21/02-100/70mmHG
CDC Split Type: A0367080A
Write-up: On 03/21/02, the vaccinee who "had not eaten anything all day" was vaccinated with an injection of Twinrix; the number of previous Twinrix injections was not reported. Approximately five minutes post-immunization, the vaccinee felt faint and experienced sweating and dizziness. Blood pressure in her left arm was 100/60 mm Hg; blood pressure in her right arm was 110/70 mm Hg. the vaccinee"s baseline blood pressure was not reported she was observed for ten minutes and recovered fully, without treatment.

VAERS ID:	186926 (history)	**Vaccinated:**	2002-06-17
Form:	Version 1.0	**Onset:**	2002-06-18
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2002-06-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2002-06-25
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	546A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	U0344 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1082L / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~DTaP (no brand name)~3~1.25~In Patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Pink, swollen approx 6cm diameter non tender 1-2 days after DTaP and IPV injection . Reactive lesion right deltoid area.

VAERS ID:	186997 (history)	**Vaccinated:**	2002-06-19
Form:	Version 1.0	**Onset:**	2002-06-20
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2002-06-21
Location:	Vermont	**Days after onset:**	1
		Entered:	2002-06-26
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	U0344 / 5	RL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	904030 / 3	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1213L / 2	LL / IM

Administered by: Private **Purchased by:** Public

Symptoms: Injection site erythema, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Local redness and swelling on right upper outer thigh.

VAERS ID:	188083 (history)	**Vaccinated:**	2002-07-15
Form:	Version 1.0	**Onset:**	2002-07-15
Age:	3.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2002-07-22
Location:	Vermont	**Days after onset:**	7
		Entered:	2002-07-26
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0203M / 1	LL / SC

Administered by: Private **Purchased by:** Other
Symptoms: Cough, Lacrimation increased, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Lacrimal disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Hives Cough~Measles + Mumps + Rubella (MMR II)~1~1.00~In Patient
Other Medications: None

Current Illness: None
Preexisting Conditions: Cleft lip/Palate, dental care, allergy
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Cough, watery eyes, hives 15 minutes after varicella vaccine. Similar reaction to MMR. Eats eggs. Rx Benadryl-rash gone in 24 hours.

VAERS ID:	189103 (history)	**Vaccinated:**	2002-07-31
Form:	Version 1.0	**Onset:**	2002-08-01
Age:	4.9	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2002-08-12
Location:	Vermont	**Days after onset:**	11
		Entered:	2002-08-20
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	528D9 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	U0613 / 5	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1213L / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site oedema, Injection site pain, Injection site vesicles, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 7/31/02 received DTaP/IPV L arm. 8/1/02 pc to office report red-swollen L arm, warm to touch, afebrile, support RN. 8/2 office visit, very swollen L arm red approx. 20 tiny blisters at mid deltoid. Active, mildly tender. Begun on Keflex to R/O infection, Bendaryl po. 8/3 pc nl appetite, afebrile, not worse. 8/4 pc arm better. MD doubt infection.

VAERS ID:	189674 (history)	**Vaccinated:**	2002-08-14
Form:	Version 1.0	**Onset:**	2002-08-14
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2002-08-30
Location:	Vermont	**Days after onset:**	16
		Entered:	2002-09-04
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / SANOFI PASTEUR	- / 2	GM / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Anaphylactic reaction, Chest discomfort, Dissociation, Heart rate decreased, Pruritus, Tachycardia
SMQs:, Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: IMOGAM USP (Human Rabies Immunoglobulin (300 IU/2 ml))
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: U200200682
Write-up: From e-mail correspondence received at manufacturer on 8/20/02, was reported by the pt''s husband, a MD, that his 53 year old wife received Imogam and Imovax vaccines after exposure to bats on 8/10/02. Pt received 1300 IU of Imogam divided in four IM injections in the buttocks and one cc of Imovax in the left deltoid muscle without reactions. About 15 minutes after receiving the second one cc dose of Imovax IM on 8/14/02, pt developed tightness in the chest, fuzzy feeling in the head, phlegm in throat, slight itch on scalp and nose, and tachycardia. Later her pulse was slow ~60 and not very strong, no treatment given and within one hour later all symptoms had disappeared. "In the view of the allergists, she had an anaphylactic reaction, albeit mild." He suggests that pt should get her blood drawn for rabies antibody titer and repeat it in two or three weeks. IF antibodies are rising, then probably stop the series. If the titer is low or not rising, then perform skin test on pt with the vaccine and desensitize, if necessary, so she could received the three remaining doses, perhaps divided, following antibody titers.

VAERS ID:	189880 (history)	**Vaccinated:**	2001-05-03
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	73.0	**Submitted:**	2002-09-08
Sex:	Male	**Entered:**	2002-09-08
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
LYME: LYME (LYMERIX) / GLAXOSMITHKLINE BIOLOGICALS	128A2 / 5	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Balance disorder, Erectile dysfunction, Fatigue, Hyperlipidaemia, Hypertension, Pain, Prostatic disorder
SMQs:, Dyslipidaemia (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Hypertension (narrow), Vestibular disorders (broad), Lipodystrophy (broad), Arthritis (broad), Sexual dysfunction (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None, and to my knowledge I have never been bitten by any tick.
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: I do not have the records of exact dates that the clinic administered the vacine. The pains and tiredness crept up on me. I srt of ignored them at first but they were to noticeable by May of 200 too ignore.
CDC Split Type:
Write-up: At the time I was a member of a Health plan. I left the health plan in 2001 and had Lyme desease vacinine administered by the Health Plan in the two prior years (3 shots a month apart in first year a booster in the following year). By May of 2002 a series of misc aches and pains would come and go and I would get sudden extreme attacks of tiredness, and a deteriation in my balance. It took months to convince my new Doctor to test me for Lyme desease (positive) and he only reluctantly agreed to treat me after I requested a second opinion. I have been taking DOXYCYCLINE for 3 weeks. The pills resulted in a sudden lessening of the symptoms which has been followed by a slower improvement. At present pains are mostly restricted to joints (hands,

knees and hips). I still get tired to a unusual amount compared to my pre innoculation life. Dr says she is unaware of the proper treatment program for people who have had the vacine and now test positive for Lyme desease and exhibit the sypmtoms of Lyme desease. Currently she has said to take the DOXYCYCLINE pills twice a day for a period of 60 days. Up to this catastrophy I have been extremely healthy all my life. I am worried that the treatment may be stopped to soon and that I now may have permanent damage to my system. The 60 day follow up states extreme tiredness and random pains have disappeared. All joint ache which they did not do before. In particularly fingers, hips and elbow. Took two motnhs of Doxycycline starting 9/6/02 (100mg tablets twice a day).

VAERS ID:	190542 (history)	**Vaccinated:**	2002-09-17
Form:	Version 1.0	**Onset:**	2002-09-17
Age:	1.3	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2002-09-17
Location:	Vermont	**Days after onset:**	0
		Entered:	2002-09-24
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1082L / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride gtts
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 11:45am bright red area 4"x4" at and around injection site. 12:00 noon area of redness reduced in size to 2"x2" with 1" welt noted in center. 12:15pm area reduced to 1 1/2"x 1 1/2: with 1/2" welt much less red. 12:25pm MD discharged pt from office to home. No other signs and symptoms noted. No tx given.

VAERS ID:	191029 (history)	**Vaccinated:**	2002-09-27
Form:	Version 1.0	**Onset:**	2002-09-28
Age:	2.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2002-09-29
Location:	Vermont	**Days after onset:**	1
		Entered:	2002-10-07
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	U1082 / 3	RA / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Convulsion, Vomiting
SMQs:, Acute pancreatitis (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: Mild eczema, mild conjunctivitis
Preexisting Conditions: Eczema
Allergies:
Diagnostic Lab Data: EEG pending, normal CBC, lytes, Ca, Mg, BUN, CV and glucose. 10/18/02 Per review of medical records F/U EEG on 10/4/02 was WNL.
CDC Split Type:
Write-up: Generalized tonic clonic seizures x4, all lasting < 2 minutes, starting < 24 hrs after IPV treatment began at 24 hrs after vaccine. No fever. Given dose of Dilantin, parents declined ongoing treatment. 10/18/02 Per review of medical records add vomiting x 2 reported prior to onset of seizures.

VAERS ID: 192310 (history)		**Vaccinated:**	2002-10-22
Form:	Version 1.0	**Onset:**	2002-10-23
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2002-10-25
Location:	Vermont	**Days after onset:**	2
		Entered:	2002-11-01
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / EVANS VACCINES	E35492KA / UNK	- / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Early morning awakening, Headache
SMQs:, Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: History of migraines
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Severe headache x 36-48 hrs. (migraine- like- acute onset 12 hrs after vaccine- awoke pt from sleep)

VAERS ID: 193255 (history)		**Vaccinated:**	2002-11-08
Form:	Version 1.0	**Onset:**	2002-11-09
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2002-11-13
Location:	Vermont	**Days after onset:**	4
		Entered:	2002-11-14
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UO951AA / 1	LA / -

Administered by: Other **Purchased by:** Private
Symptoms: Injection site hypersensitivity, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia

and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: shellfish allergies
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 24 hours influenza vaccination first time recipient reports itching at site x 3 days.

VAERS ID:	194064 (history)	**Vaccinated:**	2002-11-12
Form:	Version 1.0	**Onset:**	2002-11-12
Age:	1.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2002-11-15
Location:	Vermont	**Days after onset:**	3
		Entered:	2002-11-26
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	573A2 / 4	RL / IM
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	5361A2 / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA728AA / 4	RL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Hypokinesia
SMQs:, Parkinson-like events (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE

Preexisting Conditions: NKA
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Onset a dinnertime, following with decrease use right leg. Continued until bedtime, No ambulating right leg, Sx resolved in AM. Walking fine. Remains asymptomatic with function. Has "rash" right leg injection sites

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VAERS ID:	194908 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2002-12-10
Sex:	Male	**Entered:**	2002-12-13
Location:	Vermont	**Days after submission:**	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Rash morbilliform, Tracheitis
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: WAES0212**USA**00167
Write-up: Information has been received from a Registered Nurse who was the mother of a male pt who in 1999 was vaccinated with a dose of MMR II, (lot number not reported). In 1999, ten days post-vaccination the pt developed a "measles rash." Medical attention was sought. Subsequently, the pt developed "tracheitis" which required hospitalization. The pt was sent to ICU to be placed on a ventilator. At the time of the report, the pt was four years old. Additional info has been requested. Follow up info received on 1/28/03 from the physician revealed that the pt had not been to their clinic since 12/15/99 and MMR II was not given there. No additional info is expected.

VAERS ID:	195213 (history)	**Vaccinated:**	2002-12-07
Form:	Version 1.0	**Onset:**	2002-12-07
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2002-12-08
Location:	Vermont	**Days after onset:**	1
		Entered:	2002-12-19
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
MEN: MENINGOCOCCAL (MENOMUNE) / SANOFI PASTEUR	284AB / 1	RA / IM
TYP: TYPHOID VI POLYSACCHARIDE (TYPHIM VI) / SANOFI PASTEUR	T1229 / 1	LA / IM
YF: YELLOW FEVER (YF-VAX) / SANOFI PASTEUR	UB139AB / 1	LA / SC

Administered by: Military **Purchased by:** Military
Symptoms: Fatigue, Headache, Malaise, Nausea, Paraesthesia
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Day 1 s/p vaccine extreme fatigue & malaise/ mild headache and nausea/ aris/ needles fingers # 1,2,and 3. Day 2 symptoms decreased but still present. day 3 tired otherwise OK. Day 4 fine

VAERS ID:	196339 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	1999-11-17
Age:	47.0	**Submitted:**	2003-01-09
Sex:	Female	**Days after onset:**	1149
Location:	Vermont	**Entered:**	2003-01-17
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	3090A6 / 2	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: UNK
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: A0359266A
Write-up: In 1999 (specific date not provided), the vaccinee received her 2nd injection of Engerix-B (lot ENG3090A6). On 11/17/99, post vax, she experienced generalized hives. She was seen by a physician and the event resolved with unspecified sequelae on approx. 11/23/99. The Engerix-B immunization series was discontinued. The reporter indicated the event was probably related to the thimerosal in vaccine.

VAERS ID:	196425 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2003-01-09
Sex:	Male	**Entered:**	2003-01-17
Location:	Vermont	**Days after submission:**	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Hepatitis B surface antigen positive

SMQs:, Liver infections (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: UNK
Preexisting Conditions: Hemodialysis, kidney dysfunction
Allergies:
Diagnostic Lab Data: Hep B surface antigen, result positive; Liver function tests NOS, result normal
CDC Split Type: A0374380A
Write-up: This report describes a male subject of unspecified age who tested positive for Hep B surface antigen after being vaccinated with Hep B vaccine recombinant (Engerix-B) for prophylaxis. The subject''s medical history included "renal dysfunction resulting in hemodialysis." Concurrent medications were unknown. On an unspecified date, the subject received his first 40 mcg injection of Engerix-B. Subsequently, the subject tested positive for Hep B surface antigen. "The PT''s liver function tests were all within normal limits, as they have consistently been in the past."

VAERS ID:	198314 (history)	**Vaccinated:**	2003-02-03
Form:	Version 1.0	**Onset:**	2003-02-16
Age:	43.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	2003-02-24
Location:	Vermont	**Days after onset:**	8
		Entered:	2003-02-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
SMALL: SMALLPOX (DRYVAX) / PFIZER/WYETH	4020077 / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Chromaturia, Difficulty in walking, Injection site hypersensitivity, Muscular weakness, Pain, Pruritus
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: 2/17/03 : CPK of 29, 826 (nl 0-160), normal electrolytes and normal BUN and Creat.
CDC Split Type:
Write-up: 43 year old female physician who had onset of intense pain and weakness in her bilateral quadriceps after two hours of moderately strenuous cross country skiing on 2/16/03. She had not been hydrating herself during the skiing. The evening of 2/16/03 she noted continued thigh discomfort and also darkened urine which she dipsticked and found 3+ positive heme. She increased her oral fluids and came into the medical center on 2/17/03 for labwork and was found to have a CPK of 29, 826 (nl 0-160), normal electrolytes and normal BUN and Creat. She discussed with nephrologist who advised to continue oral hydration as treatment for rhabdomyolysis given normal renal function. She continued to have pain in her thighs and weakness with limited standing and walking tolerancee. She was seen by her Primary care physician on 2/19/03 and was noted to have slt edema to the left calf and thigh and doppler ultrasound was done to r/o DVT. This was negative. Repeat labs showed reduction of CPK to 15, 000, normal CBC, and continued normal renal function. A urinalysis was normal. No other physical findings aside from tenderness to palpation of the bilateral quads. No skin changes, bruising or rash. PMH: unremarkable. She is an active individual that in the past has had no problem tolerating bursts of increased physical activity. She had participated in a one hour spinning class the day before the skiing and was sore after that. She had not been doing spinning on a regular basis. She had the smallpox vaccination on 2/3/2003 and had a documented "take". She had experienced some itching at the site but no other significant side effects. She denied any constitutional symptoms during the days preceding or the days of her physical activities. She had children that had been ill with a flu like illness the week prior to these symptoms but she had not had any symptoms. She had received the influenza vaccine last Fall. Her current status as off today (2/24/03)is that her thigh pain and weakness is slowly improving. She has a new CPK test pending.

VAERS ID:	198697 (history)	**Vaccinated:**	2003-02-28
Form:	Version 1.0	**Onset:**	2003-03-01
Age:	0.3	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2003-03-03
Location:	Vermont	**Days after onset:**	2
		Entered:	2003-03-04
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	573F9 / 2	RL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	5372A2 / 2	LL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	481810 / 2	LL / IM

IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	40555 / 2	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Anorexia, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever of 103 and decreased appetite

VAERS ID:	199379 (history)	**Vaccinated:**	2002-03-08
Form:	Version 1.0	**Onset:**	2002-03-08
Age:	19.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2003-02-27
Location:	Vermont	**Days after onset:**	356
		Entered:	2003-03-12
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	708B6 / 1	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Eye oedema, Oedema, Oedema peripheral
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: UNK
Preexisting Conditions: NKA
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: A0363440A
Write-up: This Report describes swelling in a 19 y.o. male who received Havrix vax. The PT had no allergies and did not know if he had had any other reactions to previous vax"s. Concurrent medications were not specified. On 3/8/02, the vaccinee received his first injection of Havrix. That evening at about 21:00, both hands and eyelids began to swell. The swelling went away by the next morning, but returned to a lesser extent the next evening. No medical attention was required. The reporting nurse states that "they really don"t think it is necessarily related to the Havrix; could be anything." As of 3/20/02, the swelling resolved.

VAERS ID:	199847 (history)	**Vaccinated:**	2003-02-21
Form:	Version 1.0	**Onset:**	2003-02-22
Age:	12.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2003-02-24
Location:	Vermont	**Days after onset:**	2
		Entered:	2003-03-19
		Days after submission:	23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	576A2 / 5	LA / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Rash maculo-papular, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Red raised itchy - 3 cm diameter. Not tender, no cellulitis. Started w/in 12-18 hrs - peaked at 60 deg.

VAERS ID:	199848 (history)	**Vaccinated:**	2003-02-11
Form:	Version 1.0	**Onset:**	2003-02-14
Age:		**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2003-02-26
Location:	Vermont	**Days after onset:**	12
		Entered:	2003-03-19
		Days after submission:	21

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1159L / UNK	LA / -

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Oedema, Pain
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Great deal of swelling, mild erythema and extremely tender to palpation.

VAERS ID:	201722 (history)	**Vaccinated:**	2003-03-28
Form:	Version 1.0	**Onset:**	2003-03-28
Age:	2.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2003-04-11
Location:	Vermont	**Days after onset:**	13
		Entered:	2003-04-18
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	582A2 / 4	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Oedema, Vasodilation procedure
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mother states that child''s entire leg above the knee became very swollen, red and hot to touch. The swelling began on the 3/28/03 and was better 24-48 hrs later.

VAERS ID:	204240 (history)	**Vaccinated:**	2003-05-13
Form:	Version 1.0	**Onset:**	2003-05-14
Age:	49.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2003-05-27
Location:	Vermont	**Days after onset:**	13
		Entered:	2003-06-04
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
TTOX: TETANUS TOXOID (NO BRAND NAME) / SANOFI PASTEUR	U08318A / 1	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Chills, Injection site erythema, Injection site induration, Injection site oedema, Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Swelling from shoulder to elbow and into armpit. Very red, very had and painful. chills, general achiness.

VAERS ID:	205271 (history)	**Vaccinated:**	2003-04-10
Form:	Version 1.0	**Onset:**	2003-06-22
Age:	42.0	**Days after vaccination:**	73
Sex:	Male	**Submitted:**	2003-06-23
Location:	Vermont	**Days after onset:**	1
		Entered:	2003-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
SMALL: SMALLPOX (DRYVAX) / PFIZER/WYETH	4020077 / 2	LA / ID

Administered by: Public **Purchased by:** Other
Symptoms: Pericarditis
SMQs:, Systemic lupus erythematosus (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: see above
CDC Split Type:
Write-up: Admitted with symptoms consistent with pericarditis. EKG demonstrates elevated ST segment. Troponin 2.5. Cardiac Cath wnl. ECHO pending.

VAERS ID:	207692 (history)	**Vaccinated:**	1997-10-22
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.2	**Submitted:**	2003-08-02
Sex:	Male	**Entered:**	2003-08-12
Location:	Vermont	**Days after submission:**	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	- / -
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / 2	- / -
HIBV: HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	- / -
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	- / -

Administered by: Unknown **Purchased by:** Other
Symptoms: Convulsion, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 1998-03-05
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: At 2 months of age, 8/27/97, HIB #1, Hep B #1, IVP #2, DTaP #1; 10/22/97 HIB #2, Hep B #2, IPV #2, DTaP #2. Reacted to immunization with fever then several hours later convulsions. Seizures not present prior. No improvement over several weeks. Took child to hospital and doctor gave 10/27/97 shots; I said no. She did them anyway. Child died a few months later. 8/12/03: Information received from corrections facility where the reporter is an inmate, indicates that he may not receive outside phone calls but letters are permitted. A letter of request for ER and inpatient record was faxed for the admission on 11/22/03. 8/14/03 This record was received and includes: the ER evaluation; the H&P and the Discharge Summary w/ an addendum that includes the findings from the transfer hospital where child was hospitalized for more extensive evaluation of abnormal head CT. The discharge diagnosis on 11/25/97 was Failure To Thrive. The addendum

which was added after the child"s transfer and evaluation at the higher level of care facility was a diagnosis of Krabbe Disease, an autosomal recessive genetic disorder leading to progressive demyelination of the nervous system. As a result of this evaluation, it was also determined that the mother"s father was also the child"s father and this man was later arrested and arraigned on sexual assault charges. There was no autopsy done on this patient per Office of Chief Medical Examiner. 8/13/03 Call to PMD for this child from birth to the time of his death, to request immunization and relevant OV records. Since it has been 5 yrs since the death of this patient, they have placed the records in storage. She has agreed to locate the records and send them to VAERS 9/3/03 Official Certificate of Death received which confirms the cause of death as Krabbe"s Disease. A copy of the 5 pp. Discharge Summary from hospital is received for the admission from 11/25/97-12/02/97. The discharge diagnosis is listed as progressive leukodystrophy, probable Krabbe Disease. It is not clear if or when the immunization records with lot#s will be received. That information will be added when available. Follow-up is otherwise complete.

VAERS ID:	207792 (history)	**Vaccinated:**	2003-08-04
Form:	Version 1.0	**Onset:**	2003-08-05
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2003-08-05
Location:	Vermont	**Days after onset:**	0
		Entered:	2003-08-13
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	594A2 / 5	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0879M / 2	LA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site oedema, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Swelling, redness, tenderness at site of injection 7 x 10 cm size (left arm-site of DTaP).

VAERS ID:	208336 (history)	**Vaccinated:**	2003-08-19
Form:	Version 1.0	**Onset:**	2003-08-21
Age:	15.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2003-08-21
Location:	Vermont	**Days after onset:**	0
		Entered:	2003-08-26
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U0820AA / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site oedema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized redness at site. Slightly swollen. Warm to touch. Suspect reaction to vaccine.

VAERS ID:	208399 (history)	**Vaccinated:**	2003-08-01
Form:	Version 1.0	**Onset:**	2003-08-15
Age:	1.1	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	2003-08-20
Location:	Vermont	**Days after onset:**	5
		Entered:	2003-08-27
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route

MMR: MEASLES + MUMPS + RUBELLA (VIRIVAC) / MERCK & CO. INC.	0099N / 1	- / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0198N / 1	- / IM

Administered by: Private **Purchased by:** Public
Symptoms: Blister, Injection site abscess, Pruritus, Pyrexia, Rash macular, Rash papular, Skin ulcer, Urticaria
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: MMR #1 and Varicella #1 vaccines given 08/01/2003; 7 days later developed fever to 103.5, intermittently for 3 days which may have been associated with an otitis media. About 2 weeks after vaccines, vaccine site developed progressive welt which appeared pruritic, had some serosanguinons drainage and crusted. About 16 days after vaccines developed diffuse, predominantly maculopapular non-pruritic rash on trunk, arms, face with a few vessicles and crusted lesions.

VAERS ID:	209229 (history)	**Vaccinated:**	2003-09-09
Form:	Version 1.0	**Onset:**	2003-09-09
Age:	23.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2003-09-12
Location:	Vermont	**Days after onset:**	3
		Entered:	2003-09-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / BSI	TD97 / 2	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Chills, Myalgia, Pyrexia, Radiculitis brachial
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: temp, oral 99.8
CDC Split Type:
Write-up: arthralgia, brachial plexus neuropathy, muscle pain, fever and chills

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VAERS ID:	209198 (history)	**Vaccinated:**	2003-08-20
Form:	Version 1.0	**Onset:**	2003-08-20
Age:	1.6	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2003-09-08
Location:	Vermont	**Days after onset:**	19
		Entered:	2003-09-15
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1043AA / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Within several seconds of administration, developed white, raised wheal at site of injection, approx 2" x 3" in area. Cleared in <1 minute. No other symptoms, no respiratory changes. Observed for 1/2 hour and fine, no treatment necessary.

VAERS ID:	209850 (history)	**Vaccinated:**	2003-09-15
Form:	Version 1.0	**Onset:**	2003-09-17
Age:	0.3	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2003-09-29
Location:	Vermont	**Days after onset:**	12
		Entered:	2003-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21883B2 / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA803AA / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Dyskinesia, Staring
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Dyskinesia (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Healthy Sticky green stool that day in a breastfed baby on no solid foods.
Preexisting Conditions: None No reaction following first set of immunizations administered on

07/07/2003.
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT01001
Write-up: Received 2 vaccines on 9/15. Described as having "seizures or convulsions without fever on 9/17 and 9/18." Events characterized as "grimacing with arms flailing" and "staring off into space for about 5 seconds" following this movement.

VAERS ID:	210311 (history)	**Vaccinated:**	2003-10-07
Form:	Version 1.0	**Onset:**	2003-10-08
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2003-10-10
Location:	Vermont	**Days after onset:**	2
		Entered:	2003-10-13
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	610A2 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W0334 / 4	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Cellulitis-reaction with keflex

VAERS ID: 210885 (history)		**Vaccinated:**	2003-10-07
Form:	Version 1.0	**Onset:**	2003-10-08
Age:	0.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2003-10-22
Location:	Vermont	**Days after onset:**	14
		Entered:	2003-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / EVANS VACCINES	765748 / 3	UN / IM

Administered by: Public **Purchased by:** Public
Symptoms: Asthenia, Myalgia, Pain, Swelling
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNKNOWN
Current Illness: UNKNOWN
Preexisting Conditions: UNKNOWN
Allergies:
Diagnostic Lab Data: NONE KNOWN
CDC Split Type:
Write-up: MUSCLE ACHES AND PAIN, GENERAL MALAISE AND EXTREME WEAKNESS.OUT OF WORK FOR 3 1/2 DAYS. HAD HAD VACCINE TWICE BEFORE AND HAD MODERATE LOCAL REACTIONS WITH ARM SWELLING AND PAIN.

VAERS ID: 211556 (history)		**Vaccinated:**	2003-10-22
Form:	Version 1.0	**Onset:**	2003-10-22
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2003-10-22
Location:	Vermont	**Days after onset:**	0
		Entered:	2003-11-04
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	616A2 / UNK	LL / IM
HBHEPB: HIB + HEP B (COMVAX) / MERCK & CO. INC.	0367N / UNK	LL / IM

IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W1440 / UNK	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	493472 / UNK	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Dyskinesia, Hypokinesia, Muscle twitching, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (narrow), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: Cough
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: CT, MRI, EEG NL
CDC Split Type:
Write-up: Admitted to hospital on 10/22/03 for fever with abnormal movements. Work up was unremarkable. NL CT, EEG, MRI. The medical records state hand jerking and facial twitching.

VAERS ID:	212109 (history)	**Vaccinated:**	2003-11-04
Form:	Version 1.0	**Onset:**	2003-11-04
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2003-11-04
Location:	Vermont	**Days after onset:**	0
		Entered:	2003-11-11
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / EVANS VACCINES	765954 / 1	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Chest pain, Pain, Pallor, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Depoprovera
Current Illness: NONE
Preexisting Conditions: One sibling has egg allergy. Pt tolerate eggs.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt presented 45 minutes after vaccination was at her work place. Reports discomfort/pain in chest and right axilla, "throat tightness," and is very pale. Medicated with Benadryl 50mg IM at 1245 by RN. Color improved. throat tightness lessened within 5 mins. Reports first onset of symptoms was within 20 mins of dose. Improved by 1330.

VAERS ID:	212326 (history)	**Vaccinated:**	2003-10-14
Form:	Version 1.0	**Onset:**	2003-10-24
Age:	1.2	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	2003-10-27
Location:	Vermont	**Days after onset:**	3
		Entered:	2003-11-14
		Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	610A2 / 4	RL / IM
HBHEPB: HIB + HEP B (COMVAX) / MERCK & CO. INC.	0855M / 4	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0129N / 1	RL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	493242 / 1	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1156M / 1	LL / SC

Administered by: Public **Purchased by:** Public
Symptoms: Decreased appetite, Erythema, Irritability, Pyrexia, Rash, Rash maculo-papular
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: VA03024
Write-up: Child administered vaccines 10/14/03. On 10/24/03 developed fever (not taken with thermometer) and red, "splotchy" rash on face which progressed to rest of body and limbs. Child was inconsolable with decreased appetite. Parent gave Tylenol, applied calamine and gave Aveeno oatmeal bath which helped. Rash, irritability started to resolve 10/26/03.

VAERS ID:	213447 (history)	**Vaccinated:**	2003-12-03
Form:	Version 1.0	**Onset:**	2003-12-03
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2003-12-03
Location:	Vermont	**Days after onset:**	0
		Entered:	2003-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Asthenia, Dyspnoea, Heart rate increased, Pallor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: difficulty breathing, fast heartbeat, paleness, weakness

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VAERS ID:	213656 (history)	**Vaccinated:**	2003-11-21
Form:	Version 1.0	**Onset:**	2003-11-22
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2003-12-08
Location:	Vermont	**Days after onset:**	16
		Entered:	2003-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / EVANS VACCINES	765855 / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Arthralgia, Injection site pain, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ritalin
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Burning/dysesthesia at vaccine site - same arm arthralgia and myalgias for two weeks

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VAERS ID:	213783 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	40.0	**Submitted:**	2003-12-05
Sex:	Female	**Entered:**	2003-12-10
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / EVANS VACCINES	765873 / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Wellbutrin; Prednisone; Remeron; Neurontin; Trazodone;
Current Illness: NONE
Preexisting Conditions: History of allergy to Thimerosal.
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: After injection about 8-12 hours, noted increased injection site soreness and fever.

VAERS ID:	214497 (history)	**Vaccinated:**	2003-12-12
Form:	Version 1.0	**Onset:**	2003-12-20
Age:	1.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	2003-12-22
Location:	Vermont	**Days after onset:**	2
		Entered:	2003-12-30
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1133AA / 2	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (VIRIVAC) / MERCK & CO. INC.	0611N / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0896N / 1	RL / SC

Administered by: Public **Purchased by:** Other
Symptoms: Rash papular
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Rash over face and trunk; diffuse papular starting on 12/20/03. No fever or malaise.

VAERS ID:	215041 (history)	**Vaccinated:**	2002-07-01
Form:	Version 1.0	**Onset:**	2002-07-01
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-01-09
Location:	Vermont	**Days after onset:**	557
		Entered:	2004-01-16
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	- / 3	LA / -

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: A0392736A
Write-up: A nurse reported the occurrence of injection site pain in an adult male subject of unspecified age who was administered the hepatitis B vaccine recombinant (Engerix-B) for prophylaxis. The subject''s relevant medical history, concurrent conditions and concurrent medications were not provided. Six months ago, in approximately 07/02, the subject received his third injection of Engerix-B. The subject''s complaint of injection site pain persists.

VAERS ID:	215043 (history)	**Vaccinated:**	2002-05-01
Form:	Version 1.0	**Onset:**	2002-05-01
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2004-01-09
Location:	Vermont	**Days after onset:**	618
		Entered:	2004-01-16
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	5216A2 / 3	LA / -

Administered by: Public **Purchased by:** Public
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions: Arm pain
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: A0392993A
Write-up: A physician''s assistant reported the occurrence of pain at the injection site in a 29 year old female who was vaccinated with hepatitis B vaccine recombinant (Engerix-B) for prophylaxis. The subject''s medical history included "mild", persistent, left arm pain following receipt of her second injection of hepatitis B vaccine (Recombivax-HB, Merck) in October 2001. The pain was exacerbated by palpation and "specified movement of the arm". Concurrent conditions and concurrent medications were unknown. In May 2002, the subject received an injection of Engerix-B (Lot # ENG5216A2) administered into the left arm. Subsequently, the subject experienced increased pain at the injection site. The subject was seen in the clinic. The pain was not located in the shoulder joint and the subject had full range of motion. However, she reported difficulty reaching into the back seat of her car. The pain persisted as of 04/14/2003. The reporter considered the injection site pain to be possibly related to "scar tissue from injection".

VAERS ID:	215451 (history)	**Vaccinated:**	2002-11-06
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	38.0	**Submitted:**	2003-05-30
Sex:	Male	**Entered:**	2004-01-22
Location:	Vermont	**Days after submission:**	237

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U0944AA / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Thought blocking
SMQs:, Psychosis and psychotic disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: It was also reported that he had received influenza vaccine in the past with no problems.
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: U200200977
Write-up: Information has been received concerning a 38 year old male who was administered Fluzone SV 2002-2003 USP (Lot # U0944aa) on 11/06/2002. Approximately 6 hours after vaccination, the pt experienced difficulty in verbalizing thoughts, which lasted for 2 to 3 hours. He was fully recovered. It was also reported that he had received influenza vaccine in the past with no problems. From additional information received on 04/10/03, from a nurse, it was reported that the pt, vaccine administrator and physician''s information be updated. No further information is anticipated, this case is closed.

VAERS ID:	216845 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	2002-11-01
Age:	89.0	**Submitted:**	2004-02-16
Sex:	Male	**Days after onset:**	472
Location:	Vermont	**Entered:**	2004-02-25
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Anxiety, Chills, Depression, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Depression (excl suicide and self injury) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Saw palmetto; Glucosamine; Chondrotin sulfates
Current Illness:
Preexisting Conditions: Back injury; Colorectal cancer; Fusion C5-6, incision bladder; Colon canser;
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Was given a flu shot have chills and fever ever since. Medical record states anxiety, depression. msv

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VAERS ID:	217384 (history)	**Vaccinated:**	2003-08-03
Form:	Version 1.0	**Onset:**	2003-08-03
Age:	54.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-03-06
Location:	Vermont	**Days after onset:**	216
		Entered:	2004-03-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (BIOTHRAX) / EMERGENT BIOSOLUTIONS	FAV069 / 5	LA / SC

Administered by: Military **Purchased by:** Military
Symptoms: Arthralgia, Chills, Fatigue, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: N/V, Joint Aches~Anthrax (Biothrax)~5~54.70~In Patient
Other Medications:
Current Illness: None
Preexisting Conditions: HTN, Hyperlipidemia
Allergies:
Diagnostic Lab Data: None

CDC Split Type:
Write-up: 2-3 Hours post-injection he had nausea. By day 3 post-injection, fatigue, chills, and joint aches. Resolved by day 5

VAERS ID:	217475 (history)	**Vaccinated:**	2003-03-09
Form:	Version 1.0	**Onset:**	2003-03-14
Age:	49.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	2004-03-05
Location:	Vermont	**Days after onset:**	357
		Entered:	2004-03-09
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Acne, Arthralgia, Hypoaesthesia, Pyrexia
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness:
Preexisting Conditions: Dyslipidemia, obesity
Allergies:
Diagnostic Lab Data: Body temp-fever 3/14/03
CDC Split Type: WAES0304**USA**01031
Write-up: Information has been received from a RN concerning a 49 year old obese female with dyslipidemia who on approximately 3/9/03, "a little over a month ago," was vaccinated with a dose of hep B vaccine. There was no concomitant medication. On approximately 3/14/03, in the weeks after the vaccination, the pt developed a fever, joint aches (especially in her shoulders and knees), pimples on her face, and a numb forehead. Unspecified medical attention was sought. Additional info has been requested.

VAERS ID:	217502 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	2001-10-01
Age:	29.0	**Submitted:**	2004-03-05
Sex:	Female	**Days after onset:**	886
Location:	Vermont	**Entered:**	2004-03-09
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Public **Purchased by:** Public
Symptoms: Hypokinesia, Injection site pain
SMQs:, Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: WAES0306**USA**01944
Write-up: INJECTION SITE PAIN; MOBILITY DECREASED. This report was received from GlaxoSmithKline for hepatitis B vaccine recombinant (ENGERIX-B) and was assigned manufacturer report number A0392993A. This was originally report by a physician''s assistant concerning a 29-year old female who in October 2001, was vaccinated with the second dose of hepatitis b virus vaccine rHBsAg (yeast). Subsequently the patient experienced "mild", persistent, left arm pain. The pain was exacerbated by palpation and "specific movement of the arm." Concurrent conditions and current medications were unknown. In May 2002, the patient received the third dose of hepatitis b vaccine recombinant (ENGERIX-B) (lot #ENG5216A2) administered into the left deltoid. Subsequently, the patient experienced increased pain at the injection site. The patient was seen in the clinic. The pain was not located in the shoulder joint and the subject had full range of motion. However, the patient reported difficulty reaching into the back seat of her car. The pain persisted as of 14APR2003. The reporter considered the injection site pain to be possibly related to "scar tissue from injection". No further information is expected.

VAERS ID: 217979 (history)		**Vaccinated:**	2004-03-12
Form:	Version 1.0	**Onset:**	2004-03-15
Age:	42.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2004-03-18
Location:	Vermont	**Days after onset:**	3
		Entered:	2004-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (BIOTHRAX) / EMERGENT BIOSOLUTIONS	- / 3	- / -

Administered by: Military **Purchased by:** Military
Symptoms: Cardiac arrest
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? Yes
Birth Defect? No
Died? Yes
Date died: 2004-03-15
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown at this time
Current Illness: Unknown at this time
Preexisting Conditions: Unknown at this time
Allergies:
Diagnostic Lab Data: None available at this time`
CDC Split Type:
Write-up: 42 y/o male was brought into Aide Station in full cardiac arrest after physical training. Expired ~72 hours after receiving anthrax #3. Nurse follow up on 05/27/04 states: "Complete."

VAERS ID: 218227 (history)		**Vaccinated:**	2004-03-18
Form:	Version 1.0	**Onset:**	2004-03-18
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-03-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-03-29
		Days after submission:	10

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	U0996DA / 6	- / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	770A2 / 3	- / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W1233 / 5	- / IM
MMR: MEASLES + MUMPS + RUBELLA (VIRIVAC) / MERCK & CO. INC.	1002M / 2	- / SC

Administered by: Public **Purchased by:** Public
Symptoms: Erythema, Feeling hot, Pain
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm red and hot by night after shot. Today arm is still red, but half of arm is hot around the shoulder. Pain when he moves but is not really bad.

VAERS ID:	218237 (history)	**Vaccinated:**	2004-03-17
Form:	Version 1.0	**Onset:**	2004-03-18
Age:	0.33	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2004-03-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-03-29
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	619AZ / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE039AA / 2	LL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W0334 / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	494377 / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Discomfort, Feeling hot, Irritability, Pyrexia, Rash erythematous, Skin nodule,

Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Vomited, Fever, Swelling at Injection
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Baby was fussy, vomited had temp. 1/2 dollar sized red hard raised area on right thigh warm to touch. Continue to give Tylenol for temp and discomfort call if site doesn''t improve.

VAERS ID:	219514 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2004-04-23
Sex:	Male	**Entered:**	2004-04-27
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1276J / UNK	RA / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1688J / UNK	LA / -

Administered by: Private **Purchased by:** Other
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Child has "shingles" on left arm of recrudescence VS2 infection from recent exposure-suggested culturing lesion by ID consult and reporting.

VAERS ID:	219621 (history)	**Vaccinated:**	2004-04-12
Form:	Version 1.0	**Onset:**	2004-04-13
Age:	36.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-04-26
Location:	Vermont	**Days after onset:**	13
		Entered:	2004-04-28
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / SANOFI PASTEUR	W02139 / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Angioneurotic oedema, Convulsion, Syncope, Urticaria
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (narrow), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Oropharyngeal allergic conditions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK

Current Illness: UNK
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: CBC, U/A (-)
CDC Split Type:
Write-up: Hives, angioedema, seizure/syncope

VAERS ID:	220197 (history)	**Vaccinated:**	2004-04-21
Form:	Version 1.0	**Onset:**	2004-04-23
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2004-04-23
Location:	Vermont	**Days after onset:**	0
		Entered:	2004-05-12
		Days after submission:	19

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	587A2 / UNK	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W0334 / 5	RA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0138N / 3	RA / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BD Safety Glide
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Patient received 5 year old immunizations on 4/21/04. Patient received DTaP only in left arm. Patient was seen on 4/23/04 for cellulitis left arm and was prescribed antibiotic course. Nurse follow up on 05/18/04 states: ADD: MMR # 2, Merck, Lot # 0138N, RA; IPV # 4, Aventis, Lot # W0334, RA.

VAERS ID:	220364 (history)	**Vaccinated:**	2004-04-21
Form:	Version 1.0	**Onset:**	2004-04-21
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-04-23
Location:	Vermont	**Days after onset:**	2
		Entered:	2004-05-17
		Days after submission:	24

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0820M / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling and redness within hours of injection. Circumferential 10x15 cm region near injection site.

VAERS ID:	221260 (history)	**Vaccinated:**	2004-05-12
Form:	Version 1.0	**Onset:**	2004-05-13
Age:	0.2	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-05-14
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-05-21
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21899A9 / 1	LL / IM

HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UB114AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	495174 / UNK	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site induration, Pyrexia, Screaming, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever:16 hrs after immunization lasting 6-8 hours. Excessive crying with screaming continuous when awake- starting at 16 hours post immunization and lasting at least 36 hours. Did sleep for 9 hours in middle of period. Left thigh swollen and indurated: no erythema.

VAERS ID:	222573 (history)	**Vaccinated:**	2004-05-15
Form:	Version 1.0	**Onset:**	2004-05-16
Age:	34.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-06-10
Location:	Vermont	**Days after onset:**	25
		Entered:	2004-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (BIOTHRAX) / EMERGENT BIOSOLUTIONS	FAV083 / 2	LA / SC

Administered by: Military **Purchased by:** Military
Symptoms: Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Propecia
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itchy rash on arms, trunk and upper legs. Symptoms started one day (16 May 04). No other symptoms reported. Member denied, fever, dyspnea or any other S&S. Denied any problems with first anthrax dose. On exam several small bumps that looked similar to heat rash were on forearm. Vaccination site slightly pink. Member first noticed rash after running on 16 May. Member worked in yard on same day as vaccine given, but was wearing long sleeve shirt. No treatment given. Member told if symptoms got worse or didn''t resolve to see his PCP. Symptoms resolved in 2 weeks.

VAERS ID:	222844 (history)	**Vaccinated:**	2004-06-08
Form:	Version 1.0	**Onset:**	2004-06-09
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-06-14
Location:	Vermont	**Days after onset:**	5
		Entered:	2004-06-18
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	A616A2 / 5	LL / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0146 / 4	RL / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0131N / 2	RL / -

Administered by: Public **Purchased by:** Other
Symptoms: Injection site erythema, Injection site induration, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: NONE
Current Illness: Red, warm, hard area at site
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type:
Write-up: 2z2 area on left leg, warm to touch. Red and hard area at site. Tylenol for discomfort and have mom report if it doesn''t get better within the week.

VAERS ID:	222845 (history)	**Vaccinated:**	2004-06-04
Form:	Version 1.0	**Onset:**	2004-06-05
Age:	0.7	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2004-06-14
Location:	Vermont	**Days after onset:**	9
		Entered:	2004-06-18
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	2191922 / 2	LL / -
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE097AC / 3	RL / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	494377 / 3	RL / -

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site induration, Injection site oedema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type:

Write-up: Left thigh, 3 inch red, swollen, induration, warm to touch. Right thigh, 2-3 inch red, swollen induration, warm to touch. No fever, no neurologic symptoms.

VAERS ID:	222867 (history)	**Vaccinated:**	2004-05-20
Form:	Version 1.0	**Onset:**	2004-05-22
Age:	32.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2004-06-18
Location:	Vermont	**Days after onset:**	27
		Entered:	2004-06-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (BIOTHRAX) / EMERGENT BIOSOLUTIONS	FAV084 / 3	LA / SC

Administered by: Military **Purchased by:** Military
Symptoms: Arthralgia, Erythema, Fatigue, Headache, Injection site induration, Injection site warmth, Pain, Pyrexia, Rash papular
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: On 22 MAY 04, headache, fatigue, and generalized aches and pains started 2 days after vaccination. On 26 MAY 04, pt developed joint aches, fatigue, and fever. Fever peaked at 103 degrees on 28 MAY 04 at same time as developed erythematous papules, which eventually coalesced into large papules around injection sites on both arms. Shots #1 and #3 on L deltoid, shot #2 on R deltoid. Pt reported on 1 JUN 04 that symptoms were decreasing but not resolved. Pt was taking Tylenol 3000-4000mg/day at that time. Exam of injection sites on 1 JUN 04 showed R deltoid having very few, small erythematous papules within 3 cm of site and small, firm nodule at site, and no increased warmth. L deltoid had few small erythematous papules within 4-5 cm of sites and approx. 4 cm nodule at sites, with increased warmth, and very slight erythema. Pt saw PMD on 27 & 29 MAY 04. Rash went away 31 MAY 04, fever gone 1 JUN 04.

VAERS ID:	223869 (history)	**Vaccinated:**	2003-05-22
Form:	Version 1.0	**Onset:**	2003-05-30
Age:	16.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	2003-07-28
Location:	Vermont	**Days after onset:**	59
		Entered:	2004-07-12
		Days after submission:	350

Vaccination / Manufacturer	Lot / Dose	Site / Route
JEV: JAPANESE ENCEPHALITIS (JE-VAX) / SANOFI PASTEUR	N20BA / 2	LA / IM
RAB: RABIES (IMOVAX) / SANOFI PASTEUR	W0046 / UNK	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Choking, Laryngeal oedema, Sensory disturbance, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Peripheral neuropathy (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: URI
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: 200301057
Write-up: From initial information received on 09JUN2003 from a health care professional regarding an adverse event occurring in the USA it was reported that a 16 year old female patient received IMOVAX RABIES, lot number PMW0046, administered intra-muscularly in the right arm and her second dose of JE-VAX, administered intra-muscularly in the left arm on 22MAY2003. Eight days later, on 30MAY2003, the patient developed generalized hives and felt a choking sensation. She did not have any laryngeal edema. She was given Benadryl orally as treatment. The recovery status of this patient is currently unknown.

VAERS ID:	223975 (history)	**Vaccinated:**	2004-07-12
Form:	Version 1.0	**Onset:**	2004-07-13
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-07-14
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-07-15
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	622A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0316 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0613N / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Asthenia, Erythema, Feeling hot, Pruritus, Pyrexia, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride
Current Illness: NONE
Preexisting Conditions: NONE/ 27 week premie: no Sequelae
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Right shoulder hot, red, swollen 2 inches down from top of shoulder, itchy, T 99.8 Advised cool packs, Benadryl, call if not improving. 7/13: seen in office in afternoon, now with decreased energy, continued Tylenol, Benadryl, 7/14: flu in office, acting more himself, mild erythema, swelling from deltoid to elbow. No fever.

VAERS ID:	224038 (history)	**Vaccinated:**	2004-07-13
Form:	Version 1.0	**Onset:**	2004-07-14
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2004-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1043BA / 6	RA / -

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Feeling hot, Oedema, Similar reaction on previous exposure to drug, Tenderness
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: reaction same as above but in leg~DTaP (no brand name)~4~1.00~In Patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: NH0414
Write-up: Used needle 36hrs later right deltoid- red + edematous, warm to touch, tender 2/3rd of upper arm similar to prior rxn with DTaP at 15 months age 9/12/00. Not febrile.

VAERS ID:	224107 (history)	**Vaccinated:**	2004-07-14
Form:	Version 1.0	**Onset:**	2004-07-15
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-07-16
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-07-19
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	622A2 / 5	RA / IM

IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0316 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0613N / 2	LA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Office has seen 2 other kids in past exp with rxn. Mom called 2 days after receiving DTaP reports 4x4 area red warm, swollen on arm where DTaP given. Mom describes much more significant after 48hours. Mom to given ASA med prn, Benadryl and cool compresses. Care with significant changes or further concerns.

VAERS ID:	224361 (history)	**Vaccinated:**	2004-07-16
Form:	Version 1.0	**Onset:**	2004-07-25
Age:	1.3	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	2004-07-26
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / 1	- / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: High Fever, Small rash, starting on 7/25. Doctor checked on 7/26, no visable signs of reason for fever. Dr. recomended fever reducers if patient temp over 101.9.

VAERS ID:	224868 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2004-07-30
Sex:	Female	**Entered:**	2004-08-04
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1026M / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Erythema, Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: unk
CDC Split Type: WAES0310**USA**03333
Write-up: Information has been received from a licensed PRN concerning a female who in October, 2003, "couple of weeks ago" was vaccinated in the he arm with a dose of pneumococcal

23v polysaccharide and was evaluated at the office for a red, swollen and painful arm. Unspecified medical attention was sought. Subsequently, the symptoms resolved and the pt recovered. There was no product quality complaint involved. Follow up info received from an LPN indicated that the outcome is recovered. The reporter expressed concern about the particular lot of vaccine and requested a lot check on 1026M. The records of testing prior to release of this lot have been checked by QA and found to be satisfactory. The lot complies with the standards of the Center for Biologics Evaluation and Research and was released. The reporter also mentioned that three other pts were vaccinated with a dose of pneumococcal 23v polysaccharide vaccine and experienced a similar rxn. Additional information is expected.

VAERS ID:	224876 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	2003-10-30
Age:		**Submitted:**	2004-07-30
Sex:	Male	**Days after onset:**	273
Location:	Vermont	**Entered:**	2004-08-04
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1026M / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Erythema, Injection site reaction, Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: WAES0311**USA**00277
Write-up: Information has been received from a licensed practical nurse concerning a male who was vaccinated with a dose of pneumococcal 23v polysaccharide vaccine and "presented to office today", on 30OCT2003 with "the same local site reactions", a red, swollen and painful arm. Unspecified medical attention was sought. There was no product quality complaint involved. Subsequently, the pt recovered. The reporter expressed concern about the particular lot of vaccine and requested a lot check on 1026M. The records of testing prior to release of this lot have been checked by QA and found to be satisfactory. The lot complies with the standards of the Center for Biologics Evaluation and Research and was released. The reporter also mentioned that

three other pts were vaccinated with a dose of pneumococcal 23v polysaccharide vaccine and experience a similar reaction. Additional info has been requested.

VAERS ID:	224877 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	2003-10-30
Age:		**Submitted:**	2004-07-30
Sex:	Male	**Days after onset:**	273
Location:	Vermont	**Entered:**	2004-08-04
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1026M / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Erythema, Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: WAES0311**USA**00278
Write-up: Information has been received from a licensed prn concerning a male who was vaccinated with a dose of pneumococcal 23v polysaccharide vaccine and presented today, on 30OCT2003 with the "same type local site reactions" a red, swollen and painful arm. Unspecified medical attention was sought. There was no product quality complaint involved. Subsequently the pt recovered. The reporter expressed concerns about the particular lot of vaccine and requested a lot check on 1026M. The records of testing prior to release of this lot have been checked by QA and found to be satisfactory. The lot complies with the standards of the Center for Biologics Evaluation and Research and was released. The reporter also mentioned that three other pts

were vaccinated with a dose of pneumococcal 23v polysaccharide vaccine and experience a similar reaction. Additional info has been requested.

VAERS ID:	224878 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2004-07-30
Sex:	Female	**Entered:**	2004-08-04
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1026M / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Pruritus, Swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: WAES0311**USA**00279
Write-up: Information has been received from a licensed LPN concerning a female with no allergies who in October of 2003 "was just vaccinated with a dose of pneumococcal 23v polysaccharide vaccine and had more more serious reaction of itching, swelling, hives and was treated with an antihistamine. There was no illness at the time of vaccination. It was noted that the pt was being monitored in the office at the time of this report. Unspecified medical attention was sought. There was no product quality complaint involved. Subsequently, the pt recovered. The reporter expressed concerns about the particular lot of vaccine and requested a lot check on 1026M. The records of testing prior to release of this lot have been checked by QA and found to be satisfactory. The lot complies with the standards of the Center for Biologics Evaluation and Research and was released. The reporter also mentioned that three other pts were vaccinated with a dose of pneumococcal 23v polysaccharide vaccine and experience a similar reaction. Additional info has been requested.

VAERS ID: 225386 (history)		**Vaccinated:**	2004-03-31
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	35.0	**Submitted:**	2004-10-01
Sex:	Male	**Entered:**	2004-08-13
Location:	Vermont	**Days after submission:**	49

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (NO BRAND NAME) / UNKNOWN MANUFACTURER	W14192 / UNK	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Cardiac valve disease, Chest pain, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: The patient had no illnesses at the time of vaccination. The patient had no pre-existing diagnosed allergies, birth defects or medical conditions. From additional information received on 22Sep04, it was reported that the pt had his last rabies vaccine in 1999 with no prior reactions reported. He was on no concomitant medication at the time of vaccination on 31Mar04.
Allergies:
Diagnostic Lab Data:
CDC Split Type: 200402626
Write-up: From initial information received on 8/6/04 from a health care professional regarding an adverse event occurring in the USA, it was reported that a 35 year old male patient received a RABIES vaccine, administered at 8:30am on 3/31/04. The lot number, route, site, and dose number information was not provided for the product administered. Sometime after the administration of the Rabies product the patient experienced a pre-syncope episode, chest pain, and a ventricular ectopy. The patient''s recovery status was reported as recovered. Follow up on 09/28/04 states: "From additional information received through a telephone call on 09/22/04 from a physician, it was reported that the pt received IMOVAX RABIES on 03/31/04. The physician did not have the lot #, but stated that she would call back with this information, as well as the route of administration. The pt received the vaccine as part of a post-exposure series. He is a veterinarian, who was exposed to bull saliva during intubation. The bull was a suspected carrier of rabies. The pt''s last rabies vaccination was in 1999 with no prior reactions reported. His diagnosis of ventricular arrhythmia was based on cardiac monitor rhythm strips, as well as by pt''s symptoms. He has since recovered from these events without sequelae." From additional information received on 29Sep04 from a healthcare professional, it was reported that the pt received the

Imovax Rabies vaccine from a recalled lot, lot number W14192 administered IM. Reportedly the pt has fully recovered from the event.

VAERS ID:	225430 (history)	**Vaccinated:**	2004-04-24
Form:	Version 1.0	**Onset:**	2004-05-03
Age:	0.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	2004-08-15
Location:	Vermont	**Days after onset:**	104
		Entered:	2004-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
SMALL: SMALLPOX (DRYVAX) / PFIZER/WYETH	- / UNK	UN / -

Administered by: Military **Purchased by:** Military
Symptoms: Discomfort, Infection transmission via personal contact, Insomnia, Laboratory test abnormal, Rash papular, Skin ulcer
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: Bacterial and viral cultures, including HSV - negative. Vaccinia by PCR positive.
CDC Split Type:
Write-up: Secondary Transmission Nonvaccinee (No information known about the vaccinee, other than he had his SPV around 4/24/04. He is thought to be deployed.) Contact was an 18-y.o. student who slept with vaccinee several nights (not sure if vaccine site was bandaged/covered). On 5/3/04, she sought evaluation for a perineal fissure which appeared "a little oozy". Wet mount was negative. HSV was sent and later determined to be negative. On 5/4/04, she noted several vulvular papules, which were painful. By the time she was evaluated that day, she had about 7-8 white, firm, slightly tender papules on lower vulva. Evaluated by Derm, and even though HSV culture was negative, was treated with Valtrex for 10 days and aquaphor. On 5/5/04, because of discomfort and problems sleeping, was given Tylenol #3 and xylocaine jelly. By 5/10/04, lesions beginning to heal (outer lesions drying; mucus membrane lesions still painful and red); viral and bacterial cultures sent. On 5/12/04, Lesions drying, flat and dark pink.

VAERS ID: 226017 (history)		**Vaccinated:**	2004-08-25
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	4.0	**Submitted:**	2004-08-25
Sex:	Male	**Entered:**	2004-08-30
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	630A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0316 / 4	RA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site induration, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Right shoulder is pink, hot, swollen and hard.

VAERS ID: 226550 (history)		**Vaccinated:**	2004-08-03
Form:	Version 1.0	**Onset:**	2004-08-03
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-09-02
Location:	Vermont	**Days after onset:**	30
		Entered:	2004-09-13
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (RABAVERT) / NOVARTIS VACCINES AND DIAGNOSTICS	330011 / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Crying, Hyperhidrosis, Incoherent, Pyrexia, Screaming, Tremor

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Past major depression
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: About 12 hours after vaccination tried to sleep, but stated sweating and shaking. Sought his mother at 5AM, screaming, sobbing, incoherent. Ran into street in underwear, restrained by EMS. Febrile 102. Resolved promptly.

VAERS ID:	226585 (history)	**Vaccinated:**	2004-03-11
Form:	Version 1.0	**Onset:**	2004-03-11
Age:	38.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2004-09-11
Location:	Vermont	**Days after onset:**	183
		Entered:	2004-09-14
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (BIOTHRAX) / EMERGENT BIOSOLUTIONS	- / UNK	- / -
HEPA: HEP A (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Military **Purchased by:** Unknown
Symptoms: Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PPD, Prilosec occasionally
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm numb 5" below joint usually does not radiate, sometimes when I sleep on it I feel it in the joint and wake unable to feel the arm.

VAERS ID:	226674 (history)	**Vaccinated:**	2004-09-02
Form:	Version 1.0	**Onset:**	2004-09-04
Age:	1.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2004-09-14
Location:	Vermont	**Days after onset:**	10
		Entered:	2004-09-15
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0268P / 1	LL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A57556E / 3	RL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0078P / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Feeling hot, Injection site discolouration, Injection site swelling, Rash, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Eczema
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: 9-4: had red, swollen thigh around MMR vaccine site, noticed two days after shot. Treated with cold/ ice compress, Motrin or Tylenol. Mom called back 9-6, 9-9, 9-10 with rash on legs, red spots, + blanching. Treated with Benadryl. Called 9-12 with red leg (varicella vaccine 9-2) red, swollen, hot. Seen, treated with Keflex.

VAERS ID:	226872 (history)	**Vaccinated:**	2004-08-11
Form:	Version 1.0	**Onset:**	2004-08-13
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2004-09-21
Location:	Vermont	**Days after onset:**	39
		Entered:	2004-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0268P / 2	RA / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type: VDH092104
Write-up: Right arm large, red, swollen. Vaccinated on 8/11/04 and patient presented at office on 9/13/04. Treated with warm compress and tylenol.

VAERS ID:	226883 (history)	**Vaccinated:**	2004-09-15
Form:	Version 1.0	**Onset:**	2004-09-15
Age:	0.34	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2004-09-16
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-09-22
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21919B9 / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE250AC / 2	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A74399F / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Cyanosis, Irritability, Laboratory test abnormal, Pharyngitis, Pyrexia, Tremor
SMQs:, Anaphylactic reaction (broad), Agranulocytosis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Parkinson-like events (broad), Oropharyngeal infections (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Lactulose
Current Illness: URI (no fever)
Preexisting Conditions: Constipation (on lactulose);
Allergies:
Diagnostic Lab Data: CBC with diff; Urine culture WNL
CDC Split Type:
Write-up: Developed fever 101, 3 hours after immunizations with fussiness. Gave Tylenol. Temperature increased to 103. Had 2.5 minute shaking episodes (probable seizures) above with perioral cyanosis. Approximately 4 hours after immunizations and 4.5 hours after immunizations. No further seizures. Temperature went down to 100.6 after Tylenol. Pt experienced well at 7PM.

Medical records state pharyngitis. msv

VAERS ID:	227755 (history)	**Vaccinated:**	2004-10-11
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2004-10-13
Sex:	Male	**Entered:**	2004-10-14
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / 4	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Injection site oedema, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: itchy at site of DTaP, arm swollen elbow to shoulder, no painful, bright red. Mom left a message.

VAERS ID:	227756 (history)	**Vaccinated:**	2004-10-11
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	4.0	**Submitted:**	2004-10-13
Sex:	Male	**Entered:**	2004-10-14
Location:	Vermont	**Days after submission:**	1

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0268P / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Feeling hot, Injection site erythema, Injection site oedema, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Very red arm at site of Dtap, mom will call if worse. Morning of 10/12 nickel size red, eve of 10/12 bigger, morn of 10/13 ~4in area of redness, warm, very itchy.

VAERS ID:	227951 (history)	**Vaccinated:**	2004-10-13
Form:	Version 1.0	**Onset:**	2004-10-14
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-10-15
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-10-19
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0316 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / 2	LA / SC

Administered by: Private **Purchased by:** Public

Symptoms: Erythema, Feeling hot, Oedema, Pruritus
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness, swelling, warmth and itching from elbow to shoulder beginning about 24 hours after injection.

VAERS ID:	228039 (history)	**Vaccinated:**	2003-12-05
Form:	Version 1.0	**Onset:**	2004-08-23
Age:	46.0	**Days after vaccination:**	262
Sex:	Male	**Submitted:**	2004-10-14
Location:	Vermont	**Days after onset:**	52
		Entered:	2004-10-21
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0895M / 2	- / SC

Administered by: Private **Purchased by:** Private
Symptoms: Blister, Eye disorder, Facial palsy, Headache, Herpes zoster, Pain, Rash, Ulcerative keratitis
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Corneal disorders (narrow), Retinal disorders (broad), Hearing impairment (broad), Ocular infections (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: Herpes genitalis; Hypercholesterolemia; Vitiligo
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: WAES0408**USA**02185
Write-up: Information has been received from a physician concerning a 46 year old white male patient with no known allergies and vitiligo, and a history of herpes genitalis and hypercholesterolaemia, who on 10/9/03 and 12/5/03 was vaccinated SC in the arm with a first and second dose of varicella virus vaccine live (lot # 643597/0895M). It was noted that the patient was not ill at the time of vaccination. On 8/23/04 the patient developed herpes zoster, and medical attention was sought. The physician reported she performed a clinical diagnosis of herpes zoster but no specimen was taken. The physician reported that the patient''s rash was on the left side of frontal scalp that included the left eye, and headache. THe patient was treated with famcyclovir 500mg twice daily and acetaminophen (+) hydrocodone bitartrate and he was referred to an ophthamologist. The patient is recovering, but still experiencing opthalmic symptoms and headache. It was noted the physician requested information on the varicella zoster identification program. Follow up information has been received from the physician who reported that the patient was diagnosed with Ramsay-Hunt syndrome and his symptoms included left facial pain and blistering on the tip of his nose and anterior forehead. It was noted that the patient was seen by the ophthalmologist and he was found to be positive for left eye corneal ulceration. The patient recovered on an unspecified date. Ramsay-Hunt syndrome and left eye corneal ulceration were considered to be other important medical events (OMIC). No additional information is expected.

VAERS ID:	228125 (history)	**Vaccinated:**	2004-10-14
Form:	Version 1.0	**Onset:**	2004-10-19
Age:	64.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	2004-10-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-10-25
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1421AA / 5	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0740N / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site induration, Injection site oedema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Right breast cancer; lymphactomy axillary dissectum, non ischemic cardiomyopathy.
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Very large area of redness, swelling, warmth and induration 15x15cm distal to right deltoid injection site of pneumococcal vaccine. Developed several hours after shot. As of next day, swelling somewhat diminished.

VAERS ID:	228568 (history)	**Vaccinated:**	2004-10-28
Form:	Version 1.0	**Onset:**	2004-10-28
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-11-01
Location:	Vermont	**Days after onset:**	4
		Entered:	2004-11-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1189 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1349N / 1	RA / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site swelling, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: History of rash with amoxycillin
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT110104
Write-up: 10mm X 10mm raised, itchy welt on upper L arm. Office visit on 10/30/04.

VAERS ID:	228923 (history)	**Vaccinated:**	2004-10-28
Form:	Version 1.0	**Onset:**	2004-10-29
Age:	3.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-11-01
Location:	Vermont	**Days after onset:**	3
		Entered:	2004-11-08
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1439AA / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth, Pyrexia, Tenderness
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pulmicort; Albuterol
Current Illness: NONE
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Fever in evening $g100-101. Swelling injection site to elbow. Increased erythema and warmth injection site to most arm; slight tenderness.

VAERS ID:	229232 (history)	**Vaccinated:**	2004-11-04
Form:	Version 1.0	**Onset:**	2004-11-04
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2004-11-11
Location:	Vermont	**Days after onset:**	7
		Entered:	2004-11-15
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500333P / UNK	NS / IN

Administered by: Private **Purchased by:** Unknown
Symptoms: Chest discomfort, Feeling abnormal, Pain
SMQs:, Anaphylactic reaction (broad), Dementia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: "Weird" feeling, aches, chest discomfort

VAERS ID:	229234 (history)	**Vaccinated:**	2004-11-04
Form:	Version 1.0	**Onset:**	2004-11-04
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2004-11-11
Location:	Vermont	**Days after onset:**	7
		Entered:	2004-11-15
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500333P / UNK	NS / IN

Administered by: Private **Purchased by:** Unknown
Symptoms: Chest pain, Palpitations
SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Fleeting episode of palpitations chest pain lasting 2 hours.

VAERS ID:	229235 (history)	**Vaccinated:**	2004-11-04
Form:	Version 1.0	**Onset:**	2004-11-04
Age:	40.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-11-11
Location:	Vermont	**Days after onset:**	7
		Entered:	2004-11-15
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500333P / UNK	NS / IN

Administered by: Private **Purchased by:** Unknown
Symptoms: Anxiety, Palpitations
SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Palpitations and felt anxious. Lasted 1/2 hours.

VAERS ID:	229236 (history)	**Vaccinated:**	2004-11-04
Form:	Version 1.0	**Onset:**	2004-11-04
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2004-11-11
Location:	Vermont	**Days after onset:**	7
		Entered:	2004-11-15
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500333P / UNK	NS / IN

Administered by: Private **Purchased by:** Unknown
Symptoms: Chest pain, Feeling abnormal
SMQs:, Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Felt "weird", left sided chest pain.

VAERS ID:	229302 (history)	**Vaccinated:**	2004-11-05
Form:	Version 1.0	**Onset:**	2004-11-05
Age:	88.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2004-11-10
Location:	Vermont	**Days after onset:**	5
		Entered:	2004-11-16
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1557AA / UNK	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Anxiety, Dyspnoea, Eye swelling, Flushing
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: post CVA, major depression, general anxiety and pa, mild COPD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient complained of feeling flushed: did not appear flushed. Complained of difficulty

breathing. Observed by RN at site. Patient given Lorazepam 0.25 mg orally. Patient exhibited increasing shortness of breath with puffy eyes. Doctor called. Pt given epinephrine 0.3cLx1 at 2PM. 2:15 patient transported to Emergency Department by ambulance. No interventions at hospital ED. Pt recovered by time of arrival. Diagnosis: possible reaction to flu shot vs. anxiety.

VAERS ID:	229661 (history)	**Vaccinated:**	2004-11-18
Form:	Version 1.0	**Onset:**	2004-11-19
Age:	10.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-11-26
Location:	Vermont	**Days after onset:**	7
		Entered:	2004-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB005AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Erythema, Pityriasis rosea, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash, Pityriasis Rosea diagnosed on 11/26/04, appeared on 11/19/04 with fine red bumps on chest wall, discussed by phone, worsened on 11/26 and seen, not ill with any systemic symptoms, no fever or malaise, rash is very slightly itchy.

VAERS ID:	229989 (history)	**Vaccinated:**	2004-11-30
Form:	Version 1.0	**Onset:**	2004-12-01
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2004-12-02
Location:	Vermont	**Days after onset:**	1
		Entered:	2004-12-03
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Tenderness
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Local redness and swelling at injection site, somewhat sensitive. No fever.

VAERS ID:	230214 (history)	**Vaccinated:**	2004-12-01
Form:	Version 1.0	**Onset:**	2004-12-01
Age:	46.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-12-08
Location:	Vermont	**Days after onset:**	7
		Entered:	2004-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0579P / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Headache, Injection site oedema, Injection site pain, Pain, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hyzaar, ASA, Herbal, Super Coracles, Flapserdil, MTC, Glucosamine
Current Illness: NONE
Preexisting Conditions: Allergy PCN, Biapin, Keflex
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Discomfort left shoulder, some swelling at site, achy, headache, hives over left shoulder, some overweight left side of neck (vaccine given IM left deltoid).

VAERS ID:	231173 (history)	**Vaccinated:**	2004-12-09
Form:	Version 1.0	**Onset:**	2004-12-09
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2004-12-15
Location:	Vermont	**Days after onset:**	6
		Entered:	2004-12-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500339P / 1	NS / IN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Erythema, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None reported
Current Illness: None reported
Preexisting Conditions: None reported
Allergies:

Diagnostic Lab Data: Unknown--contact hospital.
CDC Split Type:
Write-up: Patient received full dose of FluMist. She waited 15 minutes without incident and left the clinic area. Approximately 20 minutes after leaving the clinic area, she returned c/o generalized pruritus, particularly on chest, arms, palms of hands. Erythema and diffuse papules were present on her chest only, in the lower sternal area extending approximately to mid-clavicular area. Dorsal thorax, stomach area, extremities negative for rash. Patient denied all symptoms except pruritus. Lungs and VS serially assessed over a period of 1/2 hour remained within normal limits (lungs clear, VS WNL). 50mg PO benadryl was administered. Phone consultation with primary care physician resulted in patient being transported to Emergency Dept. where she was assessed and released that day. Rx was benadryl PRN and prednisone 20mg x 2D. Treated at hospital.

VAERS ID:	232190 (history)	**Vaccinated:**	2004-12-01
Form:	Version 1.0	**Onset:**	2004-12-11
Age:	12.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	2005-01-06
Location:	Vermont	**Days after onset:**	26
		Entered:	2005-01-12
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	01457AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Eye irritation, Facial palsy, Upper respiratory tract infection, Vomiting
SMQs:, Acute pancreatitis (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Corneal disorders (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: upper respiratory infection
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine given 12/01/2004 12/11/2004 - eye irritation, vomited and URI symptoms. 12/12/2004 - right side of face drooping. 12/12/2004 - seen ER Dx: Bell''s Palsy

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VAERS ID:	232733 (history)	**Vaccinated:**	2004-07-22
Form:	Version 1.0	**Onset:**	2004-07-22
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2004-12-23
Location:	Vermont	**Days after onset:**	154
		Entered:	2005-01-24
		Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (RABAVERT) / NOVARTIS VACCINES AND DIAGNOSTICS	330011 / 3	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness:
Preexisting Conditions: Need for prophylactic vaccination and inoculation against rabies
Allergies:
Diagnostic Lab Data:
CDC Split Type: EM20040421
Write-up: A 6 year old female pt experienced fever and vomiting while receiving RabAvert for post exposure prophylaxis. The pt received RabAvert 1.0ml on 15Jul04, 18Jul04, and 29Jul04. Past medical history was not provided. The child received no concomitant medications. In the evening following the last two doses of RabAvert on 22Jul04 and 29Jul04, the pt developed a temp to 102 F and vomiting lasting about 18 hrs. No specific treatment was stated. The physician reporter planned on giving a fifth dose of RabAvert on 12Aug04. The events were considered resolved.

VAERS ID: 232772 (history)		**Vaccinated:**	2003-10-17
Form:	Version 1.0	**Onset:**	2003-10-21
Age:	52.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	2005-01-21
Location:	Vermont	**Days after onset:**	458
		Entered:	2005-01-24
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U106888 / 5	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Discomfort, Hypertrophy, Injection site pain, Laboratory test abnormal, Myositis, Shoulder pain
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ASA; Zocor
Current Illness:
Preexisting Conditions: Patient''s pre-existing medical conditions include high cholesterol. He has no known allergies. He had no illnesses at the time of vaccination. The patient previously received four doses of influenza vaccine with no reactions reported.
Allergies:
Diagnostic Lab Data: The patient had an MRI completed in October of 2004. MRI results were not provided. From additional information received on 1/14/05, a radiology report was provided. The patient had an MRI of his right shoulder on 10/22/04 due to shoulder pain. The MRI showed marked AC joint hypertrophy with some secondary bone edema, especially at the distal clavicle. Some focal lucency was also noted at the site. The changes might have been due to osteoarthritis, but an erosive arthropathy could not be completely excluded and correlation with the patient''s history and involvement of other joints was recommended. There was impingement on the superior aspect of the supraspinatus, but no rotator cuff tear was seen. Other focal bony abnormality was not noted. There were changes of chronic impingement on the posterior aspect of the superolateral humerus. The physician also thought it relevant to know if the patient has a history of prior dislocation as there was some bony irregularity at the posteroinferior aspect of the glenoid labrum also seen with slight abnormality in bone signal change on the gradient images. The physician''s impression was marked AC joint hypertrophy, labrum intact and minor glenoid changes as described.
CDC Split Type: 200403589
Write-up: From follow up information received on 1/14/05 the seriousness of this case was

upgraded from non-serious to serious, as based upon medical judgement. From initial information received on 11/1/04 from a registered nurse regarding an adverse event occurring in the USA, it was reported that a 51 year old male patient received a dose of FLUZONE vaccine, lot number U106888, administered in the right deltoid on 10/17/03. Four days later, on 10/21/04, the patient developed lingering shoulder pain at the right deltoid site. The patient has seen an orthopedic shoulder specialist and has been through physical therapy. He also used non-steroidal anti-inflammatories with no beneficial effect. The orthopedic shoulder specialist thought that the patient may have developed some sort of myositis. Patient''s pre-existing medical conditions include high cholesterol. He has no known allergies. He did not have any illnesses at the time of vaccination. Concomitant medications at the time of vaccination included ASA and Zocor. The patient previously received four doses of influenza vaccine with no reactions reported. Reportedly, the discomfort, although it has waxed and waned somewhat, has not diminished significantly over the last several months. The patient has not recovered from these events. From additional information received on 1/14/05, from a physician, it was reported that the patient received a 0.5ml dose of FLUZONE, administered IM in the right deltoid. Reportedly, the patient had no illnesses at the time of vaccination. An MRI of the patient''s right shoulder was completed on 10/22/04 due to right shoulder pain. The MRI showed marked AC joint hypertrophy, labrum intact and minor glenoid changes. Per the reporter, the patient''s shoulder pain was somewhat improved as of the patient''s office visit on 12/23/04. The physician stated that he does not consider the adverse events to be a significant or permanent disability, but it was a cause of significant pain. Reportedly, the patient retained strength, range of motion and function of his shoulder. Contact information for the patient''s orthopedic specialist was provided. The adverse event coding for injection site pain was upgraded to shoulder pain.

VAERS ID:	232946 (history)	**Vaccinated:**	2005-01-18
Form:	Version 1.0	**Onset:**	2005-01-18
Age:	0.16	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2005-01-18
Location:	Vermont	**Days after onset:**	0
		Entered:	2005-01-26
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21931A2 / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE420AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A74404C / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Crying, Irritability
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Since receiving Pediarix, Hib and Prevnar this morning patient has been very fussy, crying constantly. No fever. No other symptoms. Mother has given her tylenol. On examination, color is good, well perfused, normally responsive and fussy when awake.

VAERS ID:	233327 (history)	**Vaccinated:**	2005-02-01
Form:	Version 1.0	**Onset:**	2005-02-02
Age:	8.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-02-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2005-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / PFIZER/WYETH	- / 2	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Agitation, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Vaccine administered at 4:30pm. Child awake with high fever and agitated mind for two hours from 1-3am, fever of 101.1. At noon the following day, the fever is 101.2.

VAERS ID:	233876 (history)	**Vaccinated:**	2005-01-31
Form:	Version 1.0	**Onset:**	2005-02-09
Age:	43.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	2005-02-14
Location:	Vermont	**Days after onset:**	5
		Entered:	2005-02-16
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TETANUS DIPHTHERIA (NO BRAND NAME) / AVENTIS PASTEUR	U127AA / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Back pain, Discomfort, Injection site pain, Pain
SMQs:, Retroperitoneal fibrosis (broad), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol, Nexium
Current Illness:
Preexisting Conditions: PCN, sulfa, omnicef, GER
Allergies:
Diagnostic Lab Data: Aldolase and CPK drawn 02/14/05 results pending 03/23/2005: MRI report shows c6-c7 left paracentral and foraminal disc herniation.
CDC Split Type:
Write-up: Patient states her arm was slightly uncomfortable for 2 days after vaccine ration. Then discomfort resolved. On 2/9/05 she noticed a deep ache in her left arm just above her elbow up to near the injection site slightly radiating to back of the arm. Now she feels discomfort has radiated to back near axilla improving.

VAERS ID:	233887 (history)	**Vaccinated:**	2005-02-04
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	4.0	**Submitted:**	2005-02-10
Sex:	Male	**Entered:**	2005-02-16
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	639A2 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1038 / 4	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site oedema, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness, swelling, itching at injection site. Went to an ER where antihistamine was administered.

VAERS ID:	234916 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2005-03-09
Sex:	Female	**Entered:**	2005-03-14
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (DITANRIX) / GLAXOSMITHKLINE BIOLOGICALS	A639A2 / 5	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Angioneurotic oedema

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The next day after the vaccine, On the left leg above the knee, not near the site of vaccine administration. She had a large hive area. Seen in Walk-in Clinic. Applied ice, warm to touch. Benadryl taken for hives. By next day all symptoms resolved.

VAERS ID:	234924 (history)	**Vaccinated:**	2005-03-07
Form:	Version 1.0	**Onset:**	2005-03-07
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2005-03-10
Location:	Vermont	**Days after onset:**	3
		Entered:	2005-03-14
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0692P / UNK	LA / -
TD: TETANUS DIPHTHERIA (NO BRAND NAME) / AVENTIS PASTEUR	U1207BA / UNK	RA / -

Administered by: Public **Purchased by:** Public
Symptoms: Feeling hot, Injection site erythema, Injection site mass, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, warmth, erythema and induration involving a large area of the LUE.

VAERS ID:	235180 (history)	**Vaccinated:**	2005-03-14
Form:	Version 1.0	**Onset:**	2005-03-15
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-03-18
Location:	Vermont	**Days after onset:**	3
		Entered:	2005-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	A639A2 / 5	- / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1040 / 4	- / SC
MMR: MEASLES + MUMPS + RUBELLA (VIRIVAC) / MERCK & CO. INC.	0780P / 2	- / SC

Administered by: Unknown **Purchased by:** Public
Symptoms: Erythema, Feeling hot, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Cortef
Current Illness: NONE
Preexisting Conditions: Late onset of congenital adrenal hyperplasia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Parents noticed a 50 cent size red area on left arm on 03/15/05. Now on 03/16/05, redness, warmth, swelling and itching from shoulder to left elbow.

VAERS ID:	235290 (history)	**Vaccinated:**	2005-03-07
Form:	Version 1.0	**Onset:**	2005-03-08
Age:	0.38	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-03-11
Location:	Vermont	**Days after onset:**	3
		Entered:	2005-03-21
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21936A2 / 2	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	114AA / 2	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A67182B / 2	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Rash erythematous, Rash maculo-papular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received on 03/07/05 Pediatrix, Hib, PCV 7. Developed pink pimply rash 3/8/05. 3/11/05 reported rash worse-brighter red spread to back, stomach, neck. Tx: Hydrocortisone cream 1%, Benadryl PRN, F/U MD.

VAERS ID:	235324 (history)	**Vaccinated:**	2005-03-15
Form:	Version 1.0	**Onset:**	2005-03-15
Age:	1.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2005-03-17
Location:	Vermont	**Days after onset:**	2
		Entered:	2005-03-22
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0896P / UNK	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Febrile convulsion
SMQs:, Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Mild cold symptoms
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: CBC, Electrolytes done 03/15/2005 - results normal.
CDC Split Type:
Write-up: High fever and febrile seizure the evening after receiving vaccine. Parent brought child to ER for evaluation. Lab work performed. Patient discharged home the same evening.

VAERS ID:	235325 (history)	**Vaccinated:**	2005-03-01
Form:	Version 1.0	**Onset:**	2005-03-02
Age:	1.01	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-03-17
Location:	Vermont	**Days after onset:**	15
		Entered:	2005-03-22
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / UNK	RA / SC

PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A74400A / 4	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Urinalysis and Urine Culture - negative.
CDC Split Type:
Write-up: High fever (105) day after vaccinations.

VAERS ID:	235524 (history)	**Vaccinated:**	2005-03-21
Form:	Version 1.0	**Onset:**	2005-03-22
Age:	38.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-03-23
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-03-29
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (TDVAX) / MASS. PUB HLTH BIOL LAB	TD107 / 5	- / -

Administered by: Private **Purchased by:** Private
Symptoms: Arthralgia, Headache, Paraesthesia, Pyrexia
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, arthralgias, headache, tingling in fingers.

VAERS ID:	235570 (history)	**Vaccinated:**	2005-03-14
Form:	Version 1.0	**Onset:**	2005-03-16
Age:	0.53	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2005-03-22
Location:	Vermont	**Days after onset:**	6
		Entered:	2005-03-30
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21A001AA / 3	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE434AA / 3	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	- / 3	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Laboratory test abnormal, Leukocytosis, Musculoskeletal stiffness, Nervous system disorder, Nuchal rigidity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE

Allergies:
Diagnostic Lab Data: CSF negative; BC negative; WBC 18K, 19 bands; ESR 66.
CDC Split Type:
Write-up: Ill defined neurologic event. Neck extension and rigidity approximately 5 hours after shots. High fever for 6 days. Information for missing data report states Prevnar lot # misdocumented, we do not have the lot # for the Prevenar with any currently.

VAERS ID:	235655 (history)	**Vaccinated:**	2005-02-24
Form:	Version 1.0	**Onset:**	2005-02-24
Age:	54.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2005-03-25
Location:	Vermont	**Days after onset:**	29
		Entered:	2005-04-01
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1207BA / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Agitation, Anxiety, Paranoia, Phobia
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ASA, Niacin, Atenolol, Lipitor, Multi Vitamin
Current Illness:
Preexisting Conditions: Allergy to PCN, CAD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe anxiety reaction (panic attack, beginning about 1 hour later. Feelings of anxiety, agitation, fears, symptoms gradually resolved over about 10 hours. Seen by Emergency Mental Health Counselor.

VAERS ID:	235956 (history)	**Vaccinated:**	2005-04-06
Form:	Version 1.0	**Onset:**	2005-04-07
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-04-08
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	52809 / 5	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0780P / 2	RA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flovent and Triamcinolone
Current Illness: NONE
Preexisting Conditions: Asthma and eczema
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: swelling, erythema of right arm.

VAERS ID:	236178 (history)	**Vaccinated:**	2005-04-05
Form:	Version 1.0	**Onset:**	2005-04-06
Age:	36.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-04-15
Location:	Vermont	**Days after onset:**	9
		Entered:	2005-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0748P / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Headache, Hyperhidrosis, Injection site erythema, Injection site induration,

Injection site pain, Injection site swelling, Injection site warmth, Lymphadenopathy, Malaise, Myalgia, Nausea, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: SINUSITIS
Preexisting Conditions: PERCOCET AND DEMEROL
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: SORENESS, WARMTH, ERYTHEMA, SWELLING AND INDURATION. MALAISE, 101" TEMP, NAUSEA, DIAPHORESIS, LYMPHADENOPATHY ARTHRALGIA, MYALGIA, HEADACHE

VAERS ID:	236269 (history)	**Vaccinated:**	2005-04-12
Form:	Version 1.0	**Onset:**	2005-04-13
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-04-13
Location:	Vermont	**Days after onset:**	0
		Entered:	2005-04-18
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	C3000AA / 5	RL / -
HEPA: HEP A (VAQTA) / MERCK & CO. INC.	12064P / 2	LL / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	V02402 / 4	RL / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0938P / 2	LL / -

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Injection site warmth, Oedema peripheral
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Right Red swollen hot to touch- entire thigh, Zyrtec, Hot pack, Augmentin ES 600

VAERS ID:	237060 (history)	**Vaccinated:**	2005-05-03
Form:	Version 1.0	**Onset:**	2005-05-04
Age:	1.76	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-05-05
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (TRIPEDIA) / SANOFI PASTEUR	U1342BA / 4	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE414AA / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A74400A / 4	LL / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site mass, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE

Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Swelling, redness, induration of right upper thigh noted approx 12 hrs after immunization

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VAERS ID:	237351 (history)	**Vaccinated:**	2005-05-03
Form:	Version 1.0	**Onset:**	2005-05-04
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-05-06
Location:	Vermont	**Days after onset:**	2
		Entered:	2005-05-13
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (TRIPEDIA) / SANOFI PASTEUR	U1307BA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0045P / 2	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Feeling hot, Injection site erythema, Injection site oedema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Child has red arm, swollen and hot, no much pain at this temp. Moving L limb without problem no other complaints at this time.

VAERS ID: 238165 (history)		**Vaccinated:**	2005-03-15
Form:	Version 1.0	**Onset:**	2005-03-15
Age:	1.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2005-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0346P / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0826P / 1	RL / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omnicef
Current Illness: OM
Preexisting Conditions: Augmentin ES
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: As soon as vaccine was injected, patient arm swelling and hives appears; swelling continued down arm for over 20 minutes. Benadryl given. Mom was upset and wanted to go to hospital by ambulance. By the time they arrived at ER, swelling was way down.

VAERS ID: 238166 (history)		**Vaccinated:**	2005-05-24
Form:	Version 1.0	**Onset:**	2005-05-24
Age:	1.02	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2004-05-25
Location:	Vermont	**Days after onset:**	364
		Entered:	2005-05-25
		Days after submission:	365

Vaccination / Manufacturer	Lot / Dose	Site / Route

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0608P / 1	RA / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0897P / 1	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: Sinusitis; just off Augmentin ES.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: As soon as vaccine was given, patient''s arm began to swell and hives appeared. Swelling continued down the arm and Benadryl was given. Stayed in office approximately 45 minutes; swelling began to go down.

VAERS ID:	238651 (history)	**Vaccinated:**	2005-05-23
Form:	Version 1.0	**Onset:**	2005-05-25
Age:	5.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2005-05-25
Location:	Vermont	**Days after onset:**	0
		Entered:	2005-05-31
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14A009BA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y1248 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0608P / 2	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Hypokinesia, Injection site erythema, Injection site induration, Injection site warmth, Pain

SMQs:, Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flovent; Albuterol PRN
Current Illness: NONE
Preexisting Conditions: Asthma; Eczema
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2 days after immunization, induration, erythema, warmth at site of injection 9cmx7cm. Increased pain with movement of upper right arm.

VAERS ID:	238794 (history)	**Vaccinated:**	1997-05-27
Form:	Version 1.0	**Onset:**	2005-01-10
Age:	1.53	**Days after vaccination:**	2785
Sex:	Female	**Submitted:**	2005-05-16
Location:	Vermont	**Days after onset:**	125
		Entered:	2005-06-01
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (TRIPEDIA) / SANOFI PASTEUR	6D81396 / 4	- / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	622757 / 1	- / SC

Administered by: Private **Purchased by:** Private
Symptoms: Pruritus, Skin ulcer
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES0502**USA**00325
Write-up: Information has been received from a woman in a physician''s office concerning a 9 year old female with no medical history who on 27 MAY 1997 was vaccinated SC with first dose of Varicella. Concomitant vaccinations on that same day included an IM fourth dose of TRIPEDIA. There was no illness at teh time of vaccination. It was reported that on 10 JAN 2005 the patient''s mother called the physician''s office indicating that her daughter developed slightly itchy leasions on her chest, legs and back and subsequenlty developed more. As of Feb 2005 the patient was noted to be recovering as her lesions were in the process of scabbing. Subsequently the patient''s slightly itchy lesions resolved. Additional information is not expected.

VAERS ID:	239099 (history)	**Vaccinated:**	2005-05-20
Form:	Version 1.0	**Onset:**	2005-05-21
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-05-31
Location:	Vermont	**Days after onset:**	10
		Entered:	2005-06-06
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	634B2 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1212 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0313P / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site warmth, Oedema peripheral, Rash macular
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: language delay, hypotonia

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Decreased energy, L arm hot, red blotchy and swollen upper arm only, no fever.

VAERS ID:	239100 (history)	**Vaccinated:**	2005-05-17
Form:	Version 1.0	**Onset:**	2005-05-25
Age:	1.02	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	2005-05-31
Location:	Vermont	**Days after onset:**	6
		Entered:	2005-06-06
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0346P / UNK	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Nasopharyngitis, Otitis media, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride, Zyrtec
Current Illness:
Preexisting Conditions: Downs, ASD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: after 1 day fever to 103 F, rash started 05/25/05. Also now has cold and ROM DX past week.

VAERS ID:	239101 (history)	**Vaccinated:**	2005-05-26
Form:	Version 1.0	**Onset:**	2005-05-26
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2005-05-31
Location:	Vermont	**Days after onset:**	5
		Entered:	2005-06-06
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	634B2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	11503 / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site induration, Skin warm
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Depakote, Clonidine, Dexedrine, Risperdal
Current Illness:
Preexisting Conditions: HX; UTI, bipolar disorder
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Arm very hard, warm, not red, no fever.

VAERS ID:	239561 (history)	**Vaccinated:**	2005-06-03
Form:	Version 1.0	**Onset:**	2005-06-03
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2005-06-09
Location:	Vermont	**Days after onset:**	6
		Entered:	2005-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	639A2 / 5	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0608P / 2	RA / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth, Rash, Rash macular
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No medications or allergies
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, red, warm, blotchy raised rash, as soon has shot was given. Patient had to wait in office for 20 minutes, after 20 minutes rash began to fade. Patient went home with mother. This is the third reaction like this in a month, to the MMR.

VAERS ID:	239586 (history)	**Vaccinated:**	2005-05-31
Form:	Version 1.0	**Onset:**	2005-06-02
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2005-06-03
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-06-10
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A639AZ / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1189 / 4	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Feeling hot
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: redness at site~Polio Virus, Inact. (no brand name)~2~0.00~In Sibling
Other Medications:
Current Illness: Arm at site red/warm to touch. Local reaction.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hours after vaccine was given in the right deltoid Mom noticed it was red then the following day arm was warm to touch, had increased redness to the elbow 15x12 cm. Patient had no complaint of pain only some itching. MD prescribed Benadryl. MD felt it was a local reaction.

VAERS ID:	240932 (history)	**Vaccinated:**	2004-09-30
Form:	Version 1.0	**Onset:**	2004-09-30
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2005-06-08
Location:	Vermont	**Days after onset:**	251
		Entered:	2005-07-01
		Days after submission:	23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPAB: HEP A + HEP B (TWINRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Private **Purchased by:** Other
Symptoms: Chest pain
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Unknown
Preexisting Conditions: Diabetes, fear of needles.

Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type: A0528569A
Write-up: This case was reported by a health professional to a sales representative and described the occurrence of chest heaviness in a 51 year old male patient who received hepatitis A inactivated and hepatitis B recombinant vaccine (Twinrix). The patient''s medical history was notable for diabetes. The reporter also stated that the patient was afraid of needles. On 09/30/2004, the patient received the first dose of Twinrix. Approximately two hours following the first dose of Twinrix, on 09/30/2004, the patient experienced a heavy feeling in his chest. The patient was seen in an emergency room. The reporter stated that in the emergency room, they could not locate any cardiac problem and the patient was not admitted. The patient then was seen by his regular physician. The reporter stated that, the regular physician could not find any cardiac problems. The event was ongoing at the time of initial reporting.

VAERS ID:	241100 (history)	**Vaccinated:**	2005-06-16
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.37	**Submitted:**	2005-06-20
Sex:	Female	**Entered:**	2005-07-08
Location:	Vermont	**Days after submission:**	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21A007AA / UNK	- / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A67182K/UE434AA / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Agitation
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: No known drug allergies
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: patient described as inconsolable, very upset for 12 hours after immunizations. Less

fussy then for remainder 24 hours.

VAERS ID:	241317 (history)	**Vaccinated:**	2005-07-12
Form:	Version 1.0	**Onset:**	2005-07-13
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-07-13
Location:	Vermont	**Days after onset:**	0
		Entered:	2005-07-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / BSI	- / 2	LA / IM
MEN: MENINGOCOCCAL (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Anorexia, Asthenia, Insomnia, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: severe anemia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The vaccine was given at 2.30 pm on 7/12/2005. The child experienced soareness in her arm during the evening and had trouble sleeping. She woke up with fever increasing from 99.7 to 100.5. 15 mL of Children "s Tylenol was provided at 7 am. The fever was slighltly reduced to 100.3 after 30 minutes. It continue to be reduced to 99.2 after two hours. However, it increased to 100.00 after a few minuted. At 11.30 am we gave another does of Tylenol 15 ml. She fell asleep. She woke up at 1.30 pm and she is still hot, weak, lost appetite. She is drinking now fluids and trying to stay cool. We will recheck her temperature at 3.30 pm when it is time for her third doe of Tylenol. Soareness continues to the touch.

VAERS ID:	242386 (history)	**Vaccinated:**	1998-10-01
Form:	Version 1.0	**Onset:**	2004-11-09
Age:	51.0	**Days after vaccination:**	2231
Sex:	Female	**Submitted:**	2005-07-29
Location:	Vermont	**Days after onset:**	261
		Entered:	2005-08-04
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0986N / 2	UN / -

Administered by: Other **Purchased by:** Other
Symptoms: Chills, Erythema, Oedema, Pain, Pyrexia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: aspirin, Lipitor, Celebrex, cyanocobalamin, Neurontin, Lantus,Humalog,Prinivil,Aciphex, vitamins (unspecified)
Current Illness:
Preexisting Conditions: Liver function test abnormal, Osteoarthritis, Diabetes mellitus, Hypertension, Gastroesophageal reflux disease, Smoker, Drug Hypersensitivity
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: WAES0411**USA**01997
Write-up: Information has been received from a physician concerning a 57 year old white female with osteoarthritis, diabetes mellitus, hypertension, gastroesophageal reflux disease, smoker and ACTO"s causing increased LFT"s who in October 1988 was vaccinated with a second dose of pneumococcal 23v polysaccharide vaccine (lot 0986N), in the right deltoid. Concomitant therapy included. rabeprazole sodium (Aciphex), atorvastatin calcium (Lipitor), gabapentin (Neurontin), lisinopril (manufacturer unk), celecoxib (Celebrex), insulin lispro (Humalog), insulin glargine (Lantus), aspirin, vitamins (unspecified) and cyanocobalamin, On Nov 09 2004, in the afternoon, the patient experienced right upper arm pain, erythema, swelling, fever and chills. Subsequently, the patient recovered. There were no relevant diagnostic tests or laboratory data. The patient had no adverse events following prior vaccinations. No further information is available.

VAERS ID:	242450 (history)	**Vaccinated:**	2005-08-01
Form:	Version 1.0	**Onset:**	2005-08-03
Age:	12.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2005-08-08
Location:	Vermont	**Days after onset:**	5
		Entered:	2005-08-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (VAQTA) / MERCK & CO. INC.	1090P / 1	LA / -
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U1641AA / 1	RA / -

Administered by: Private **Purchased by:** Private
Symptoms: Condition aggravated, Injection site hypersensitivity, Injection site oedema, Injection site pain, Injection site warmth, Migraine, Pruritus, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness:
Preexisting Conditions: Allergies, Hay fever, non medicated Bicuspid valve
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Right arm redness and swelling,itchy, hot to touch. Hot pack if swelling persists. start Keflux 500t/d. increased swelling started antibiotic

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VAERS ID:	242815 (history)	**Vaccinated:**	2005-07-28
Form:	Version 1.0	**Onset:**	2005-07-29
Age:	18.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-08-08
Location:	Vermont	**Days after onset:**	10
		Entered:	2005-08-11
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U1572AC / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol PRN
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: Monospot 8/10
CDC Split Type:
Write-up: Day after immun. Pt began to have rash (itchy, like bug bites) intermittently with exercise. Suspect may have been viral. Dx''d with mono 8/10 (sx began 8/7).

VAERS ID:	243233 (history)	**Vaccinated:**	2005-08-17
Form:	Version 1.0	**Onset:**	2005-08-18
Age:	0.35	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-08-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-08-22
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21A008BA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE729AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A94439H / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Crying, Diarrhoea, Irritability, Pyrexia, Restlessness
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia

(broad), Pseudomembranous colitis (broad), Akathisia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pepcid 2.5mg BID
Current Illness: NONE
Preexisting Conditions: GER
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Fever started (101) morning after shots given cranky all day that night 8/18-8/19 he was very restless and cranky, awoke every 1-2 hrs crying. Loose stool x1. Better 8/19 8:30AM.

VAERS ID:	243275 (history)	**Vaccinated:**	2005-08-18
Form:	Version 1.0	**Onset:**	2005-08-18
Age:	0.19	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2005-08-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-08-23
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21A008BA / UNK	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE729AA / UNK	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A94439H / UNK	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Irritability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Low grade fever 100.7 degrees, and increased fussy through next 12 hours, with increased fussy following 12. Injection site looks normal.

VAERS ID:	243414 (history)	**Vaccinated:**	2005-08-24
Form:	Version 1.0	**Onset:**	2005-08-25
Age:	20.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-08-25
Location:	Vermont	**Days after onset:**	0
		Entered:	2005-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U1589AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Fatigue, Headache, Malaise, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Vaccine was given at 12 noon on 8/24/05. At 8/25/05 at 4 a.m. client awoke in the night feeling feverish, temp was 100.1. Morning of 8/25, client complains of headache, fatigue, malaise.

VAERS ID:	243874 (history)	**Vaccinated:**	2005-08-29
Form:	Version 1.0	**Onset:**	2005-08-31
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2005-09-01
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-09-07
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC1YA010BA / 5	LA / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1189 / 4	RA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0635D / 2	RA / -

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Feeling hot, Injection site oedema, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol MDI
Current Illness:
Preexisting Conditions: Asthma, Bronchiolitis, fetal Alcohol exposure.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm over deltoid with erythema, faint, warm, and slightly swollen local 5th Dtap.

VAERS ID:	244130 (history)	**Vaccinated:**	2005-09-06
Form:	Version 1.0	**Onset:**	2005-09-07
Age:	2.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-09-14
Location:	Vermont	**Days after onset:**	7
		Entered:	2005-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	AC14B002BA / 4	LA / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A98339E / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Contusion, Dyspnoea, Grunting, Injection site erythema, Injection site pain, Injection site rash, Injection site swelling, Insomnia, Nasal congestion
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Had his shots on September 6, 2005, both in the left arm. The next day he had swelling, rash, and bruise on at shot location, which got progressively worse and became significant over the next few days. He also developed a stuffy nose that made it difficult for him to sleep on Thursday night. The symptoms increased on Sunday night when his breathing became difficult, he was "hitching" and grunting with each breath. We took him to the emergency rooom on 9/11/05 and his oxygen was at 91%. He was given a nebulizer with oxygen at 10 and when we brought him home we gave him another treatment at midnight. He was doing much better the next day. On 9/14 (today) he still has bruising, redness and soreness at the shot site.

VAERS ID:	244354 (history)	**Vaccinated:**	2005-09-13
Form:	Version 1.0	**Onset:**	2005-09-14
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-09-15
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-09-20
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	14B002BA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y0264 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0030R / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Received DTAP and IPV on 09/13/2005, redness, swelling at injection site noted 09/15/2005, fever 09/14/2005.

VAERS ID:	245492 (history)	**Vaccinated:**	2005-03-14
Form:	Version 1.0	**Onset:**	2005-03-27
Age:	25.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	2005-10-17
Location:	Vermont	**Days after onset:**	203
		Entered:	2005-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB030AA / 5	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Abdominal pain, Chills, Diarrhoea, Dizziness, Fatigue, Headache, Hyperhidrosis, Hypoaesthesia, Nausea, Pain, Paraesthesia, Tremor, Visual disturbance
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control
Current Illness:
Preexisting Conditions: Low back injury from 01/23/05
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Had tingling in fingers and toes on right side 12 days after first shot. Tingling & numbness in both sides in all extremities. Headaches, vision problems, aching and pain in right side, stomach cramps, diarrhea, nausea, fatigue, pain down right arm when vaccine was being administered, sweating & chills, dizziness, tremors

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VAERS ID:	245678 (history)	**Vaccinated:**	2005-10-18
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	2.0	**Submitted:**	2005-10-18
Sex:	Male	**Entered:**	2005-10-19
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA126BC / 1	RA / -

Administered by: Private **Purchased by:** Private
Symptoms: Unevaluable event
SMQs:

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: NONE

VAERS ID:	245784 (history)	**Vaccinated:**	2005-10-12
Form:	Version 1.0	**Onset:**	2005-10-14
Age:	4.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2005-10-18
Location:	Vermont	**Days after onset:**	4
		Entered:	2005-10-20
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1804AA / 4	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Feeling hot, Injection site erythema, Injection site mass, Injection site pain, Tenderness
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: On Zithromax for persistent otitis media.
Current Illness: R A OM
Preexisting Conditions: Amoxicillin rash 10/12/05, asthma.
Allergies:
Diagnostic Lab Data: NONE

CDC Split Type:
Write-up: Had flu shot; c/o severe pain later that eve 10/12. When awoke 10/14 has 5-6cm sharply demarcated erythema with 2cm induration in center, very hot and tender. Rx with Duricef x 7 days.

VAERS ID:	246234 (history)	**Vaccinated:**	2005-10-25
Form:	Version 1.0	**Onset:**	2005-10-26
Age:	3.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-10-27
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1804AA / 1	LA / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A56117K / 4	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site induration, Injection site reaction, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O itchy, red, round knot on arm in area of PCV 7 injection.

VAERS ID:	246497 (history)	**Vaccinated:**	2005-10-21
Form:	Version 1.0	**Onset:**	2005-10-22
Age:	94.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-10-27
Location:	Vermont	**Days after onset:**	5
		Entered:	2005-11-01
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Public **Purchased by:** Other
Symptoms: Pyrexia, Somnolence
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shot on Friday- Friday night had fever 101.6 degrees. Slept most of Saturday - part of Sunday fever 99.5 degrees. Still not feel well 10/27/05 - onset of cold, perfect before flu shot

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VAERS ID:	246632 (history)	**Vaccinated:**	2005-10-29
Form:	Version 1.0	**Onset:**	2005-10-30
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-11-02
Location:	Vermont	**Days after onset:**	3
		Entered:	2005-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1823AA / 3	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Diabetes mellitus, Hyperglycaemia, Hypoglycaemia
SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow), Hypoglycaemia (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2005-10-30

Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Insulin: Lentis 33 U BF Humulog B, L, D sliding scale
Current Illness: NONE
Preexisting Conditions: type 1 diabetes onset 7/03
Allergies:
Diagnostic Lab Data: Autopsy being performed
CDC Split Type: VT200510302005
Write-up: Patient vaccinated between 10am-1 Pm on October 30, 2005. Found dead in bed next morning at home by parents. Pt had type 1 diabetes with AC1 of 7.0 but having hypoglycemic episodes 1-2 times per week and not wanting to treat the symptoms per endocrinlogist. Term of DM removed from symtom list as per autopsy report rec''d 12/28/2005/sr This is tag-2 report.

VAERS ID:	246892 (history)	**Vaccinated:**	2005-11-03
Form:	Version 1.0	**Onset:**	2005-11-03
Age:	86.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2005-11-07
Location:	Vermont	**Days after onset:**	4
		Entered:	2005-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1815AA / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Cough, Hypersensitivity, Pharyngolaryngeal pain, Pruritus
SMQs:, Anaphylactic reaction (narrow), Angioedema (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: benadryl and steroids and albuterol udn and ipratropium udn
Current Illness: n/a
Preexisting Conditions: has hx of breast cancer among other things. (predominant hx)
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: pt developed allergic reaction to flu vaccine. sx=cough, sore throat, itching. tx= reversed c benadryl and steroids

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VAERS ID:	247237 (history)	**Vaccinated:**	2005-11-08
Form:	Version 1.0	**Onset:**	2005-11-09
Age:	78.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-11-19
Location:	Vermont	**Days after onset:**	10
		Entered:	2005-11-10
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0741R / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site hypersensitivity, Injection site oedema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Cozaar, Actonel, Tums, MVI, ASA
Current Illness: NONE
Preexisting Conditions: NKDA, Benign HTN, Hyperlipidemia, Osteoporosis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 11/9/05 at 0845 - patient called advised us of redness and swelling in left deltoid where vaccine given. 11/10/05 - evaluated at office - red, swollen and warm to touch.

VAERS ID:	247472 (history)	**Vaccinated:**	2005-10-27
Form:	Version 1.0	**Onset:**	2005-10-31
Age:	52.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2005-11-08
Location:	Vermont	**Days after onset:**	8
		Entered:	2005-11-14
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	055R / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site hypersensitivity, Injection site induration
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: Asthma, Hypothyroidism, High blood pressure.
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 3 x 3 cm induration, 10 x 10 cm redness/ erythema at injection site.

VAERS ID:	248373 (history)	**Vaccinated:**	2005-10-25
Form:	Version 1.0	**Onset:**	2005-10-26
Age:	6.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-11-21
Location:	Vermont	**Days after onset:**	26
		Entered:	2005-11-29
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1809AA / 4	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Erythema, Rash macular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: tylenol
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 7 X 9 cm red/firm blotchy edges over left deltoid. No streaks, no central papule

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VAERS ID:	248377 (history)	**Vaccinated:**	2005-11-18
Form:	Version 1.0	**Onset:**	2005-11-18
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2005-11-21
Location:	Vermont	**Days after onset:**	3
		Entered:	2005-11-29
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1930AA / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Dysphagia, Pharyngolaryngeal pain
SMQs:, Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: allegra, nasalide
Current Illness:
Preexisting Conditions: Allergies: dust, pollen, cat dander
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine at state employee flu clinic. Called PHN at 4:30 pm reporting onset of rough throat and mild difficulty swallowing - denied rash, itching, hives. Subsequently seen at Hospital ER. Client reports he was given Benadryl and prednisone. Held for observation then releashed.

VAERS ID:	248525 (history)	**Vaccinated:**	2005-11-29
Form:	Version 1.0	**Onset:**	2005-11-30
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-12-01
Location:	Vermont	**Days after onset:**	1
		Entered:	2005-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / -
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / -
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	RA / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Headache, Injection site erythema, Injection site warmth, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: She had 4 injections, 2 in each arm. Flu and MMR in her right arm and IPV and DTaP in her left. Today 2 days after her immunizations, the site of her left arm became 50% more swollen than before, very hot red and itchy. It has spread around the arm like an arm band. She had a very bad headache the day after her immunization.

VAERS ID:	248641 (history)	**Vaccinated:**	2005-11-10
Form:	Version 1.0	**Onset:**	2005-11-10
Age:	31.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2005-11-21
Location:	Vermont	**Days after onset:**	11
		Entered:	2005-12-02
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1816AA / UNK	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness: UNK
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client broke out into hives 10 minutes after receiving a flu shot.

VAERS ID:	249356 (history)	**Vaccinated:**	2005-12-07
Form:	Version 1.0	**Onset:**	2005-12-08
Age:	11.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2005-12-08
Location:	Vermont	**Days after onset:**	0
		Entered:	2005-12-15
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TETANUS DIPHTHERIA (NO BRAND NAME) / AVENTIS PASTEUR	U1597AA / 1	LA / IM

Administered by: Private **Purchased by:** Public

Symptoms: Injection site hypersensitivity, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamins
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mom noticed raised, reddened, circular area, warm to touch at site of injection.

VAERS ID:	249390 (history)	**Vaccinated:**	2005-12-12
Form:	Version 1.0	**Onset:**	2005-12-13
Age:	6.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2005-12-13
Location:	Vermont	**Days after onset:**	0
		Entered:	2005-12-16
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B006AA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y0343 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0378R / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site hypersensitivity, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling and redness at arm where DTaP and IPV were given. Swelling is from shoulder to elbow according to mom.

VAERS ID:	250559 (history)	**Vaccinated:**	2006-01-18
Form:	Version 1.0	**Onset:**	2006-01-18
Age:	0.24	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-01-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21013AA / UNK	- / -
HIBV: HIB (PROHIBIT) / SANOFI PASTEUR	- / UNK	- / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Crying
SMQs:, Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pediarix HIB vaccine administered on 1/18/06. About 4pm Baby started to cry unconsolable during every hour.

VAERS ID:	251209 (history)	**Vaccinated:**	2006-02-02
Form:	Version 1.0	**Onset:**	2006-02-02
Age:	1.03	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-02-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2006-02-03
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0378R / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0946R / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Injection site induration, Swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride;Flovent
Current Illness: NONE
Preexisting Conditions: Persistent Dry Cough
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hard, red swelling, with whitish blue center. Hive all over body. 6 hours after injection. TX: Tylenol PRN; Benadryl PRN

VAERS ID:	251308 (history)	**Vaccinated:**	2005-12-01
Form:	Version 1.0	**Onset:**	2005-12-02
Age:	0.19	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-02-07
Location:	Vermont	**Days after onset:**	67
		Entered:	2006-02-07

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RL / -
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RL / -
HIBV: HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LL / -
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LL / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Convulsion, Erythema, Haemorrhage intracranial, Rash, Screaming, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Haemorrhagic central nervous system vascular conditions (narrow), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 23 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: She was tested for blood clotting disorders which were all negative. Blood disorders were negative. She was tested for metobolic disorders, they were all negative. She also had MRI which found nothing but the blood. She also had xrays which found no broken bones.
CDC Split Type:
Write-up: 4 hours after her shots she cried for 12 hours straight! This was not normal crying but hard screaming. Her leg was very swollen and beat red. She developed a rash 2 days later. Her crying continued for a month straight, she cried all day and all night. 24 hours after the shots she had a seizure. 3 weeks later she had an intracranial bleed. By this time she had about 6 seizures and the day of the bleed she was having them every 3-6 minutes. Also her ventricles were swollen.

VAERS ID:	251393 (history)	**Vaccinated:**	2006-02-06
Form:	Version 1.0	**Onset:**	2006-02-07
Age:		**Days after vaccination:**	1
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2006-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B006AA / 5	LA / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y0264 / 5	LA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0378R / 2	RA / -

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Asthma, otitis media
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 5x2 red, swollen patch over L upper arm over area DTap administered.

VAERS ID:	251442 (history)	**Vaccinated:**	2006-02-01
Form:	Version 1.0	**Onset:**	2006-02-12
Age:	30.0	**Days after vaccination:**	11
Sex:	Male	**Submitted:**	2006-02-13
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
SMALL: SMALLPOX (DRYVAX) / PFIZER/WYETH	- / 1	LA / -

Administered by: Military **Purchased by:** Military
Symptoms: Rash macular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Percocet qid x 5 days, Amoxicillin and Ibuprofen bid x 5 days beginning 30 Jan 2006 for wisdom tooth extraction
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Generalized rash from neck down to toes - macular.

VAERS ID:	252222 (history)	**Vaccinated:**	2006-02-27
Form:	Version 1.0	**Onset:**	2006-02-28
Age:	0.53	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-03-01
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B034AA / 3	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE798AA / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08637F / 3	LL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Irritability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 104 degrees fever~DTaP + HepB + IPV (Pediarix)~2~0.40~In Patient
Other Medications: Omnicef;Zantac

Current Illness:
Preexisting Conditions: GE Reflux/OM
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 6 mos checkup 2/27/06 #3"s Pediarix/Hib/PCV given. Mom called 2/28/06 w/fever 102.1 and fussy/irritable. Office visits 3/1/06 to check fever resolved, but irritable. Dx DTaP Rxn.

VAERS ID:	253783 (history)	**Vaccinated:**	2006-03-16
Form:	Version 1.0	**Onset:**	2006-03-25
Age:	1.01	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	2006-04-06
Location:	Vermont	**Days after onset:**	11
		Entered:	2006-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0239R / 1	UN / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0784R / 1	UN / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Erythema multiforme, Pyrexia, Rash
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever to 102 started 3/25 and continued through 4/5. Rash started 3/29, rapidly progressed, erythema multiforme, trunk extremities, face. 3/31 was completely covered. 4/6 rash improved healing and scarring.Treated with ibuprofen for fever 3/25-3/31.

VAERS ID:	254892 (history)	**Vaccinated:**	2006-04-26
Form:	Version 1.0	**Onset:**	2006-04-30
Age:	59.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2006-05-01
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	1120R / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: UNK, allergy sulfa-nausea/vomiting.
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Pt received hep B adult dose 4/26/06.Basically by 4/30/06 broke out with herpes, mild case, painful. No previous eruptions.

VAERS ID:	255076 (history)	**Vaccinated:**	2006-04-19
Form:	Version 1.0	**Onset:**	2006-04-26
Age:	1.01	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	2006-05-04
Location:	Vermont	**Days after onset:**	8
		Entered:	2006-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE825AA / UNK	LL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) /	1132R / 1	RL / SC

MERCK & CO. INC.		
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / UNK	LL / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient was brought into office for evaluation of a fever and rash. Fever developed 7 days following an MMRV vaccine and a rash developed 11 days following vaccine.

VAERS ID:	255402 (history)	**Vaccinated:**	2006-05-09
Form:	Version 1.0	**Onset:**	2006-05-10
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-05-12
Location:	Vermont	**Days after onset:**	2
		Entered:	2006-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2457AA / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Cellulitis, Injection site hypersensitivity, Injection site mass, Injection site oedema, Type III immune complex mediated reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid OCC, Arantadine.
Current Illness: NONE
Preexisting Conditions: Allergy Ancef sulfa.
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Noted swelling and redness with firmness at site which has increased from Quarter size to 12 x 16cm. DX"d as Arthus vs Cellulitis. Placed on Augmentin.

VAERS ID:	255667 (history)	**Vaccinated:**	2006-05-10
Form:	Version 1.0	**Onset:**	2006-05-13
Age:	28.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2006-05-17
Location:	Vermont	**Days after onset:**	4
		Entered:	2006-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2457AA / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Hypokinesia, Injection site erythema, Injection site induration, Injection site pain, Injection site swelling, Injection site warmth, Pruritus
SMQs:, Anaphylactic reaction (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Naproxen; Celexa; Synthroid
Current Illness:
Preexisting Conditions: Chronic neck pain; depression; hypothyroid
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Received TDAP on 5/10/06. On 5/13/06, a localized reaction. Was seen in ER c/o itching, pain, redness and swelling. On 5/15/06, seen at follow-up with persistent sympotoms, increased pain on movement of arm. Red and indurated area 7.5 cm in diameter also 15cm area of redness and heat.

VAERS ID:	256476 (history)	**Vaccinated:**	2005-06-07
Form:	Version 1.0	**Onset:**	2005-07-24
Age:	1.1	**Days after vaccination:**	47
Sex:	Male	**Submitted:**	2006-05-12
Location:	Vermont	**Days after onset:**	292
		Entered:	2006-05-17
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	- / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	- / UNK	- / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1344N / UNK	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Condition aggravated, Otitis media, Rash maculo-papular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Ear tube insertion
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: WAES0507**USA**04183
Write-up: Information has been received from a health professional concerning a 13 month old male with a history of bilateral ear tubes and no allergies who on 07Jun05 was vaccinated SC with a 0.5ml dose of varicella virus vaccine live (lot648042/1134N). Concomitant vaccines that day included a dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) and a dose of pneumococcal 4 6B 9V 14 18C 19F 23F conj vaccine (crm197) (PREVNAR). There was no other concomitant medication. On 24Jul05 the pt experienced a raised red rash on his back, legs and arms. He was afebrile. He

was seen on 26Jul05 with a diagnosis of rash and ear infection. Treatment included diphenhydramine hcl (Benadryl) for rash and azithromycin (Zithromax) for the ear infection. No labs were performed. At this time the pt had not recovered. Additional information has been requested.

VAERS ID:	255822 (history)	**Vaccinated:**	2006-05-09
Form:	Version 1.0	**Onset:**	2006-05-13
Age:	1.03	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	2006-05-15
Location:	Vermont	**Days after onset:**	2
		Entered:	2006-05-19
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE825AA / 4	LL / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1138R / 1	RL / -

Administered by: Private **Purchased by:** Public
Symptoms: CSF cell count normal, Cyanosis, Febrile convulsion, Irritability, Lumbar puncture, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine given on 5/9/06, MMRV and Hib. Febrile seizures on 5/13/2006. Admit to hospital, spinal tap, IV. Physical exam normal. 5/30/06 Medical records received from hospital

which reveal patient admitted overnight w/dx febrile seizures. Initially brought to ER w/ssizure & cyanosis. Neg eval & was d/c home. Later same day, recurrent seizure w/cyanosis & was admitted for observation. All labs including CSF were WNL & final diagnosis was fever associated w/MMR/ss. 60 day Follow-up Information 02-AUG-2006: This patient has had another febrile seizure since the vaccination event. Working diagnosis common childhood febrile seizure.

VAERS ID:	256138 (history)	**Vaccinated:**	2006-05-09
Form:	Version 1.0	**Onset:**	2006-05-10
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-05-23
Location:	Vermont	**Days after onset:**	13
		Entered:	2006-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	- / 1	- / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dyspnoea, Hypersensitivity, Paraesthesia, Tachycardia
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: Lupus Scleroderma Reported Influenza vaccine allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. states she developed tachycardia, tingling, SOB and the evening following Tdap vaccinnation. Seen in local ED, negative cardiac work-up. She had similar rxn to Influenza vaccine in past and was told she as allergic to that. Diagnosed by Allergist at that time.

VAERS ID: 256151 (history)		**Vaccinated:**	2006-05-18
Form:	Version 1.0	**Onset:**	2006-05-19
Age:	39.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2006-05-23
Location:	Vermont	**Days after onset:**	4
		Entered:	2006-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2457AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site pain, Injection site rash, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 6" rash and pain around injection site 4-5 days after administration. Site is hot to touch.

VAERS ID: 257333 (history)		**Vaccinated:**	2006-05-17
Form:	Version 1.0	**Onset:**	2006-05-17
Age:	6.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-05-19
Location:	Vermont	**Days after onset:**	2
		Entered:	2006-06-01
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B018AA / 5	- / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y0575 / 4	- / -

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0491R / 2	- / -

Administered by: Private **Purchased by:** Public
Symptoms: Feeling hot, Injection site erythema, Injection site mass, Injection site oedema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: 12cm x 10cm redness and warmth pt received 1mm. 5/17/06 at 3:30PM sm redness that PM. In AM 5/18 redness with lump and increased swelling 5/19 appt.

VAERS ID:	258754 (history)	**Vaccinated:**	2006-05-19
Form:	Version 1.0	**Onset:**	2006-05-19
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2006-06-23
Location:	Vermont	**Days after onset:**	35
		Entered:	2006-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C245AA / UNK	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: 2 HTN meds, OBCP, unk names to patient
Current Illness:
Preexisting Conditions: HTN, mitral valve prolapse
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient report left upper arm pain and soreness 4 weeks post injection. She has tenderness to touch but no loss of left arm range of motion. She report this persistant problem to employee health on 6/21/2006, when symptoms persisted.

VAERS ID:	258903 (history)	**Vaccinated:**	1971-07-20
Form:	Version 1.0	**Onset:**	1971-07-25
Age:	18.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	2006-06-27
Location:	Vermont	**Days after onset:**	12756
		Entered:	2006-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
SMALL: SMALLPOX (DRYVAX) / PFIZER/WYETH	12897652 / 2	GM / -

Administered by: Military **Purchased by:** Military
Symptoms: Chest pain, Dyspnoea, Fibromyalgia, Loss of consciousness, Migraine, Pericardial effusion
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE Medical record states hypertension, tobacco user, GERD, hyperlipidemia, alcohol dependance.

Allergies:
Diagnostic Lab Data: I WAS DISCHARGED FROM THE MILITARY AFTER I WAS GIVEN THIS VACCINE IN 1971 MY DRILL INSTRUCTOR GAVE US A BIG SPEECH I WAS DISCHARGED FOR HEART TROUBLE AND HIGH BLOOD PRESSURE.
CDC Split Type:
Write-up: IN 1971 I WAS GIVEN SMALLPOX VACCINE. I BEGAN PASSING OUT AND GETTING SHORT OF BREATH WITH CHEST PAINS. THEY SENT ME TO A HOSPITAL. THE CARDIOGLIST RECOMMENDED DISCHARGE. ALL MY MEDICAL RECORDS HAVE DISAPPEARED AS THIS WAS A TEST VACCINE I HAVE SUFFERED THE SIDE AFFECTS ALL THE REST OF MY LIFE. I HAVE HEARD NEWS REPORTS ABOUT THIS SAME VACCINE WITH SAME SYMPTOMS AND DONT WANT MORE PEOPLE TO SUFFER LIKE ME. Per 60 follow up: I have fluid around my heart, I take 3 blood pressure medications 3 times a day, I have not had a day go by since I got this shot that I haven''t had some bad reactions from migraines to fluid in my chest and pain. The VA refuses to admit that I received this vaccine at anytime in the marine corps so I plan to get an attorney to sue to recover for my pain and suffering. 1/4/10 I still have migraine headaches and fibromiagama. I also have fluid around my heart and take over 6 blood pressure pills including fluid pills a day. I also take four pensation pain pills a day. I have these problems since the day I was give this vaccine.

VAERS ID:	259144 (history)	**Vaccinated:**	2006-04-14
Form:	Version 1.0	**Onset:**	2006-04-17
Age:	1.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2006-06-29
Location:	Vermont	**Days after onset:**	73
		Entered:	2006-07-05
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	- / UNK	UN / -

Administered by: Other **Purchased by:** Other
Symptoms: Malaise, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness: Feeling unwell

Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: WAES0604**USA**03182
Write-up: Information has been received from a physician concerning a 12 month old male who on 4/14/2006 was vaccinated with a dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (+) varicella Virus Vaccine live (upgrade process). On 4/17/2006, the patient presented with a rash which was all over the child"s body. The physician noted that the child had not been feeling well on the date of vaccination, but did not have a fever. The physician did not thing that the rash was related to therapy with measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (+) varicella Virus Vaccine live (upgrade process). Unspecified medical attention was sought. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	259160 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	1.0	**Submitted:**	2006-06-29
Sex:	Female	**Entered:**	2006-07-05
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	- / UNK	UN / -

Administered by: Other **Purchased by:** Other
Symptoms: Pyrexia, Rash morbilliform
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: UNK
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: WAES0605**USA**01872
Write-up: Information has been received from a registered nurse concerning a 12 month old

female with no allergies, who was vaccinated with a dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (+) varicella Virus Vaccine live (upgrade process). Subsequently, seven days after receiving the vaccination, the patient developed a fever and eleven days post vaccination she developed a measles like rash. Unspecified medical attention was sought. The child was treated with diphenhydramine hydrochloride Benadryl. The outcome was reported as recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	259683 (history)	**Vaccinated:**	2006-07-12
Form:	Version 1.0	**Onset:**	2006-07-12
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2006-07-14
Location:	Vermont	**Days after onset:**	2
		Entered:	2006-07-18
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / SANOFI PASTEUR	20401 / 2	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Nausea, Pyrexia, Rash, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Total body rash, fever 101, nausea, vomiting, lasted 48 hours so far, Dramamine, Phenergan 25mg TID.

VAERS ID:	259812 (history)	**Vaccinated:**	2006-07-17
Form:	Version 1.0	**Onset:**	2006-07-19
Age:	5.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2006-07-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B018AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y1049 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0730R / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Feeling hot, Injection site hypersensitivity, Injection site induration, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mom called 7/20/06 to report, 7/19/06 evening while changing pt noted la hot to touch no redness at that time. Today 7/20/06 am pt arm from shoulder to elbow red, hard, warm to touch. TX Benadryl and Tylenol PRN.

VAERS ID:	261147 (history)	**Vaccinated:**	2006-07-18
Form:	Version 1.0	**Onset:**	2006-07-20
Age:	0.32	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2006-08-03
Location:	Vermont	**Days after onset:**	14
		Entered:	2006-08-07
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B051AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Hives noticed in the morning of 07/20/2006, 4 months shots given 07/18/2006. Head to toe. No mouth swelling, no respiratory or cardiovascular symptoms.

VAERS ID:	262154 (history)	**Vaccinated:**	2006-08-18
Form:	Version 1.0	**Onset:**	2006-08-18
Age:	0.18	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-08-25
Location:	Vermont	**Days after onset:**	7
		Entered:	2006-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0410F / 1	MO / PO

Administered by: Private **Purchased by:** Public

Symptoms: Pyrexia, Somnolence
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2 month shots given 8/18/06. Developed a fever up to 101. 8 after shots and into Day 2. Playful but increased sleep. No other s/s.

VAERS ID:	262613 (history)	**Vaccinated:**	2006-08-28
Form:	Version 1.0	**Onset:**	2006-08-30
Age:	0.17	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2006-08-31
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-09-05
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B064AA / 1	- / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	- / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08640E / 1	- / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0410F / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Haematochezia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Infant received 1st dose of Rotateq on 8/28/06. Mom noticed blood in 2 stools on 8/30/06. No vomiting, no other sx, infant exam nl.

VAERS ID:	262624 (history)	**Vaccinated:**	2006-08-21
Form:	Version 1.0	**Onset:**	2006-08-22
Age:	18.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-08-29
Location:	Vermont	**Days after onset:**	7
		Entered:	2006-09-05
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2115AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Asthenia, Malaise, Pain
SMQs:, Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concerta

Current Illness: NONE
Preexisting Conditions: attention deficit disorder
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Generalized malaise, chills, body aches, weakness

VAERS ID:	262758 (history)	**Vaccinated:**	2006-08-30
Form:	Version 1.0	**Onset:**	2006-08-31
Age:	0.17	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2006-09-07
Location:	Vermont	**Days after onset:**	7
		Entered:	2006-09-08
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 1	UN / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	UN / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 1	UN / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0410F / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Diarrhoea, Faeces discoloured, Gastrooesophageal reflux disease, Vaccination complication
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Mom reported diarrhea x 8 days. 10/16/06 Received medical records from PCP office which reveal patient developed watery green diarrhea for approx 11 days, completely resolved by

9/29/06 but GERD remained. Treated w/zantac & formula change. Dx: probable immunization reaction to Rotateq, resolved./ss This is in follow-up to report(s) previously submitted on 10/10/2006. Information has been received from a physician concerning an 8-week-old male with no medical history who on 30-AUG-2006 was vaccinated PO with the first 2.0 mL dose of ROTATEQ (Lot #654352/0410F). Concomitant vaccinations administered on that same day included the first IM dose of PEDIARIX (Lot #AC21B056AA), the first IM dose of ACTHIB (Lot #UE785AA) and the first IM dose of PREVNAR (Lot #B08653B). There was no illness at the time of vaccination. The physician reported that on 31-AUG-2006, the patient developed diarrhea characterized by 2-5 episodes per day. On 07-SEP-2006, the patient required an office visit. At that time, the patient afebrile and no blood was noted in his stools. No laboratory/diagnostic tests were performed. As os 11-SEP-2006, the patient''s diarrhea persisted characterized by small volumous episodes occurring five times daily. Subsequently, the patient''s diarrhea resolved. Additional information is not expected.

VAERS ID:	264620 (history)	**Vaccinated:**	2006-09-29
Form:	Version 1.0	**Onset:**	2006-09-29
Age:	0.34	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-10-14
Location:	Vermont	**Days after onset:**	15
		Entered:	2006-10-16
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE946AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08640E / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Cough, Irritability, Nasal congestion, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~Hib (ActHIB)~1~0.17~In Sibling
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE

Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Fever 102.3 into next day, fussy, stuffy nose and cough 9/30/06.

VAERS ID:	264621 (history)	**Vaccinated:**	2006-09-21
Form:	Version 1.0	**Onset:**	2006-09-21
Age:	0.24	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-10-14
Location:	Vermont	**Days after onset:**	23
		Entered:	2006-10-16
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08640E / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Irritability
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Fussy

VAERS ID:	264622 (history)	**Vaccinated:**	2006-09-26
Form:	Version 1.0	**Onset:**	2006-09-26
Age:	0.34	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2006-10-14
Location:	Vermont	**Days after onset:**	18
		Entered:	2006-10-16
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B051AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08640E / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Irritability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Cranky all evening after shots, temperature 101 wants to be held.

VAERS ID:	264624 (history)	**Vaccinated:**	2006-09-19
Form:	Version 1.0	**Onset:**	2006-09-19
Age:	0.38	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-10-14
Location:	Vermont	**Days after onset:**	25
		Entered:	2006-10-16
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Screaming
SMQs:, Hostility/aggression (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Approximately 3 hours after shots-baby screaming, difficult to console lasted approximately 5 hours.

VAERS ID:	264625 (history)	**Vaccinated:**	2006-09-20
Form:	Version 1.0	**Onset:**	2006-09-20
Age:	0.38	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-10-14
Location:	Vermont	**Days after onset:**	24
		Entered:	2006-10-16
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Irritability, Pyrexia

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONEQ
CDC Split Type:
Write-up: Evening of shots-baby very fussy, temperature 102.

VAERS ID:	264626 (history)	**Vaccinated:**	2006-09-20
Form:	Version 1.0	**Onset:**	2006-09-20
Age:	0.17	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2006-10-14
Location:	Vermont	**Days after onset:**	24
		Entered:	2006-10-16
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Irritability
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Very fussy.

VAERS ID:	265578 (history)	**Vaccinated:**	2006-10-17
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	7.0	**Submitted:**	2006-10-25
Sex:	Male	**Entered:**	2006-10-30
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2166AB / UNK	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Eye oedema, Face oedema
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Claritin, Flonase
Current Illness:
Preexisting Conditions: Allergic rhinitis, critical AS/aortic insufficiency
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lip/eye swelling following Fluzone.

VAERS ID:	265579 (history)	**Vaccinated:**	2006-10-24
Form:	Version 1.0	**Onset:**	2006-10-24
Age:	6.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2006-10-25
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-10-30
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	71210 / UNK	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1048F / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Eye oedema, Injection site oedema, Injection site reaction, Skin ulcer, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol, Nasonex, Ditrol LA
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: PT to f/u with allergy specialist and lab testing.
CDC Split Type:
Write-up: Pt seen for Immunization administration. Returned to office 15 minutes later with swelling around eyes, 6cm diameter red, swelling, slight edema, around Varivax injection site, and few scattered urticarial lesions. Given Dexamethasone, Benadryl, Epi on hand. PT watches about 4 hours office released home.

VAERS ID:	265857 (history)	**Vaccinated:**	2006-10-27
Form:	Version 1.0	**Onset:**	2006-10-28
Age:	1.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-10-30
Location:	Vermont	**Days after onset:**	2
		Entered:	2006-11-02
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U217UEA / 1	RL / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1091F / 1	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: Allergy Testing
CDC Split Type:
Write-up: Rash around inj site and on buttocks. Treated with Benadryl.

VAERS ID:	266082 (history)	**Vaccinated:**	2006-10-26
Form:	Version 1.0	**Onset:**	2006-10-28
Age:	11.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2006-10-31
Location:	Vermont	**Days after onset:**	3
		Entered:	2006-11-06
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2609AA / 6	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Face oedema, Injection site rash
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Benadryl,Tylenol
Current Illness: No
Preexisting Conditions: Hypotonia, learning disability, allergy to Amox.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received ADACEL 10/26/06 and presented in office 10/28/06 with swollen lips and rash at site of injection.

VAERS ID:	266575 (history)	**Vaccinated:**	2006-11-06
Form:	Version 1.0	**Onset:**	2006-11-07
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-11-08
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-11-13
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B033AA / 5	RA / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y1030 / 4	LA / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1091F / 1	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site oedema, Injection site reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: As per MTR (phone call) orange sized pink swelling over right arm (site of Dtap) no fever, Pt acts fine.

VAERS ID:	267049 (history)	**Vaccinated:**	2006-11-14
Form:	Version 1.0	**Onset:**	2006-11-15
Age:	8.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2006-11-16
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-11-17
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2243AA / 5	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Feeling hot, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flovent, Albuterol
Current Illness: NONE
Preexisting Conditions: Allergies to feathers, animals
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Thirty-six hours following injection noted redness, swelling and warmth progressing

over next 12 hours. No fever, systemic signs of illness.

VAERS ID:	267893 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	2006-01-01
Age:	29.0	**Submitted:**	2006-11-16
Sex:	Female	**Days after onset:**	319
Location:	Vermont	**Entered:**	2006-11-17
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
RUB: RUBELLA (MERUVAX II) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Drug ineffective, Laboratory test abnormal
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNK
Current Illness:
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: Serum rubella IgG, 01/??/2006, antibody test negative
CDC Split Type: WAES0601**USA**01361
Write-up: Information has been received from a registered nurse concerning a 29 year old female with no known medical history or allergies who "two years ago," in 2004, "after giving birth" was vaccinated with a dose of MERUVAX II. A "recent" antibody test was negative, in approximately January 2006. The nurse reported that the patient was not pregnant at the time of the vaccination, but "is now." Unspecified medical attention was sought. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	267300 (history)	**Vaccinated:**	2006-11-13
Form:	Version 1.0	**Onset:**	2006-11-14
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-11-15
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-11-20
		Days after submission:	5

		Site /

Vaccination / Manufacturer	Lot / Dose	Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	2F601511 / UNK	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Medication error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Post joint replacement 10/23/06
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received 2 influenza shots 5 days apart. No adverse symptoms, signs. 1st shot received 11/8/06 during home care visit. 2nd flu shot given 11/13/06 instead of Pneumonia shot, as had been planned. Vaccine was prepared by this writer and administered by home care RN. Error noted 11/14/06. Pt received Pneumonia shot next visit.

VAERS ID:	268128 (history)	**Vaccinated:**	2006-11-30
Form:	Version 1.0	**Onset:**	2006-11-30
Age:	1.01	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2006-12-01
Location:	Vermont	**Days after onset:**	1
		Entered:	2006-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 3	LL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U220FA / 2	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE946AA / 3	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08503B / 3	RL / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Coma, Condition aggravated, Febrile convulsion, Hypoventilation, Respiratory disorder, Sluggishness, Strabismus, Tachycardia, Vomiting, White blood cell count increased
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad),

Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Acute central respiratory depression (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ocular motility disorders (narrow), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: none
Current Illness: None
Preexisting Conditions: Febrile seizure history Birth HX: F/T vaginal, no complications. PMH: febrile seizures 8/06.
Allergies:
Diagnostic Lab Data: LABS: EEG was WNL. Blood cultures neg. Labs at initial hospital revealed WBC 24.1
CDC Split Type: 20061201
Write-up: Immunized yesterday after pe, last night 20 minutes after going to bed breathing funny, in emesis, unresponsive. Called 911. 73% O2 100% . Transport uneventful. Unresponsive to painful stimuli.T 98.9 at ER. O2 83% on room air. Resp shallow.Eyes deviated & sluggish to react. Tachycardiac @180. CXR nl. UA glucose. BS 171. Intubated.Ativan & rocephin admin. Then grand mal seizure. Improved after 20 min. WBC 20.10.Extubated prior to transfer. Transfered to hospital. "fine" "stable" Hx febrile seizure in past. 12/19/06 Received medical records from 2nd hospital which reveal patient admitted 12/1/06-12/2/06. At initial hospital patient was found to be actively seizing & was treated and transferred to PICU. Temp 102.5 on admit. Neuro exam at 2nd hospital found WNL & no further seizure activity noted. To be followed by peds neuro outpatient & have repeat MRI. Final DX: Febrile seizure.

VAERS ID:	269019 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2006-12-14
Sex:	Unknown	**Entered:**	2006-12-18
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Anaphylactic reaction
SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 200603455
Write-up: Seriousness criteria other medically significant (OMIC). Initial information received on 11 December 2006 from another manufacturer (no reference number provided). The information was originally provided to the other manufacturer by a health care professional. A patient (gender and birth date not reported) received a dose of influenza vaccine 20 years ago. The trade number, manufacturer and lot number were not reported. An unspecified amount of time later, the patient experienced an anaphylactic reaction. Per the reporter, no other information was available at the time of this report. It was not reported whether the patient recovered from the event.

VAERS ID:	269039 (history)	**Vaccinated:**	2006-11-14
Form:	Version 1.0	**Onset:**	2006-11-14
Age:	82.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2006-12-13
Location:	Vermont	**Days after onset:**	29
		Entered:	2006-12-18
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	72008 / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0485F / UNK	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Chills, Erythema, Hyperhidrosis, Lymphoedema
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aspirin, Actonel, Lipotor,Noscor, retoprolol
Current Illness: NONE
Preexisting Conditions: No allergies, history of arteriosclerotic heart disease, prostate cancer
Allergies:
Diagnostic Lab Data: Patient has history cardiac cath Right anti-colital approach in distant past.
CDC Split Type:
Write-up: Chills, sweats, erythema at shot site and lymphedema of entire Right upper arm.

VAERS ID:	269040 (history)	**Vaccinated:**	2006-11-22
Form:	Version 1.0	**Onset:**	2006-11-23
Age:	60.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2006-12-16
Location:	Vermont	**Days after onset:**	23
		Entered:	2006-12-18
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA240AA / UNK	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0485F / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lexapro, Lipitor, San Palmetto.
Current Illness: NONE
Preexisting Conditions: Macular degeneration
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Severe swelling, redness, pain at injection site accompanied by shaking rigors. (I did not see the patient, he described these symptoms to me on 12/8/06).

VAERS ID:	269266 (history)	**Vaccinated:**	2006-11-13
Form:	Version 1.0	**Onset:**	2006-11-14
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2006-12-06
Location:	Vermont	**Days after onset:**	22
		Entered:	2006-12-18
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0485F / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Application site reaction, Erythema, Injection site discolouration, Injection site induration, Myalgia, Tenderness, Vaccination complication
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Fosamax
Current Illness: NONE
Preexisting Conditions: Latex allergy
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Unusual "ladder" of painted ellipses developed adjacent to injection site. No systemic symptoms (see enclosed drawing from office note). 11-13-06 Pneumox .5ml IM Left deltoid. 11-15-06 reaction to Pneumovax. Temp 96.9, P 80AP BP 110/80. By last RN noted redness, soreness close to site of Pneumovax. No temp/dysponea/ or rash elsewhere. Some of 3 erythmeatous ellipses with slight induration, tenderness, blanchable, positive mild tenderness of anterior axillary fold no palpable node. Also no left epitrochlear node. Unusual local response to Pneumovax. Ice for 24 hours, expect improvement within few days, recommend avoid future Pneumovax.

VAERS ID:	269884 (history)	**Vaccinated:**	2006-02-24
Form:	Version 1.0	**Onset:**	2006-02-24
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2006-12-18
Location:	Vermont	**Days after onset:**	297
		Entered:	2006-12-29
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B034AA / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Medication error, Skin burning sensation
SMQs:, Peripheral neuropathy (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: UNK
Preexisting Conditions: The subjects medical history, concurrent conditions, and concurrent medications were not reported.
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: A0595153A
Write-up: This case was reported by a nurse and described the occurrence of burning sensation

skin in an adult female subject who was inadvertently exposed to Pediarix. On 2/24/06 at 11:30am an infant was receiving a dose of Pediarix, some of the vaccine was exposed to the mothers skin. The exposure caused burning. The skin was subsequently flushed with water. The outcome of the event to the mother was not reported.

VAERS ID:	270416 (history)	**Vaccinated:**	2006-12-12
Form:	Version 1.0	**Onset:**	2006-12-13
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2007-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
TTOX: TETANUS TOXOID (NO BRAND NAME) / SANOFI PASTEUR	U1704CA / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Injection site nodule, Laboratory test abnormal, Pain, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: hypertension, severe osteoarthritis, depression, history of subclavial DVT. Surgery procedures Appendix, bladder.
Allergies:
Diagnostic Lab Data: Canalith repositioning procedure, Erythocyte sedimentation rate, Complete blood count, refer to orthopedics
CDC Split Type:
Write-up: Initial erythema and itch, then development of painful nodule which affects movement of arm.

VAERS ID: 271114 (history)		**Vaccinated:**	2006-11-30
Form:	Version 1.0	**Onset:**	2006-11-30
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-01-16
Location:	Vermont	**Days after onset:**	47
		Entered:	2007-01-22
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: hormonal contraceptives
Current Illness:
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: WAES0612**USA**02571
Write-up: Information has been received from a nurse practitioner concerning a 17 year old female with no medical history or allergies, who on 30-Nov-2006 was vaccinated IM with a 0.5 ml dose of Gardasil vaccine (yeast). Concomitant therapy included an unspecified hormonal contraceptives (unspecified). On 30-Nov-2006, the patient experienced severe injection site pain. Unspecified medical attention was sought. No diagnostic laboratory studies were performed. Subsequently, the patient recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID: 271115 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	20.0	**Submitted:**	2007-01-16
Sex:	Female	**Entered:**	2007-01-22
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	- / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: hormonal contraceptives
Current Illness:
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type: WAES0612**USA**02573
Write-up: Information has been received from a nurse practitioner concerning a 20 year old female with no medical history or allergies, who was vaccinated IM with 0.5 ml dose of Gardasil vaccine (yeast). Concomitant therapy included unspecified hormonal contraceptives (unspecified). Subsequently, the patient experienced severe injection site pain at the time of immunization. Unspecified medical attention was sought. No diagnostic laboratory studies were performed. Subsequently, the patient recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	271286 (history)	**Vaccinated:**	2007-01-23
Form:	Version 1.0	**Onset:**	2007-01-25
Age:	0.54	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2007-01-25
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-01-26
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B070BA / 3	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF014AA / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08674B / 3	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site induration, Injection site rash, Injection site swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation

events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Mom describing red, raised, hard, swollen area with a rash at injection site, approx size of quarter. Fever 101.1. Left thigh.

VAERS ID:	271893 (history)	**Vaccinated:**	2007-01-30
Form:	Version 1.0	**Onset:**	2007-02-02
Age:	5.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2007-02-05
Location:	Vermont	**Days after onset:**	3
		Entered:	2007-02-06
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (TRIPEDIA) / SANOFI PASTEUR	02552AA / 5	RL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	V10312 / 4	RL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness: erythema and swelling
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: erythema and swelling at injection site

VAERS ID:	272039 (history)	**Vaccinated:**	2007-01-29
Form:	Version 1.0	**Onset:**	2007-01-30
Age:	15.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2007-02-02
Location:	Vermont	**Days after onset:**	3
		Entered:	2007-02-09
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B007AA / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: fever~DTP (no brand name)~4~1.50~In Patient
Other Medications: Strattera
Current Illness: No
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed hives all over his body and was very itchy within 48 hours. Benadryl given, itching subsided, hives resolved. Slept next am, had few residual hives on abdomen and back. Around 8-9 pm next night, developed hives again which were worse, Benadryl given, same occurance the following night. No shortness of breath or difficulty breathing, MD notified.

VAERS ID:	272395 (history)	**Vaccinated:**	2007-02-05
Form:	Version 1.0	**Onset:**	2007-02-07
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2007-02-12
Location:	Vermont	**Days after onset:**	5
		Entered:	2007-02-16
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	AC14B035AA / 5	- / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	20001 / 4	- / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1387F / 1	- / -

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Local reaction
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Motrin, MV, Flomide
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Local Iz reaction left arm. 6 cm x 8 cm area of diffuse erythema overlying left deltoid. Nontender-observe.

VAERS ID:	272396 (history)	**Vaccinated:**	2007-02-08
Form:	Version 1.0	**Onset:**	2007-02-09
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-02-12
Location:	Vermont	**Days after onset:**	3
		Entered:	2007-02-16
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B035AA / 5	LA / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	2001 / 4	RA / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	138TE / 2	RA / -

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Local reaction, Oedema, Tenderness
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol
Current Illness: NONE
Preexisting Conditions: hearing loss, hearing aids
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: local lz reaction 6 cm x 8 cm diam area of erythema around injection site on left arm, minimal tenderness and edema.

VAERS ID:	272825 (history)	**Vaccinated:**	2007-01-19
Form:	Version 1.0	**Onset:**	2007-02-01
Age:	26.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	2007-02-01
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-02-21
		Days after submission:	20

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (RABAVERT) / NOVARTIS VACCINES AND DIAGNOSTICS	387011A / 4	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Dry skin, Erythema, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia

and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: red spots, dry skin, itching on arms, legs, chest monitor

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VAERS ID:	272917 (history)	**Vaccinated:**	2007-02-20
Form:	Version 1.0	**Onset:**	2007-02-21
Age:	87.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2007-02-22
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0888F / UNK	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Fatigue, Injection site erythema, Injection site pain, Malaise, Nausea
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient felt sick starting the evening of the vaccination (nauseous, fatigued). Next day, soreness at site-redness from shoulder to elbow

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VAERS ID:	273638 (history)	**Vaccinated:**	2006-12-18
Form:	Version 1.0	**Onset:**	2007-01-17
Age:	70.0	**Days after vaccination:**	30
Sex:	Female	**Submitted:**	2007-03-05
Location:	Vermont	**Days after onset:**	47
		Entered:	2007-03-08
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2164AA / UNK	LA / -

Administered by: Private **Purchased by:** Other
Symptoms: Body temperature increased, Diplopia, Dysarthria, Dysphagia, Guillain-Barre syndrome, Hypoaesthesia, Intensive care, Life support, Mobility decreased, Muscular weakness, Neurological examination, VIIth nerve paralysis
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Demyelination (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hearing impairment (broad), Ocular motility disorders (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), Sexual dysfunction (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 42 days
Extended hospital stay? Yes
Previous Vaccinations:
Other Medications: UNK
Current Illness: NONE
Preexisting Conditions: NONE records received 3/19/07-PMH:Hypothyroidism. Telangiectasia. Hyperlipidemia. Migraines. Depression. COPD.

Allergies:
Diagnostic Lab Data: Neurology Exam records received 3/19/07-CBC:normal. Sed rate 55. IGA deficiency. CSF glucose 62, protein 35, Streptococcal antigen negative. ANA titer 1:40 and RPR nonreactive. CSF cultures negative and lyme serology negative. MRI of brain negative. CXR negative. Barium swallow: showed a very weak swallow with evidence of penetration and this patient is at risk for aspiration.
CDC Split Type:
Write-up: Onset 1/17/07 of weakness in legs ("rubbery feeling"), numbness in hands progressing to biceps - T-102 - neuro consult with diagnosis of Sensory Guillain Barre - in ICU on ventilator and receiving IVIG. In rehab 2-5 ---$g 2-28-07: discharged with diplopia; right 7th cranial nerve palsy; dysarthria; dysphagia and decreased mobility. 03/19/07-records received from facility for DOS-01/18/07-02/01/07 and acute rehabilitation from 02/05-02/28/07 DC DX: Guillain Barre Syndrome DC DX: Neurological disorder with acute inflammatory demyelinating polyneuropathy "Guillain-Barre Syndrome". Right VII cranial nerve palsy. Diplopia. Dysphagia. Dysarthria. Steroid versus ICU psychosis, resolved. Depression/Anxiety. Pulmonary issues, status post pneumonia, History of COPD and pulmonary involvment of AIDP. Decreased mobility. Decreased ADL. Admission to acute inpatient rehabilitation. Presented with C/O numbness in hands and weakness in legs. Noted a slight cough running nose and watery eyes recently. Temp of 102. Admitted. Continued to have muscular weakness, ataxia and difficulty with ambulation. Intubated and extubated.

VAERS ID:	275192 (history)	**Vaccinated:**	2005-09-14
Form:	Version 1.0	**Onset:**	2005-09-14
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-03-27
Location:	Vermont	**Days after onset:**	559
		Entered:	2007-03-29
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (BIOTHRAX) / EMERGENT BIOSOLUTIONS	FAV104 / 1	RA / SC
HEPA: HEP A (VAQTA) / MERCK & CO. INC.	0003R / 1	LA / IM
TD: TD ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1347AA / 2	RA / IM
TYP: TYPHOID VI POLYSACCHARIDE (TYPHIM VI) / SANOFI PASTEUR	X01102 / 2	LA / IM

Administered by: Military **Purchased by:** Military
Symptoms: Back pain, Dysgeusia, Eyelid ptosis, Facial palsy, Muscular weakness, Musculoskeletal pain, Musculoskeletal stiffness, Oedema peripheral, Pain in extremity, Paraesthesia, Sensation of heaviness, Tenderness
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Angioedema (broad), Peripheral neuropathy (broad), Taste and smell disorders (narrow), Retroperitoneal fibrosis (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hearing impairment (broad), Periorbital and eyelid disorders (narrow), Ocular motility disorders (narrow),

Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Allergies: PCN, Morphine, Percocet, Hyperlipidemia
Allergies:
Diagnostic Lab Data: See attached Records received with report:MRI: normal. CSF Normal.
CDC Split Type:
Write-up: 36 yo recently activated with a history of hyperlipidemia presented 6 days after receiving multiple vaccines in both arms. Patient is left arm dominant and reports 1 day after vaccine receipt, she had right shoulder and arm tenderness which extended up the back of her arm and part of her back for which extended up the back of her arm and part of her back for which she took naproxyn. She reports that on Saturday, 2 days after her vaccinations, she noticed an abnormal sensation on her right cheek and that her right arm "felt heavy". She soon realized that she had a facial droop, right sided ptosis, muffled hearing on the right and altered taste. She sought medical attention at this time where she was diagnosed with Bell''s palsy and was prescribed Valtrex, prednisone and hydroxyzine. Patient states that 4 days after vaccination, she returned for medical care because of increased right arm pain, swelling, and weakness. She was then sent for further evaluation. Patient denied any specific lower extremity involvement, although when pressure on this issue, she reports that her right leg may have felt heavy as well. Pt reports that her right arm feels weaker than her left and she continues to have altered sensation in her right face and right upper extremity that she described as stable. Her right hand has paresthesias primarily in 4th hand and 5th digits. Pt states that she normally uses solar and propane power only, lives with 3 dogs, 2 cats and raises 50 chickens for eating and eggs, and primarily eats only organic foods. Pt denies any similar episodes in the past, history of cold sores, photophobia, HA, meningeal signs, recent autoimmune disease, sick contacts; pt reports several had URIs. 03/30/07-record received with received with report. DC DX:partial nerve palsy of face, high TSH. Symptoms right ptosis, decreased facial grimace. Hemibody numbness, right arm pain, right shoulder pain, stiffness, right facial droop/Bell''s Palsy. Weakness and numbness of right arm, decreased reflexes. Occassional double vision. Right leg heaviness. Per 60 day follow up: Last contact 10/31/06.

VAERS ID:	276010 (history)	**Vaccinated:**	2007-03-26
Form:	Version 1.0	**Onset:**	2007-03-28
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2007-03-29
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-04-11
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B044AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Z0324 / 4	LA / SC
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	0227U / 2	RA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: DTaP + IPV administered in Left arm. on 3-26-07. Seen today 3-26-07-Large local reaction= 8x8cm in area of DTap. Arm, red, painful and itchy prescribed Zyrtec 10 mg; cold compresses.

VAERS ID:	276539 (history)	**Vaccinated:**	2007-02-01
Form:	Version 1.0	**Onset:**	2007-04-08
Age:	0.3	**Days after vaccination:**	66
Sex:	Male	**Submitted:**	2007-04-10
Location:	Vermont	**Days after onset:**	2
		Entered:	2007-04-17
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B097AB / 2	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF014AA / 2	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08674 / 2	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0979F / 2	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Abnormal faeces, Barium double contrast, Explorative laparotomy, Intussusception, Surgery
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal obstruction (narrow), Biliary system related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Contrast enema in interventional radiology - intussusception record received 4/26/07-US positive for Intussusception.
CDC Split Type:
Write-up: Patient developed abd pain, current jelly stools and diagnosed with intussusception. Not able to reduce via gastrografin enema. Brought to OR for ex-lap. Ileo-cecal intussusception reduced manually. Records received 4/26/07-DC Summary for DOS 4/8-4/10/07 DX:Intussusception. HX of vomiting and bloody stool. Exploratory laparotomy and appendectomy

VAERS ID:	277177 (history)	**Vaccinated:**	2007-04-16
Form:	Version 1.0	**Onset:**	2007-04-17
Age:	0.35	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2007-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B090AA / 2	- / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF021AA / 2	- / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08674C / 2	- / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1231F / 2	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Diarrhoea, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Started with fever 4/17, diarrhea 4/18, had some vomiting 4/20, no one else at home sick. Diarrhea continues as of 4/23, parents had been using Pedialyte and dilute apple juice.

VAERS ID:	277209 (history)	**Vaccinated:**	2007-04-18
Form:	Version 1.0	**Onset:**	2007-04-19
Age:	11.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2007-04-23
Location:	Vermont	**Days after onset:**	4
		Entered:	2007-04-23

		Site /

Vaccination / Manufacturer	Lot / Dose	Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B012AA / UNK	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0111U / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever 101-102 on 4/19, no redness or swelling, "just arm killing him" LA

VAERS ID:	277343 (history)	**Vaccinated:**	2007-04-17
Form:	Version 1.0	**Onset:**	2007-04-24
Age:	29.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	2007-04-24
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (BIOTHRAX) / EMERGENT BIOSOLUTIONS	FAV102 / 4	RA / SC

Administered by: Military **Purchased by:** Military
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multi-vitamin
Current Illness: None
Preexisting Conditions: atopic dermatitis
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient was vaccinated with Biothrax (AVA) on 17Apr2007. He presented for medical evaluation on 25Apr2007 with an puritic red patch measuring 4-8 inches at site of vaccine administration.

VAERS ID:	277714 (history)	**Vaccinated:**	2007-04-23
Form:	Version 1.0	**Onset:**	2007-04-25
Age:		**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2007-04-26
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-05-01
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 5	LA / UN
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	Z0018-2 / 4	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site oedema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Wheezing with URI''s
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Errytyematiis, edematis warm to touch 3 inches diameter area surrounding injection site on left upper arm.

VAERS ID:	278116 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	2006-12-13
Age:	65.0	**Submitted:**	2007-01-15
Sex:	Female	**Days after onset:**	33
Location:	Vermont	**Entered:**	2007-05-07
		Days after submission:	111

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1704CA / UNK	UN / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injected limb mobility decreased, Injection site erythema, Injection site nodule, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: HTN severe oA, subclavian DVT, depression TAH.
Allergies:
Diagnostic Lab Data:
CDC Split Type: 200600091
Write-up: A 65 year old female received Decavac (lot number U1704CA) on 12 December 2006. A day later she experienced at injection site erythema and itch and on 11 January 2007 it developed into a painful 2 cm nodule, which affected the movement of the arm. No treatment was reported. At the time of the report (11 January 2007) the nodule and redness persisted and the patient had not recovered. The patient''s medical history included : Hypertension (HTN), severe osteoarthritis (OA), subclavian DVT (Deep vain thrombosis), depression and total abdominal hysterectomy (TAH). concomitant vaccines and prior exposure were not reported. The reporter is the same as in case 2006-00090.

VAERS ID:	278185 (history)	**Vaccinated:**	2007-05-07
Form:	Version 1.0	**Onset:**	2007-05-08
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-05-08
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 2	RA / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	Z0018 / 1	RA / SC
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1481F / 1	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Body temperature increased, Erythema, Induration, Pain, Skin warm
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride
Current Illness: none
Preexisting Conditions: none, NKQA
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: 5/7/07: Received vaccines. 5/8/07: Mom calling to report large red raised area, warm to touch and pain temp - 101.0. Mom to apply ice, give Motrin also itch.

VAERS ID:	278355 (history)	**Vaccinated:**	2007-05-09
Form:	Version 1.0	**Onset:**	2007-05-09
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-05-10
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TETANUS DIPHTHERIA (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 3	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Fatigue, Headache, Hypokinesia, Injection site pain, Neck pain
SMQs:, Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very painful at injection site, unable to lift arm for more than 24 hours, pain in neck, headaches, and fatigue. Needed to take painkillers to sleep, work, and function properly.

VAERS ID:	278394 (history)	**Vaccinated:**	2007-05-08
Form:	Version 1.0	**Onset:**	2007-05-08
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-05-10
Location:	Vermont	**Days after onset:**	2
		Entered:	2007-05-11
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0388U / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2115AA / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B012AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain upper, Asthenia, Body temperature increased, Chills, Ear pain, Erythema, Malaise, Nausea, Neck pain, Pain, Pallor
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PPD acne facial Rx products Clindamycin gel + Diff gel
Current Illness: none
Preexisting Conditions: Allergies-Ceclor, minocycline, benzyl peroxide
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 5/8/07 Sleeping and woke up with chills and c/o neck pain and aches-$g Motrin 600 mg. 5/9/07 c/o nausea, stomachache, earaches T 102.4 deg at 3:00 pm Ears ok one red canal only per school nurse-ES Tylenol given and slept 3-4-07 pale and c/o weak and not feeling well. School nurse checked -$g adeq strength/BP 102/60 P72 no numbness/tingling All s/s resolved in pm.

VAERS ID:	278822 (history)	**Vaccinated:**	2006-12-01
Form:	Version 1.0	**Onset:**	2007-01-01
Age:	68.0	**Days after vaccination:**	31
Sex:	Female	**Submitted:**	2007-05-14
Location:	Vermont	**Days after onset:**	132
		Entered:	2007-05-16
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / SC

Administered by: Other **Purchased by:** Other
Symptoms: Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: (therapy unspecified) NEXIUM
Current Illness: Hypersensitivity
Preexisting Conditions: Fibromyalgia
Allergies:
Diagnostic Lab Data: None
CDC Split Type: WAES0704**USA**02200
Write-up: Information has been received from a 68 year old female consumer with "hypersensitivity to many products" and a history of fibromyalgia in December 2006, was vaccinated SC with a dose of Zostavax. Concomitant vaccination included influenza virus vaccine (unspecified). Other concomitant therapy included Nexium and "thyroid medications". In January 2007, the patient experienced radiating pain from spinal column and headache. At the time of report the patient was not recovered from symptoms. No diagnostic laboratory procedures were undertaken. A product quality complaint was not involved. Additional information has been requested.

VAERS ID:	279076 (history)	**Vaccinated:**	2007-05-16
Form:	Version 1.0	**Onset:**	2007-05-17
Age:	22.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-05-21
Location:	Vermont	**Days after onset:**	4
		Entered:	2007-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1707DA / UNK	LA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Injection site erythema, Injection site induration, Injection site pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: decreased activity, pale~DTaP (no brand name)~UN~0.50~In PatientInot sure~DTaP (no brand name)~UN~~In Sibling1
Other Medications: OrthoTricyclen, minocycline 100mg daily
Current Illness: None
Preexisting Conditions: Pertussis vaccine allergy diagnosed age less than 12 months old. Acne.
Allergies:
Diagnostic Lab Data: None performed.
CDC Split Type:

Write-up: Patient developed 3cm red, indurated area at injection site within 24hrs of administration of Td. Area increased in size to 5cm and pain within 48hrs of administration. Also ran intermittant low grade fever of 99.5 F for 3-4 days. Treated with cephalexin 500mg PO QID for 5 days, loratadine 10mg QD, ibuprofen and icing PRN. She never developed hives, rash or respiratory symptoms. Fever, redness and pain resolved and induration was decreased to 1.5cm by 72 hours post administration.

VAERS ID:	279153 (history)	**Vaccinated:**	2007-03-19
Form:	Version 1.0	**Onset:**	2007-03-20
Age:	12.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-05-16
Location:	Vermont	**Days after onset:**	57
		Entered:	2007-05-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B12AA / 6	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1334F / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Nausea, Pyrexia, Rash macular
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Nephrolithiasis; UTI; Sulfa allergy
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Tdap - local red area right deltoid and blotchy also nausea, fever.

VAERS ID:	279154 (history)	**Vaccinated:**	2007-05-11
Form:	Version 1.0	**Onset:**	2007-05-11
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-05-16
Location:	Vermont	**Days after onset:**	5
		Entered:	2007-05-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2182AA / 1	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Headache, Injection site erythema, Injection site pain, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Nephrolithiasis; UTI"s; Sulfa allergy
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Soreness at injection site 4 x 6cm erythema, fever, headache, nausea.

VAERS ID:	279405 (history)	**Vaccinated:**	2007-04-19
Form:	Version 1.0	**Onset:**	2007-04-20
Age:	0.17	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-05-23
Location:	Vermont	**Days after onset:**	33
		Entered:	2007-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE	AC21B074AA	

BIOLOGICALS	/ 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF021AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	BO8674B / 1	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0726F / 1	MO / PO

Administered by: Unknown **Purchased by:** Unknown
Symptoms:
SMQs:
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2007-04-20
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None.
Preexisting Conditions: None.
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Death. 6/12/07 Received Autopsy Report which reveal COD as Undetermined. Found unresponsive face down in bed between parents (anamnestic). No anomalies, trauma, infectious agents or metabolic anomalies detected. Toxicology revealed acetaminophen 6.5 mcg/mL; fluconazole + & caffeine. 6/25/07 Received vax record from pcp which confirms RO lot & dose # as reported.

VAERS ID:	279705 (history)	**Vaccinated:**	2007-05-14
Form:	Version 1.0	**Onset:**	2007-05-14
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-05-22
Location:	Vermont	**Days after onset:**	8
		Entered:	2007-05-25
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 5	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	0096U / 1	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site rash, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Immediately after vaccination patients arm become warm, red, raised and a rash developed from above injection site to elbow 1/1 tsp Benadryl given - (+) effect 20 minutes later.

VAERS ID:	279706 (history)	**Vaccinated:**	2007-03-08
Form:	Version 1.0	**Onset:**	2007-03-08
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-05-22
Location:	Vermont	**Days after onset:**	74
		Entered:	2007-05-25
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 5	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1118F / 1	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site rash, Injection site swelling, Injection site

warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamins, flonase
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: immediately after vaccine given arm became warm, raised, red and rashy from above injection site to below site approx 12 cm across 1 1/2 tsp Benadryl given in office

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VAERS ID:	282256 (history)	**Vaccinated:**	2007-05-07
Form:	Version 1.0	**Onset:**	2007-05-07
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-06-11
Location:	Vermont	**Days after onset:**	35
		Entered:	2007-06-19
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B090AA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF021AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08682F / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1232F / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Crying
SMQs:, Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: DNA
Preexisting Conditions: DNA
Allergies:
Diagnostic Lab Data: DNA
CDC Split Type:
Write-up: Cried x 2 1/2 hrs initially straight then 1/2 hr break followed by additional 2 1/2 hrs. Crying then whimpered all night. Fine next morning.

VAERS ID:	282396 (history)	**Vaccinated:**	2007-06-19
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	17.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2007-06-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2234AA / UNK	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0340U / UNK	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Loss of consciousness, Nausea
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient felt nauseated after HPV, Menactra and Varivax were administered. Patient then passed out of approx 5-10 seconds. HPV isn''t listed below in #13. Lot# 0523U, administered IM in right deltoid

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VAERS ID:	282998 (history)	**Vaccinated:**	2007-06-14
Form:	Version 1.0	**Onset:**	2007-06-17
Age:	16.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2007-06-20
Location:	Vermont	**Days after onset:**	3
		Entered:	2007-06-27
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	04574 / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Pruritus, Rash vesicular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: -Varicella vaccine #2 given 6/14/07 -onset of vesicular rash on (L) side of neck 6/16-6/17 -No fever, no pain, mild itching.

VAERS ID:	284760 (history)	**Vaccinated:**	2007-06-12
Form:	Version 1.0	**Onset:**	2007-06-12
Age:	0.33	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-07-16
Location:	Vermont	**Days after onset:**	34
		Entered:	2007-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE957AB / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Crying
SMQs:, Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Inconsolable crying after first administration of Hib vaccine.

VAERS ID:	285464 (history)	**Vaccinated:**	2007-02-22
Form:	Version 1.0	**Onset:**	2007-02-23
Age:	20.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-07-16
Location:	Vermont	**Days after onset:**	142
		Entered:	2007-07-18
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0013U / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Chemotherapy, Dyspnoea, Oedema peripheral, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DEPO-PROVERA
Current Illness: Drug hypersensitivity; Acute lymphocytic leukaemia
Preexisting Conditions: Chemotherapy; Hives; Breathing difficult
Allergies:
Diagnostic Lab Data: None
CDC Split Type: WAES0706**USA**02842
Write-up: Information has been received from a registered nurse concerning a 20 year old female with acute lymphocytic leukaemia treated with chemotherapy (1989) and a drug allergy to BENADRYL (hives, trouble breathing) who on 22-FEB-2007 at 10:00, was vaccinated IM into the left arm with a first dose of Gardasil (Lot# 654741/0013U). Concomitant therapy included DEPO-PROVERA. "Within a day or two later," the patient''s left forearm swelled from the injection site to the upper arm after lifting weights of 20 to 40 pounds. It was reported that the patient denied any erythema or itching. Unspecified medical attention was sought. No laboratory diagnostic studies were performed. After 2 to 3 days, the swelling resolved. It was also reported the patient has not yet received the second dose of the vaccine. No product quality complaint was involved. Additional information has been requested. 01/07/2008 This is in follow-up to report(s) previously submitted on 7/16/2007; 10/8/2007. The day following immunization, the patient''s left upper arm and forearm swelled. The patient described that her forearm "swelled to the size of her upper arm". She noticed this after lifting weights (20-40 pounds). It was reported that the patient denied any itching, erythema, SOB, wheeezes or pain. Unspecified medical attention was sought. No laboratory diagnostic studies were performed. On 26-FEB-2007, the patient recovered. No product quality complaint was involved. Additional information is not expected.

VAERS ID:	285936 (history)	**Vaccinated:**	2007-04-01
Form:	Version 1.0	**Onset:**	2007-04-01
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-07-16
Location:	Vermont	**Days after onset:**	106
		Entered:	2007-07-18
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 2	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Extravasation events (injections, infusions and implants) (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type: WAES0706**USA**05340
Write-up: Information has been received from a 25 year old female who in April 2007, was vaccinated with a 0.5 ml second dose of Gardasil. Subsequently in April 2007 the patient fainted and had a moderate amount of injection site pain. Unspecified medical attention. Subsequently that same day, the patient recovered from the fainting and moderate amount of injection site pain. Additional information has been requested. 10/08/07 This is in follow-up to report(s) previously submitted on 7/16/2007. Initial and follow-up information has been received from a 25 year old female and the doctors office, who in April 2007, was vaccinated with a 0.5 ml second dose of GARDASIL. Subsequently in April 2007 the patient fainted and had a moderate amount of injection site pain. Unspecified medical attention was sought. Subsequently that same day, the patient recovered from the fainting and moderate amount of injection site pain. Additional information is not expected.

VAERS ID:	285519 (history)	**Vaccinated:**	2007-07-02
Form:	Version 1.0	**Onset:**	2007-07-02
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-07-15
Location:	Vermont	**Days after onset:**	13
		Entered:	2007-07-23
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / -
HIBV: HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	- / UNK	UN / UN
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Private **Purchased by:** Other
Symptoms: Bowel movement irregularity, Crying, Inappropriate schedule of drug administration, Irritability, Off label use, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Noninfectious diarrhoea (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: irritable, fevers, non-stop crying. No bowel movements unless given laxative. After receiving his shots this all began. Called doctors, twice they said shots given could not cause this and this was normal, but I went online and my son had symptoms of site affects from Rotavirus vaccine.

VAERS ID:	285707 (history)	**Vaccinated:**	2007-07-18
Form:	Version 1.0	**Onset:**	2007-07-18
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-07-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-07-24
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B044AA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	20548 / 4	RA / SC
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	0301U / 1	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol PRN Fluoride daily
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Mom noticed large red, swollen, hot, painful bump on pt''s (R) arm today, same area as immunizations given 7-18-07 $g 1/2 dollar. Tylenol PRN discomfort. Warm compresses PRN

VAERS ID:	286225 (history)	**Vaccinated:**	2007-04-03
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	52.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2007-07-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0889F / 1	UN / IM

Administered by: Private **Purchased by:** Private
Symptoms: Asthenia, Blood folate, Blood thyroid stimulating hormone, Fatigue, Hypoaesthesia, Nuclear magnetic resonance imaging, Paraesthesia, Red blood cell sedimentation rate normal
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zithromax PRN; Pre-dental work
Current Illness: Meniere''s disease
Preexisting Conditions: Mitral valve regurge/Meniere''s
Allergies:
Diagnostic Lab Data: Lyme/B12/Folate/TSH/MRI head/ESR
CDC Split Type:
Write-up: In early April of 2007 I was given the Pneumovax vaccine because I had contracted pneumonia earlier in the year. As you know, starting in the latter part of April, I began to have various symptoms (tingling and numbness which started in the extremities and then moved on to include the torso and head, weakness - especially in the knees and general fatigue). You are also

aware that we did do numerous tests including MRI scan and bloodwork, all of which came back negative. These symptoms persisted from the end of April until the present time, gradually diminishing. (I think the symptoms are diminishing because I have implemented a wellness program of more exercise, acupuncture treatments and a detox program) I am feeling MUCH better since I began this regimen, although the symptoms are not yet completely gone, I believe I will return to my former excellent health. I truly believe these symptoms were connected to the Pneumovax shot. I went online and found two web sites which deal with the Pneumovax vaccine. Both of these websites begin by saying there is little risk with this vaccine, HOWEVER, if your scroll down to the "Adverse Reactions" there is a list of reactions recorded in clinical test. Four of those symptoms exactly coincide with mine! I have attached the printout for your information. I am basically writing this letter just to make you aware of the possible risks of this vaccine. I never had a reaction like this to any other immunization in my life. Perhaps you can contact the manufacturer of the vaccine and report my experience, or at least forward this letter to them. I also feel that the manufacturer should reimburse me for the cost of the immunization because I have incurred great medical testing costs in trying to diagnose these symptoms. I hope that you will take the time to consider this information.

VAERS ID:	286431 (history)	**Vaccinated:**	2007-07-19
Form:	Version 1.0	**Onset:**	2007-07-27
Age:	58.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	2007-08-01
Location:	Vermont	**Days after onset:**	5
		Entered:	2007-08-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0284U / UNK	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Lymphadenopathy, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none aware of
Preexisting Conditions: none aware of
Allergies:
Diagnostic Lab Data: none performed
CDC Split Type:

Write-up: one week after administration she developed joint pain and swollen glands and low grade fevers.

VAERS ID:	286442 (history)	**Vaccinated:**	2007-07-31
Form:	Version 1.0	**Onset:**	2007-08-01
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-08-01
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-08-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1447F / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Eye swelling, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient awoke day after receiving HPV with eyes swollen shut, red itchy periorbital rash. Seen early afternoon approximately 24 hrs after injection. Eyes open, rash represent with residual swelling. Rx: Applications of cold, benedryl or claritin, motrin for inflammation. Photo taken of pt.

VAERS ID:	287846 (history)	**Vaccinated:**	2007-07-31
Form:	Version 1.0	**Onset:**	2007-08-02
Age:	65.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2007-08-09
Location:	Vermont	**Days after onset:**	7
		Entered:	2007-08-10
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0743U / 1	RA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pruritus, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 1" and 3" erythema, warmth and itching at site of injection

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VAERS ID:	287867 (history)	**Vaccinated:**	2007-08-07
Form:	Version 1.0	**Onset:**	2007-08-09
Age:	4.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2007-08-09
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-08-10
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B044 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Z0306 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1325F / 2	RA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Oedema peripheral, Skin warm
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Hard, warm, swollen right arm

VAERS ID:	287872 (history)	**Vaccinated:**	2007-03-26
Form:	Version 1.0	**Onset:**	2007-03-26
Age:	1.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-08-06
Location:	Vermont	**Days after onset:**	133
		Entered:	2007-08-10
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B044AA / 2	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Crying, Fatigue, Feeling hot, Hyperhidrosis, Hypotonia, Screaming, Tremor
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Eczema
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Woke from sleep at 8pm/screamed and cried and inconsolable x 3+ hours/ refused all

attempts at comforting / very hot and sweaty and hands/arms shaking are red back and went limp and fell asleep in mothers arm/ next day seemed fine, tired and clingy.

VAERS ID:	288150 (history)	**Vaccinated:**	2007-08-15
Form:	Version 1.0	**Onset:**	2007-08-15
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-08-15
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0680U / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2234AA / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Dizziness, Immediate post-injection reaction, Musculoskeletal stiffness, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I gave HPV first in LA and patient was standing and appeared fine. I then gave the Menactra vaccine in the RA and patient immediately fainted and body stiffened for less than one minute. She then quickly reoriented and stood up and she was fine. Had two dizzy spells while sitting down, but they resolved w/ her head b/w legs. Monitored pt x2: 1st laying then sitting, then standing.

VAERS ID:	288389 (history)	**Vaccinated:**	2007-08-13
Form:	Version 1.0	**Onset:**	2007-08-14
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-08-17
Location:	Vermont	**Days after onset:**	3
		Entered:	2007-08-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / -

Administered by: Public **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling, Malaise, Pyrexia, Wrong drug administered
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 24 hours after injection developed fever of 101-102 and redness and swelling at injection site and overall just felt sick.

VAERS ID:	288634 (history)	**Vaccinated:**	2006-06-01
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2007-08-17
Sex:	Female	**Entered:**	2007-08-22
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	- / UNK	UN / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Diabetes mellitus

SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 200702792
Write-up: This case was reported by a consumer via another manufacturer on 14 August 2007. A patient reported that she received ADACEL (lot number not reported) and "became diabetic in a few weeks". No additional information was reported. This case was reported by a consumer via another manufacturer on 14 August 2007. SERIOUS CRITERIA OTHER-MEDICALLY SIGNIFICANT. A patient reported she received ADACEL (lot number not reported) and "became diabetic in a few weeks". No additional information was reported. A corrective version has been created using the prior receipt date in order to clarify that the reporter in this case was not a health professional. No medically significant information was added to the case.

VAERS ID:	289045 (history)	**Vaccinated:**	2007-08-27
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	16.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2007-08-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	09284 / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Loss of consciousness, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Orthotricyclen
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: First dose of Gardasil was administered. Patient fainted, losing consciousness for 10 seconds with full recovery. Lot # 09284, left arm IM

VAERS ID:	289057 (history)	**Vaccinated:**	2007-08-22
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	13.0	**Submitted:**	2007-08-24
Sex:	Female	**Entered:**	2007-08-27
Location:	Vermont	**Days after submission:**	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0930U / 1	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0535U / 2	RA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Cold compress therapy, Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness, warmth, swelling and tenderness at injection site. Advised cold compresses, ibuprofen, Benadryl and monitor.

VAERS ID: 289113 (history)		**Vaccinated:**	2007-08-22
Form:	Version 1.0	**Onset:**	2007-08-22
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-08-27
Location:	Vermont	**Days after onset:**	5
		Entered:	2007-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0837U / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Headache, Injection site erythema, Injection site nodule, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None noted
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: C/O HA since day of booster (x 5 days). Motrin not effective. Has 1 1/2cm red hard lump at site; entire upper arm painful to touch.

VAERS ID: 289336 (history)		**Vaccinated:**	2007-04-09
Form:	Version 1.0	**Onset:**	2007-05-21
Age:	0.17	**Days after vaccination:**	42
Sex:	Female	**Submitted:**	2007-08-29
Location:	Vermont	**Days after onset:**	100
		Entered:	2007-08-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B070BA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF014AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	808691K / 1	LL / IM

RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0979F / UNK	MO / PO

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Coronary artery aneurysm, Immunoglobulin therapy, Kawasaki's disease
SMQs:, Vasculitis (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: PMH: none. Maternal hx of Lupus. NKDA.
Allergies:
Diagnostic Lab Data: LABS 5/21/07: blood & urine c/s neg. WBC 26.5, neutros 64.5 (H), lymphs 24 (L), monos 3 (L). CXR WNL. Labs and Diagnostics 5/29-6/02/07: Echocardiogram w/ dilitation of R & L coronary arteries, LAD and circumflex arteries. (+) aneurysmal changes. Repeat Echo as above with ectasia of the R & L main coronary arteries. CRP 148.9 down to 15.6. ESR 128 to 122. Platelets 1140 to 1218 @ d/c. LFTs WNL. Blood sugars WNL.
CDC Split Type:
Write-up: Kawasaki disease with probable coronary aneurysms. 9/10/2007 MR received for DOS 5/29-6/02/2007 for admission for DX of Kawasaki"s Disease. Seen in ER at another facility for fever and discharged. Infant continued with fevers and developed red, cracked lips, red conjunctiva, and a diffuse macular rash. Emesis and diarrhea also present, now resolved. PE significant for tachycardia, (+) murmur, and erythematous macular rash. Txd with IVIG, ASA, and propranalol. D/C PE WNL except 1/6 systolic ejection murmur. 9/11/2007 Reviewed ER medical records of 5/21/07 which reveal patient experienced fever, nasal congestion, runny nose. Patient"s 3 siblings have vupper respiratory viral syndromes. Tx w/IM antibiotics x 1. Released to home. FINAL DX: Fever. 5/12/10 Follow up: unknown-coronary arter aneurysms have resolved, but longterm effects of this unknown.

VAERS ID:	289858 (history)	**Vaccinated:**	2006-11-20
Form:	Version 1.0	**Onset:**	2006-12-01
Age:	61.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	2007-09-09
Location:	Vermont	**Days after onset:**	281
		Entered:	2007-09-05
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1880DA / UNK	RA / IM

Administered by: Private **Purchased by:** Other

Symptoms: C-reactive protein increased, Spondyloarthropathy
SMQs:, Arthritis (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OTC Supplements; Garlic; Glucosamine; Vit C; Vit B; Vit E
Current Illness: None
Preexisting Conditions: OA LS Spine
Allergies:
Diagnostic Lab Data: Increased CCP 157
CDC Split Type:
Write-up: Reactive seronegative spondyloarthropathy

VAERS ID:	290148 (history)	**Vaccinated:**	2007-08-27
Form:	Version 1.0	**Onset:**	2007-08-28
Age:	17.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-09-07
Location:	Vermont	**Days after onset:**	10
		Entered:	2007-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1061U / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Anorexia, Chills, Fatigue, Pyrexia, Rash erythematous, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt began to feel fatigue and anorexic the day after administration. This became progressively worse and then developed chills and rash on day 4. On day 5 awoke with swollen face, temp 101.3 in office and erythematous rash on face and slight on left upper arm and upper chest. Was seen in the office at that point and recommended to initiate Benadryl 50mg every 6 hrs for 48 hrs. Her fever was gone the next day and the swelling and rash subsided within 2-3 days.

VAERS ID:	290167 (history)	**Vaccinated:**	2007-09-06
Form:	Version 1.0	**Onset:**	2007-09-06
Age:	1.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-09-07
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB129AA / 2	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Rash macular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: URI Symptoms - no fever
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type: VT0907071
Write-up: Came into office with red splotches behind legs, woke from nap with them. Plan to treat with Atarax and call mom for F/U.

VAERS ID: 290618 (history)		**Vaccinated:**	2007-08-31
Form:	Version 1.0	**Onset:**	2007-09-01
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2007-09-14
Location:	Vermont	**Days after onset:**	13
		Entered:	2007-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B046AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Z0873 / 4	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness, swelling, itching at injection site.

VAERS ID: 291889 (history)		**Vaccinated:**	2007-09-27
Form:	Version 1.0	**Onset:**	2007-09-28
Age:	69.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-10-02
Location:	Vermont	**Days after onset:**	4
		Entered:	2007-10-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0886U / 1	LA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Cold compress therapy, Erythema, Oedema peripheral, Pruritus, Skin warm
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Arm was warm, swollen, red, itchy. Pt advised cold compress to area. Tylenol or Ibuprofen for discomfort, monitor for infection.

VAERS ID:	292270 (history)	**Vaccinated:**	2007-07-17
Form:	Version 1.0	**Onset:**	2007-07-17
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-10-07
Location:	Vermont	**Days after onset:**	82
		Entered:	2007-10-05
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1447F / 3	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site discharge, Injection site erythema, Injection site haemorrhage, Injection site induration, Injection site scab
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Same day as administered, injection site bled, oozed clear fluid and eventually scabbed over. Site also became red, with a hard lump, this lasted for 3 weeks. Pt applied ice and used ibuprofen as treatment.

VAERS ID:	292649 (history)	**Vaccinated:**	2007-10-01
Form:	Version 1.0	**Onset:**	2007-10-02
Age:	10.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2007-10-03
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-10-10
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1251U / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advair; Albuterol MDI PRN; Zyrtec
Current Illness: None noted
Preexisting Conditions: Bee allergy - gets allergy shots every 8 weeks
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 10/03/07 at 1630. Mom called describing 4"x3" round red area at site. 1/2 upper arm swollen and red started last night - mom called on call. Directed to take Zyrtec. Better today mom reports.

VAERS ID:	298598 (history)	**Vaccinated:**	2007-08-24
Form:	Version 1.0	**Onset:**	2007-09-08
Age:	22.0	**Days after vaccination:**	15
Sex:	Female	**Submitted:**	2007-10-12
Location:	Vermont	**Days after onset:**	34
		Entered:	2007-10-15
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 1	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Full blood count, Petechiae
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TRINESSA
Current Illness:
Preexisting Conditions: Papanicolaou smear abnormal; Papilloma viral infection
Allergies:
Diagnostic Lab Data: complete blood cell, 09/??/07
CDC Split Type: WAES0709**USA**03745
Write-up: Information has been received from a certified medical assistant (CMA), via a company representative, concerning a 22 year old female patient, with a history of an abnormal Papanicolaou smear and papilloma viral infection (HPV), who on 24-AUG-2007 was vaccinated IM with the first dose, 0.5 ml, of Gardasil (lot # not provided). Concomitant therapy included TRINESSA. On 08-SEP-2007, two weeks after the vaccination, the patient developed petechiae on her legs. The patient was seen by a physician, though treatment was not specified. At the time of this report, the patient was recovering. Additional information has been requested.

VAERS ID:	294303 (history)	**Vaccinated:**	2007-10-22
Form:	Version 1.0	**Onset:**	2007-10-24
Age:	0.2	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2007-10-24
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-10-24

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B127AA / 1	UN / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF110AA / 1	UN / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08700H / 1	UN / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0504U / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Breast feeding, Haematochezia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Vaccines done 10/22/07. Mom noted flecks of blood in stool, no other sx. Breast feeding, no formula.

VAERS ID:	294458 (history)	**Vaccinated:**	2007-10-19
Form:	Version 1.0	**Onset:**	2007-10-19
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-10-25
Location:	Vermont	**Days after onset:**	6
		Entered:	2007-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0522U / 3	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Rash generalised, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prozac; Denizen
Current Illness: None noted
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 10/19/07 Received HPV #3, itchy rash started several hours after HPV #3 at injection site. Spread all over body. Took Benadryl. Rash gone 3-4 hrs later.

VAERS ID:	294484 (history)	**Vaccinated:**	2007-10-18
Form:	Version 1.0	**Onset:**	2007-10-19
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-10-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-10-25
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	80682 / 1	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0698U / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Erythema nodosum, Injection site reaction
SMQs:, Hypersensitivity (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advair; Lo/Ovral; Albuterol
Current Illness: None
Preexisting Conditions: Allergy: Pen.
Allergies:
Diagnostic Lab Data: None
CDC Split Type:

Write-up: Erythema Nodosum Syndrome at site of injection ((R) upper arm) ? if this due to shot.

VAERS ID:	294494 (history)	**Vaccinated:**	2007-10-24
Form:	Version 1.0	**Onset:**	2007-10-25
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2007-10-25
Location:	Vermont	**Days after onset:**	0
		Entered:	2007-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B049AA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	20873 / 4	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1333U / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pain in extremity, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FLUORIDE; MIRALAX PRN
Current Illness: None noted
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient received vaccines at 5 year patient 10/24/07. No calling today to report red, swollen, painful hard area size of baseball left arm. Tylenol for discomfort no itching

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VAERS ID:	294634 (history)	**Vaccinated:**	2007-09-25
Form:	Version 1.0	**Onset:**	2007-09-26
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2007-10-26
Location:	Vermont	**Days after onset:**	30
		Entered:	2007-10-29
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0959F / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Blood pressure, Chills, Condition aggravated, Dizziness, Gait disturbance, Multiple sclerosis relapse, Muscular weakness, Pain, Respiratory rate, Sensation of heaviness, Walking aid user
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Optic nerve disorders (broad), Demyelination (narrow), Vestibular disorders (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: APAP; calcium (unspecified); cyanocobalamin mg; CLIMARA; ZESTORETIC 10/12 mg; REBIF microgm; levothyroxine sodium microgm; omeprazole mg; METAMUCIL; pyridoxine; red yeast; vitamin d (unspecified)
Current Illness: Drug intolerance; Lipids increased; Diabetes mellitus; Obesity; Hypothyroidism
Preexisting Conditions: Relapsing-remitting multiple sclerosis; Pain in elbow; Pain in foot; Diverticulosis; Chronic back pain; Nausea; Lipoma
Allergies:
Diagnostic Lab Data: blood pressure 10/02/07 120/5; total heartbeat count 10/02/07 76; respiratory rate 10/02/07 16
CDC Split Type: WAES0710**USA**04181
Write-up: Information has been received from a registered nurse concerning a 60 year old female (weight 75.4 kg, height 162.5 cm) with ibuprofen (MOTRIN) and Duloxetine HCl (CYMBALTA) intolerance, lipids increased, diabetes mellitus, obesity and hypothyroidism and a history of relapsing-remitting multiple sclerosis, pain in elbow, pain in foot, nausea, chronic back pain, diverticulosis and lipoma who on 25-SEP-207 was vaccinated with a dose of Pneumovax 23 (lot #655290/0959F), IM in the left deltoid. Concomitant therapy included acetaminophen (APAP), cyanocobalamin, interferon deta-la (REBIF), metformin HCl, levothyroxine Na, lisinopril-HCTZ (MSD), omeprazole, red yeast, estradiol (CLIMARA), psyllium husk (METAMUCIL), calcium (unspecified), pyridoxine and vitamin D (unspecified). On 26-SEP-2007, the patient awoke that morning with chills, lightheadness and general body aching. On 02-OCT-2007, the patient was seen by a neurologist who reported that the patient had a clinical relapse of multiple sclerosis. The patient also perceived weakness in her right leg with a heavy sensation, which required her to use a cane for the last 3 to 4 days in order to ambulate with security. The patient was treated with IV steroids for her quit impairment. The outcome of the events was not reported. Chills, lightheadness, general body aching and clinical relapse of multiple sclerosis were considered to be other important medical events. Additional information has been requested.

VAERS ID: 295600 (history)		**Vaccinated:**	2007-10-25
Form:	Version 1.0	**Onset:**	2007-10-25
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-11-01
Location:	Vermont	**Days after onset:**	7
		Entered:	2007-11-05
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0525U / 1	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1333U / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pain, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: instantly ached, same afternoon of vaccine increased swelling and redness. Redness and swelling persisted x 4 days. (+) itch.

VAERS ID: 296213 (history)		**Vaccinated:**	2007-10-31
Form:	Version 1.0	**Onset:**	2007-11-02
Age:	19.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2007-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Back pain, Chest pain, Mononucleosis heterophile test negative, Neck pain, Pain, Pharyngolaryngeal pain, Pyrexia, Streptococcus identification test positive
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: ? "runny nose" per pt
Preexisting Conditions: Amoxicillin IGA deficiency IBS
Allergies:
Diagnostic Lab Data: + strep, Mono spot (-)
CDC Split Type:
Write-up: Describes heavy lifting on Thurs 11-1 Pain in chest and back on 11-2 attributed to lifting neck pain, sore throat, gen aching, fever. Vaccination reaction included in differential diagnosis

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VAERS ID:	297309 (history)	**Vaccinated:**	2007-11-07
Form:	Version 1.0	**Onset:**	2007-11-07
Age:	62.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-11-14
Location:	Vermont	**Days after onset:**	7
		Entered:	2007-11-19
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2492AA / 7+	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1344U / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Body temperature increased, Chills, Headache, Injection site swelling, Injection site warmth, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Pt received annual Flu Shot and pneumovax at approx noon on 11/7. felt until dinner time when he began developing shaking chills, temperatures to 102-103 degrees F, severe headache, and his left deltoid became swollen red hot where injections were given. Symptoms lasted 48 hours.

VAERS ID:	297411 (history)	**Vaccinated:**	2007-11-12
Form:	Version 1.0	**Onset:**	2007-11-14
Age:	30.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2007-11-20
Location:	Vermont	**Days after onset:**	6
		Entered:	2007-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLLA032AA / 1	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Immunisation reaction, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No concurrent medication
Current Illness: Unknown
Preexisting Conditions: The subject had no relevant medical history.
Allergies:

Diagnostic Lab Data: UNK
CDC Split Type: A0695439A
Write-up: This case was reported by a healthcare professional and described the occurrence of systemic shot reaction in a 30-year-old male subject who was vaccinated with Flulaval for prophylaxis. The subject had no relevant medical history. There were no concurrent medications. No other vaccinations were administered on the date of receipt of Flulaval. The subject had not previously received a flu shot. On 12 November 2007 at 2:00 p.m., the subject received 1st dose of Flulaval (.5 ml, unknown, left arm). On 14 November 2007, 2 days after vaccination with Flulaval, the subject experienced a systemic reaction which included hives, redness and itching. The healthcare professional considered the events were clinically significant (or requiring intervention). The subject was treated with Benadryl and Claritin. At the time of reporting the events were unresolved. The healthcare professional considered the events were probably related to vaccination with Flulaval.

VAERS ID:	297452 (history)	**Vaccinated:**	2007-11-13
Form:	Version 1.0	**Onset:**	2007-11-14
Age:		**Days after vaccination:**	1
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2007-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0525U / 1	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Herpes zoster, Hypersensitivity
SMQs:, Angioedema (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: insomnia allergies
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: pt given 1st (L) arm Gardasil then developed shingles (L) shoulder (L) upper ant chest and trunk approx 4 hours after Gardasil injection.

VAERS ID:	297461 (history)	**Vaccinated:**	2007-11-19
Form:	Version 1.0	**Onset:**	2007-11-19
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-11-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2007-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Induration, Pruritus, Pyrexia, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Later in the evening after receiving vaccine pt has some swelling, in the morning had redness and hardening of area along with fever of 100.5 and itchiness. Advised Benadryl, Tylenol, cold compresses and observation.

VAERS ID:	297721 (history)	**Vaccinated:**	2007-11-15
Form:	Version 1.0	**Onset:**	2007-11-15
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-11-26
Location:	Vermont	**Days after onset:**	11
		Entered:	2007-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2479AA / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Chest discomfort, Chills, Cough, Headache, Myalgia, Palpitations, Pyrexia, Urticaria
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered about 1 pm. "Hives started in the afternoon/, fever, chills, muscle aches. Chest "fill up" almost like an asthma attack, chest congestion, coughing with heart racing lasting about 6 hours." Also developed headache, states gets migraines.

VAERS ID:	298738 (history)	**Vaccinated:**	2007-10-23
Form:	Version 1.0	**Onset:**	2007-10-26
Age:	23.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2007-12-05
Location:	Vermont	**Days after onset:**	40
		Entered:	2007-12-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2448AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Asthenia, Full blood count, Injection site erythema, Laboratory test, Skin exfoliation
SMQs:, Severe cutaneous adverse reactions (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: none~ ()~~0.00~Patient
Other Medications: synthroid, methadone
Current Illness: none
Preexisting Conditions: hypothyroidism
Allergies:
Diagnostic Lab Data: CBC, CMP drawn today, results are pending.
CDC Split Type:
Write-up: Red circle appeared 2-3 days after vaccine administration on Left Deltoid where vaccine was given. Skin changes noted and still evident 6 weeks later. Skin is rough and scaly, no masses or thickening noted at site. No enlarged L axillary nodes. Patient c/o feeling weak for last month.

VAERS ID:	298921 (history)	**Vaccinated:**	2007-08-30
Form:	Version 1.0	**Onset:**	2007-08-30
Age:	0.2	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-12-06
Location:	Vermont	**Days after onset:**	98
		Entered:	2007-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B127AA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF110AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08690E / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0504U / 1	MO / PO

Administered by: Private **Purchased by:** Other
Symptoms: Abdominal pain, Diet refusal, Irritability, Pyrexia, Retching, Screaming
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Ranitidine
Current Illness: None
Preexisting Conditions: GE reflux
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Began with severe screaming and flailing of arms & legs 2 hrs. after receiving vaccines. Acted like he had abdominal pain, wouldn''t drink bottle, gagging & dry heaving, febrile x10-12 hrs. Tyl given q 4 hrs & ibuprofen q 6 hrs x24 hrs.

VAERS ID:	298925 (history)	**Vaccinated:**	2007-11-15
Form:	Version 1.0	**Onset:**	2007-11-15
Age:	0.2	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-12-06
Location:	Vermont	**Days after onset:**	21
		Entered:	2007-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B114BB / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF110AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08700H / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0507U / 1	MO / PO

Administered by: Private **Purchased by:** Other
Symptoms: Abdominal pain upper, Crying, Diet refusal, Screaming
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Began screaming inconsolably about 5 hrs after vaccines. Wouldn''t breast feed. Mom states she acts like her belly hurts. Suggest Tylenol, warm bath & comf measures.

VAERS ID:	298952 (history)	**Vaccinated:**	2007-11-13
Form:	Version 1.0	**Onset:**	2007-11-19
Age:	60.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	2007-11-28
Location:	Vermont	**Days after onset:**	9
		Entered:	2007-12-06
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1080U / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prozac 20 mg
Current Illness: None
Preexisting Conditions: Sulfa drugs-headache
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: red rash 5 cm diameter, appeared 6 day/after shot given Noticed reaction same day-not reported x 6 days

VAERS ID:	298953 (history)	**Vaccinated:**	2007-11-26
Form:	Version 1.0	**Onset:**	2007-11-26
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2007-11-28
Location:	Vermont	**Days after onset:**	2
		Entered:	2007-12-06
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route

HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0525U / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2386BA / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Drug hypersensitivity, Erythema, Musculoskeletal stiffness, Pruritus, Rash, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Pharyngitis
Preexisting Conditions: Bactrim-Rash
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: stiff neck within 12 hr-redness-swelling-hot itchy x 24 hr

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VAERS ID:	302403 (history)	**Vaccinated:**	2007-10-01
Form:	Version 1.0	**Onset:**	2007-11-01
Age:		**Days after vaccination:**	31
Sex:	Unknown	**Submitted:**	2007-12-21
Location:	Vermont	**Days after onset:**	50
		Entered:	2007-12-28
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Private
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type: WAES0711**USA**02785
Write-up: Information has been received from a health professional concerning a patient who was vaccinated with zoster vaccine live (Oka/Merck). On 01-NOV-2007 (less than 2 weeks after vaccination) the patient called the office to report that her acupuncturist thought she may have developed shingles because of a feeling of "something squirming" under the skin on her back. No further information was available. Additional information has been requested.

VAERS ID:	301793 (history)	**Vaccinated:**	2007-11-15
Form:	Version 1.0	**Onset:**	2007-11-16
Age:	30.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-01-07
Location:	Vermont	**Days after onset:**	52
		Entered:	2008-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2529AA / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Asthenia, Fatigue, Muscular weakness, Myalgia, Neuralgic amyotrophy, Neurological examination abnormal, Pyrexia, Radiculitis brachial
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none

Preexisting Conditions: none. PMH: Mono (remote) and pneumonia.
Allergies:
Diagnostic Lab Data: Neurological exam on November 20, 2007 revealed normal tendon reflexes in the legs, diminished in arms. Electric reflex stimulation demonstrated conduction velocities in normal range. Clinical exam demonstrated complete loss of resistance to pull in distal flexors of left thumb and first 2 fingers, weakness on right side. Labs and Diagnostics: EMG and NCS 11/20/07 normal. H.pylori (-). CBC, UA and Chem WNL.
CDC Split Type:
Write-up: Received Flu shot on November 15, 2007. Developed fever that night. On November 16, had fever and generalized muscle soreness, most pronounced in shoulders. November 17 and 18: progressive loss of strength and motor function in the hands, fatigue, continued fever and increasing muscle soreness. November 18th: fever resolved, but saw physician at clinic for continued soreness, fatigue, and loss of motor function in the hands. Referred to Neurology on November 20. Diagnosed with Parsonage-Turner Syndrome (acute brachial neuritis). Motor function in hands resolved without treatment within 2 weeks following visit with Dr., with minor residual weakness. Fatigue continued to present. 01/18/2008 MR received for Clinic visits 11/18/07 and 1/02/2008. Pt c/o fever, bil hand pain initially then hips and ankles, and muscle weakness. Weakness to hands (L$gR) noted on PE. Reflexes 1+ in upper extremities, 2+ lower. Seen by neurology 11/20/07 for EMG and NCS DX: Acute Brachial Neuritis. Seen again 01/02/08 with fatigue and nausea since visit in Nov. Exam WNL. Impression: Nausea, Possible GERD, Fatigue

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VAERS ID:	302604 (history)	**Vaccinated:**	2008-01-07
Form:	Version 1.0	**Onset:**	2008-01-09
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2008-01-14
Location:	Vermont	**Days after onset:**	5
		Entered:	2008-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A01692 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0411U / 2	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Enuresis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: He has been wetting the bed, sometimes twice a night starting one day after the shots. Normally he only has an accident once a month.

VAERS ID:	303141 (history)	**Vaccinated:**	2007-12-05
Form:	Version 1.0	**Onset:**	2007-12-05
Age:	19.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-04-07
Location:	Vermont	**Days after onset:**	123
		Entered:	2008-01-16
		Days after submission:	81

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1263U / 1	UN / UN

Administered by: Private **Purchased by:** Private
Symptoms: Confusional state, Dysarthria, Feeling drunk, Feeling hot, Hypoaesthesia, Injection site pain, Nausea, Neurological examination, Peripheral vascular disorder, Sensory loss, Skin discolouration
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DEPO-PROVERA
Current Illness: Smoker
Preexisting Conditions: Nervousness; yeast infection; Genital wart; Sulfonamide allergy; Anxiety
Allergies:
Diagnostic Lab Data: blood pressure, 12/06/07, 108/6; ears, nose, and throat, 12/06/07, normal

including mucus membranes; physical examination, 12/06/07, skin normal; physical examination, 12/06/07, regular rate without murmur, gallop, or rub, abdomen and extremities are benign; neck exploration, 12/06/07, is supple trachea is midline, neurological examination, 12/06/07, reveals the patient is oriented x three; physical examination, 12/06/07, grips and strength is normal; body temp, 12/06/07, 98.3; respiratory rate, 12/06/07, clear; total heartbeat count, 12/06/07, 79, regular; respiratory rate, 12/06/07, 16, regular;
CDC Split Type: WAES0712**USA**02074
Write-up: Information has been received from a medical writer concerning his 19 year old daughter with a history of chronic yeast infections, gets easily nervous and is allergic to BACTRIM who on 05-DEC-2007 was vaccinated with the first "standard dose" of Gardasil (lot # not reported). Concomitant therapy included DEPO-PROVERA. On 05-DEC-2007 after receiving the first dose of Gardasil, the patient experienced intense injection site pain. Within an hour of administration the patient developed nausea and lot sensation of her arm. Her hand turned purple as if her circulation had diminished. The patient felt almost intoxicated and had slurred speech. The patient had no hives and not itching but felt hot. The patient went to the emergency room and her symptoms disappeared except for the injection site pain. She was told to take ibuprofen and apply ice packs to the area and the patient was released. Neurological tests (eye and head movements) were performed at the emergency room (results not provided). The patient''s outcome was reported as recovering. Additional information has been requested. Follow-up information received on 23-JAN-2008. On 06-DEC-2007 the patient''s father contacted the physician''s office and reported that on 05-DEC-2007 his daughter could not feel her left arm, that she was confused and felt her speech was slurred. The patient reported that she was told by the nurse that the vaccine GARASIL causes discomfort once injected into site and that another nurse held her down. A nurse was asked to come in and assist by talking to the patient because patient was so anxious and acting somewhat inappropriate. At no time was the patient held down. Patient was asked several times if she wanted injection and she stated yes. Patient''s father reported that his daughter''s arm was purple when he picked her up and that her speech was slurred. Patient seen at the immediate care center. Patient''s father stated he spoke with the manufacturer and that they recommended tha patient not have the second and third dose. The nurse attempted to call patient back the day following vaccination with no success. Physician''s notes: The physician reported that the patient experienced localized discomfort after a vaccine injection. The 19 year old female seen at the physician''s office was given a dose of GARDASIL at 11:45 hours in the region of the left deltoid. She waited 15 minutes and was discharged. At or about 12:45 she began noticing a discomfort in the area of the injection (she did notice some immediate and acute pain at the time of the injection) associated with eventual numbness of an odd degree in the left hand and forearm. She also noticed because of the intense pain, nausea and there was no dizziness, she did not feel itchy, rash or hives did not develop, and at no time did she vomit. At the time of evaluation, she felt like she had tenderness at the site of the injection. She felt her speech was abnormal although on exam evaluation, speech appeared normal and she was a little nauseated. She never vomited. During examination the patient had no acute distress. Her body temperature was 98.3, pulse of 79 and regular. Respiratory rate of 16 and regular. Blood pressure was 108/66. Oxygen saturation on room air was 98 to 99%. Ears were normal. Throat and mouth including mucus membranes were normal. Neck was supple trachea is midline. Lungs were clear. Skin was normal. Cardiac exam revealed regular rate without murmur, gallop, or rub. Abdomen and extremities were benign. Neurological exam revealed the patient was oriented x three. Grips and strength was normal. There was tenderness in the region of the deltoid injection on the left, but there was no redness and no fluctuance and no induration. The patient was observed for a period from 13:48 hours until time of discharge at 1500 hours. The patient evidenced no progressive nature of symtoms and in fact some of them improved. The patient was indicated to take ibuprofen as needed and ice off and on. She was instructed to follow up with the physician if not during

better. No additional information is expected.

VAERS ID:	304109 (history)	**Vaccinated:**	2007-11-14
Form:	Version 1.0	**Onset:**	2007-11-14
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-01-25
Location:	Vermont	**Days after onset:**	72
		Entered:	2008-02-01
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0929U / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2182AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Bradycardia, Electrocardiogram, Laboratory test, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Yaz
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: Labs EKG - Seen by cardiologist ER LABS: CBC, chemistry, cardiac enzymes, UA all WNL. Hospital LABS: EKG revealed bracycardia. Echocardiogrm WNL. Stress test WNL.
CDC Split Type:
Write-up: Immediately after shots - became Faint with pulse 50; Next Am had syncopal episode - $g ER -$g hosp Adm. with significant bradycardia -$g cardiac work-up; now on Atenolol. 2/1/08 Reviewed ER medical records of 11/15/07 which reveal patient experienced feeling lightheaded, warmth & nauseated. Felt faint, lost consciousness & collapsed for approx 1 min witnessed by parent. Recovered at the scene. In ER placed on O2. Had additional episodes of syncope w/HR 30''s while laying on gurney in ER. Noted to have eye twitching, pallor & eyes rolling back in head, flaccid. Awoke immediately but was very tired. Transferred to higher level of care. FINAL ER Dx: syncope of unknown cause. 2/8/08 Reviewed hospital medical records which reveal patient

admitted to PICU 11/15-11/16/2007. Cardio consult done. Syncopal episodes felt to be neurocardiogenic w/significant cardioinhibitory component, resulting in secondary bardycardia/asystole & syncope. Tx w/meds & hydration & d/c to home w/cardio f/u. FINAL DX: syncope, probably neurally-mediated syncope; periods of marked bradycardia.

VAERS ID:	304537 (history)	**Vaccinated:**	2008-02-01
Form:	Version 1.0	**Onset:**	2008-02-01
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-02-07
Location:	Vermont	**Days after onset:**	6
		Entered:	2008-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2844AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Erythema, Fatigue, Headache, Hypotension, Induration, Influenza like illness, Injected limb mobility decreased, Malaise, Nausea, Neck pain, Oedema peripheral, Pain in extremity, Skin warm, Sleep disorder, Somnolence, Tenderness
SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Vestibular disorders (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Per patient: On Friday evening, my left arm (where I got the tetanus/pertussis shot) started aching. I woke up in the middle of the night in extreme pain, unable to move that arm, feeling very nauseous and dizzy. My arm was very swollen, hot, hard and red. I felt awful on Saturday and paged your doctor on call, who advised me to go to the ER. I had made it up to my parents house and planned on going to the ER there, but I took my temperature and it was normal, and I just felt like I wanted to sleep, so I took some Advil and slept for 14 hours at their house. Sunday I still felt awful, no change in my arm, but I drove home. Monday I continued to have flu-like symptoms -- dizzy, nauseous, achy, and my arm remained swollen, tender, hot and red. I did not go to work, and insisted on taking me to the ER. My temp was still normal, but my BP was very low (90/66), and the PA I saw thought I had a systemic infection going on from the vaccine, and put me on antibiotics. I missed work again on Tuesday. I started feeling a little better on Weds. and went back to work. My arm has started to feel better, but I still have flu-like symptoms. Today I have taken 9 Advil since this morning and still have a splitting head and neck-ache and my arm is aching. I am having a hard time getting comfortable enough to sleep feeling this achy and am not sleeping well. I feel really run down and exhausted. I don''t think I simply caught the flu because of the onset of the symptoms in conjunction with the vaccine, and also b/c I am not vomiting or congested... just in pain and exhausted. I am also still quite dizzy. I am toughing out work b/c I have a lot going on right now and couldn''t stay out any longer, but am feeling just lousy.

VAERS ID:	304596 (history)	**Vaccinated:**	2007-11-26
Form:	Version 1.0	**Onset:**	2007-11-26
Age:	0.1	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2007-11-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-02-08
		Days after submission:	74

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B129AA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	201AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	870143AA / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Body temperature increased, Irritability
SMQs:, Neuroleptic malignant syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Temperature 100.4. Seen 11-26-07 in evening, fussy for 2 days, temperature 101.6.

VAERS ID:	304715 (history)	**Vaccinated:**	2008-02-01
Form:	Version 1.0	**Onset:**	2008-02-07
Age:	76.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2008-02-11
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / 1	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Burning sensation, Headache, Herpes zoster, Rash
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: hypertension, CAD, OA
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: outbreak of shingles involving ophthalmic division CN5, 1st symptom occurred 48 hours after immunization, mild burning, HA. Rash started 2/7/08, 6 days after immun. Rx acyclovir on

VAERS ID:	305729 (history)	**Vaccinated:**	2008-02-15
Form:	Version 1.0	**Onset:**	2008-02-23
Age:	49.0	**Days after vaccination:**	8
Sex:	Unknown	**Submitted:**	2008-02-26
Location:	Vermont	**Days after onset:**	3
		Entered:	2008-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0809U / UNK	- / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dysphagia, Neck pain, Pain, Pharyngolaryngeal pain
SMQs:, Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered 2/15/08. Symptoms began 2/23 with lateral neck pain (no swelling noted): throbbing, and sore throat, with difficulty swallowing. Reported 2/26/08 and states it is beginning to resolve. No treatment.

VAERS ID:	306212 (history)	**Vaccinated:**	2008-02-20
Form:	Version 1.0	**Onset:**	2008-02-20
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-02-29
Location:	Vermont	**Days after onset:**	9
		Entered:	2008-02-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2862AA / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site scab, Injection site vesicles
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: A few small patches developed near injection site. Patches are itchy, raised, somewhat like pimples, yellow center surrounded by red, size of pen cap, scabby. Not oozing, warm, swollen or painful. Advised Benadryl, warm compresses.

VAERS ID:	306429 (history)	**Vaccinated:**	2008-02-25
Form:	Version 1.0	**Onset:**	2008-02-27
Age:	5.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2008-02-28
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-03-04
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B051AA / 3	LA / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0169 / 3	RA / UN

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0526U / 2	LA / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1471U / 2	RA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Large, warm, red, swelling at site. Approximately 10cm long, 6cm wide.

VAERS ID:	306651 (history)	**Vaccinated:**	2008-02-14
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	3.0	**Submitted:**	2008-02-14
Sex:	Female	**Entered:**	2008-03-07
Location:	Vermont	**Days after submission:**	22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B129AA / 4	LL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Z0306-2 / 5	LL / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0539F / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Wrong drug administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: topical lotrisone
Current Illness: OM
Preexisting Conditions: eczema
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: DTap, IPV, and MMR ordered. DTap/IPV/HepB IPV and MMR administered

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VAERS ID:	306928 (history)	**Vaccinated:**	2008-02-26
Form:	Version 1.0	**Onset:**	2008-02-26
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-03-07
Location:	Vermont	**Days after onset:**	10
		Entered:	2008-03-12
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B051AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0169 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1309U / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1471U / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pruritus, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:

Diagnostic Lab Data: None
CDC Split Type:
Write-up: Left upper extremity redness, warmth, swelling, mild itching approximately 7cm area.

VAERS ID:	307132 (history)	**Vaccinated:**	2008-02-29
Form:	Version 1.0	**Onset:**	2008-03-01
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-03-14
Location:	Vermont	**Days after onset:**	12
		Entered:	2008-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2889AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Chills, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient RECIEVED T-DAP VACCINE 2/29/2008, WAS IN 3/5/2008 AND SAID SHE HAD DEVELOPED FEVER AND CHILLS FOR TWO DAYS AFTER RECIEVED VACCINE.

VAERS ID:	307137 (history)	**Vaccinated:**	2006-07-25
Form:	Version 1.0	**Onset:**	2006-07-26
Age:	65.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-03-14
Location:	Vermont	**Days after onset:**	597
		Entered:	2008-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0088F / 3	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Cellulitis, Computerised tomogram abnormal, White blood cell count increased
SMQs:, Neuroleptic malignant syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 6 days
Extended hospital stay? Yes
Previous Vaccinations:
Other Medications:
Current Illness: post op from prostatectomy
Preexisting Conditions: prostate ca PMH: GERD, HTN, asthma, asbestosis
Allergies:
Diagnostic Lab Data: WBC 24.5 wtih 15 bands, CT was consistent wtih cellulitis LABS: WBC 29.8 (H), H/H 13/36.9(L), granulocytes 94.8% (H), lymphs 2.1 (L), bands 15 (H).
CDC Split Type:
Write-up: Apparent cellulitis after 7-25-06 vaccination. Received antibiotics. 3/21/08 Reviewed hospital medical records of 07/15/2006-07/27/2006. FINAL DX: prostate cancer. Records reveal patient experienced laparoscopic radial prostatectomy. Received Pneumovax prior to d/c home. Records also reveal patient was re-admitted 7/27/2006-08/01/2006. FINAL DX: cellulitis Patient experienced nausea, abdominal pain & fever of 101.8. Returned to hospital on day of d/c s/p prostatectomy. Developed swelling & erythema of LUE next day s/p pneumovax c/w cellulitis. Tx w/IV antibiotics. Progressed well & d/c to home on continued oral antibiotics.

VAERS ID:	307223 (history)	**Vaccinated:**	2008-03-10
Form:	Version 1.0	**Onset:**	2008-03-11
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-03-12
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-03-17
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	4B054AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0301 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1309U / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1512U / 2	RA / SC

Administered by: Private **Purchased by:** Unknown

Symptoms: Local reaction
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Large local reaction to DTaP on (L) arm.

VAERS ID:	307265 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	46.0	**Submitted:**	2008-03-12
Sex:	Male	**Entered:**	2008-03-18
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2889AA / UNK	UN / IM

Administered by: Private **Purchased by:** Other
Symptoms: Arthralgia
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: HTN; Hyperlipidemia
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Joint pain $g generalized.

VAERS ID:	307329 (history)	**Vaccinated:**	2008-02-14
Form:	Version 1.0	**Onset:**	2008-02-14
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-03-12
Location:	Vermont	**Days after onset:**	26
		Entered:	2008-03-18
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	3001291 / 3	UN / UN

Administered by: Other **Purchased by:** Private
Symptoms: Heart rate increased
SMQs:, Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vasotec; Zocor; Atenolol; Diltiazem; ER
Current Illness: None
Preexisting Conditions: Cardiac Arruthmia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After 1st pill rapid heart beat (100 per minute) for 4 hours. After 2nd pill rapid heart beat (100 per minute) for 24 hours - Doctor advice discontinue pills.

VAERS ID:	307490 (history)	**Vaccinated:**	2008-03-10
Form:	Version 1.0	**Onset:**	2008-03-13
Age:	64.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2008-03-17
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-03-20
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1820U / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Injection site oedema, Injection site pruritus, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: At 4" oval of mild edema, rash, itch at injection site.

VAERS ID:	307712 (history)	**Vaccinated:**	2008-03-14
Form:	Version 1.0	**Onset:**	2008-03-16
Age:	11.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2008-03-17
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-03-21
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2384BA / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Erythema, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Well child
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 4cm x 6cm, red hot area on left upper deltoid; Zyrtec 10 mg qd, NSAIDS

VAERS ID:	307953 (history)	**Vaccinated:**	2008-02-21
Form:	Version 1.0	**Onset:**	2008-03-03
Age:	1.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	2008-03-14
Location:	Vermont	**Days after onset:**	10
		Entered:	2008-03-24
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0424U / 1	RL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08700H / 5	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1273U / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Irritability, Pruritus, Pyrexia, Rash generalised, Rash papular, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, severe diffuse full-body rash with red confluent papules and raised urticarial lesions, pruritis, irritability. Her twin sister had same shots and identical reaction.

VAERS ID:	307994 (history)	**Vaccinated:**	2008-03-20
Form:	Version 1.0	**Onset:**	2008-03-22
Age:	70.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2008-03-24
Location:	Vermont	**Days after onset:**	2
		Entered:	2008-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1820U / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Injection site oedema, Injection site pruritus, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash, itch, edema at site

VAERS ID:	308740 (history)	**Vaccinated:**	2006-03-24
Form:	Version 1.0	**Onset:**	2006-03-24
Age:	0.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-03-26
Location:	Vermont	**Days after onset:**	732
		Entered:	2008-04-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B137AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF119AA / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B97283C / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Body temperature increased, Crying, Irritability, Muscle rigidity, Oedema peripheral, Opisthotonus
SMQs:, Cardiac failure (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Dystonia (narrow), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: intense crying~Hib (no brand name)~1~0.17~In Patient
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 4 hrs after vaccine sudden onset of intense crying (inconsolable) arching back rigid could not put in carseat both legs swollen temp began with irritability T max 103 similar event at 2mos when received no series at 4 mos had HIB only- fussy, temp 99 but much less than when he had all 3 shots at 2mos + 6 mos

VAERS ID:	308904 (history)	**Vaccinated:**	2008-04-03
Form:	Version 1.0	**Onset:**	2008-04-04
Age:	49.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-04-04
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	C2927AA / UNK	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Chills, Dyskinesia, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (narrow), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Ambien - agitation
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Woke nite after admin of vaccine with arm pounding, and chills, subnormal fever. In am had chills, and fever 101.5. No redness at site of inject. Pt to push fluids and use Tylenol.

VAERS ID:	308965 (history)	**Vaccinated:**	2008-03-28
Form:	Version 1.0	**Onset:**	2008-03-28
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-04-04
Location:	Vermont	**Days after onset:**	7
		Entered:	2008-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2889AA / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Feeling hot, Injection site erythema, Injection site swelling, Pain, Pain in extremity, Pyrexia

SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Armor
Current Illness: None
Preexisting Conditions: RA; depression; hypothyroid
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Baseball sized, red, raised area at site of injection with several red, warm to touch areas down arm. Achy with fever for 3-4 days, tremors, high level of discomfort in arm.

VAERS ID:	309052 (history)	**Vaccinated:**	2008-04-02
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	17.0	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2008-04-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB216AA / UNK	LA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1740U / UNK	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Convulsion, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After HPV and Hep A were administered patient fainted and had a brief seizure lasting approx. 30 seconds. Patient recovered and left with mom. HPV isn''t listed under vaccines: Merck, lot # 1740U, right arm, IM.

VAERS ID:	309248 (history)	**Vaccinated:**	2008-03-11
Form:	Version 1.0	**Onset:**	2008-03-11
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-04-03
Location:	Vermont	**Days after onset:**	23
		Entered:	2008-04-10
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1541U / 2	RA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2888AA / 1	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Headache, Injection site erythema, Injection site pain, Injection site swelling, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Embrel 2 wks prior; Synthroid; Flovent; Hydrocodone; Lunesta; Protonix; Combivent
Current Illness:
Preexisting Conditions: Rheumatoid arthritis, Asthma, Hypothyroidism, Smoker
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left deltoid 7x4 cm red tender swollen area at site still present 22 days after

admin/moist warm compresses. HA''s, myalgias since vaccine undetermined if related to vaccine or patient''s other health problems.

VAERS ID:	309388 (history)	**Vaccinated:**	2008-04-09
Form:	Version 1.0	**Onset:**	2008-04-11
Age:	73.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2008-04-11
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1835U / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Darvon; Demerol; Amoxicillin; Levaquin; Doxycycline; Tricor; Gemfibrosil; Lipitor
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt called 9 AM on 4/11/08 c/o at 4" circular red, raised, itching vaccine site. Recommended Benadryl and Ibuprofen.

VAERS ID:	309909 (history)	**Vaccinated:**	2008-04-15
Form:	Version 1.0	**Onset:**	2008-04-16
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-04-17
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B051AA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0301 / 4	RA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Right deltoid red/swollen $g 1/2".

VAERS ID:	310338 (history)	**Vaccinated:**	2008-04-16
Form:	Version 1.0	**Onset:**	2008-04-16
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-04-21
Location:	Vermont	**Days after onset:**	5
		Entered:	2008-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	UNKNOWN / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Joint swelling, Pruritus, Rash vesicular
SMQs:, Anaphylactic reaction (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders

(broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: Possible systemic lupus, hypertension, chronic obstructive lung disease, allergies to kiwi fruit, insects.
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Received vaccine on 4/16 and developed itching back for 2 days. On 4/17 ankles swelled. On 4/17 developed varicella like like lesions of her lower extremities and upper chest.

VAERS ID:	310386 (history)	**Vaccinated:**	2008-03-20
Form:	Version 1.0	**Onset:**	2008-03-24
Age:	70.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2008-04-15
Location:	Vermont	**Days after onset:**	22
		Entered:	2008-04-21
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1429U / 1	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: hives & redness~Zoster (no brand name)~UN~70.00~In Patient
Other Medications:

Current Illness: Hives
Preexisting Conditions: (allergies take generic Allegra.)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Had the hives on my shoulders and used triamcinolone cream and it helped. Called my Dr. and she said it was alright. Had hives all week of shot. Very red around shot area.

VAERS ID:	311038 (history)	**Vaccinated:**	2008-04-03
Form:	Version 1.0	**Onset:**	2008-04-05
Age:	75.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2008-04-19
Location:	Vermont	**Days after onset:**	14
		Entered:	2008-04-28
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1429U / 1	LA / UN

Administered by: Public **Purchased by:** Unknown
Symptoms: Blister, Herpes zoster, Injection site erythema, Pain, Pruritus
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: atenolol 25 mg, levothyroxine 112 HCG, Prilosec OTC 20 mg
Current Illness: None
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mild case of shingles. Initial itching - appearance like bug bites at 6 spots on lower right abdomen and waist. Itching stopped. Spots opened. Blisters. Redness at site. Raw and painful. Redness expanded. Pain stopped one week later. Eruptions drying up. Redness leaving.

VAERS ID:	311652 (history)	**Vaccinated:**	2008-05-01
Form:	Version 1.0	**Onset:**	2008-05-03
Age:	9.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2008-05-05
Location:	Vermont	**Days after onset:**	2
		Entered:	2008-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1448U / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B019AA / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1768U / 2	LA / SC

Administered by: Other **Purchased by:** Public
Symptoms: Erythema, Inappropriate schedule of drug administration, Local reaction, Pain in extremity, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~Varicella (Varivax)~2~6.00~In Sibling
Other Medications: Lexapro 5mg daily
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: c/o R arm hurt on 5/2/08 & then on 5/3/08 arm redness & warmth developed. 7 1/2" L x 6" W redness & warmth R upper arm. Able to lift arm overhead & strong hand squeezage. Dx: Local reaction to shot, allergic vrs. cellulitis. TC to mom 5/5/08 & she did begin Keflex 500mg TID x5 days due to increased redness below elbow. Taking as prescribed.

VAERS ID:	311972 (history)	**Vaccinated:**	2008-05-01
Form:	Version 1.0	**Onset:**	2008-05-02
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-05-05
Location:	Vermont	**Days after onset:**	3
		Entered:	2008-05-09
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1429U / 1	LA / SC

Administered by: Public **Purchased by:** Other
Symptoms: Injection site erythema, Injection site rash, Injection site warmth, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Client had shingles vaccine, on 5/1/08 and left the clinic. Client reported to me on 5/5/08 that on 5/2/08 Friday, at the site of injection was warm to touch and slightly raised and reddened. The client stated that on 5/2/08 in the AM, she was itchy and had what looked like hives. Client took some Benadryl. On Saturday, 5/3/08 symptoms had subsided.

VAERS ID:	312256 (history)	**Vaccinated:**	2008-05-02
Form:	Version 1.0	**Onset:**	2008-05-02
Age:	0.33	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-05-13
Location:	Vermont	**Days after onset:**	11
		Entered:	2008-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B139AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF292AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	C57536 / 2	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	170U / 1	MO / PO

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Pyrexia, Rash erythematous, Vaccine positive rechallenge

SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: S/P first set of immunizations deveolped fever and fine red rash x2 days.S/P second set of immunizations began to develope fine red rash within 20 mins. of immunizations. Given Benadryl 1/4 tsp in office with resolution of rash. Rash didnot return but had fever x48 hours again, peaked @102.0 with Tylenol

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VAERS ID:	312550 (history)	**Vaccinated:**	2008-05-05
Form:	Version 1.0	**Onset:**	2008-05-05
Age:	28.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-05-14
Location:	Vermont	**Days after onset:**	9
		Entered:	2008-05-19
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2766AA / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Numbness in left arm and hand.

VAERS ID:	313004 (history)	**Vaccinated:**	2008-01-23
Form:	Version 1.0	**Onset:**	2008-01-24
Age:	24.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-05-16
Location:	Vermont	**Days after onset:**	112
		Entered:	2008-05-22
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0515U / 2	UN / IM

Administered by: Private **Purchased by:** Public
Symptoms: Chills, Myalgia, Nausea, Pyrexia, Vaccine positive rechallenge, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ORTHO-CYCLIN B, C, P
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, fever, myalgias nausea vomiting 24 hours after GARDASIL vaccine after each dose #1 11-20-07 #2 1-23-08

VAERS ID:	313578 (history)	**Vaccinated:**	2008-03-14
Form:	Version 1.0	**Onset:**	2008-03-14
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2008-05-16
Location:	Vermont	**Days after onset:**	63
		Entered:	2008-05-23
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: No adverse event, Wrong drug administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type: WAES0803**USA**02426
Write-up: Information has been received from a registered pharmacist concerning a patient who on 14-MAR-2008 was inadvertently vaccinated with a dose of varicella virus vaccine live (Oka/Merck) instead of zoster vaccine live (Oka/Merck). The patient is not experiencing any known symptoms. It was noted there was no product confusion involved. A product quality complaint was not involved. Additional information has been requested.

VAERS ID:	313800 (history)	**Vaccinated:**	2008-05-20
Form:	Version 1.0	**Onset:**	2008-05-22
Age:	4.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2008-05-22
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-05-28
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
	AC14B060AB /	

DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	4	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0298 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0866U / 2	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1768U / UNK	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: Adopted
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 2nd day after shots, mom noticed kept scratching his lefty arm. Mom noticed red area red raised, spread thru-out day, kept scratching, entire left upper arm red

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VAERS ID:	313838 (history)	**Vaccinated:**	2008-05-16
Form:	Version 1.0	**Onset:**	2008-05-16
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-05-22
Location:	Vermont	**Days after onset:**	6
		Entered:	2008-05-28
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0159X / 1	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Asthenia, Erythema, Malaise, Oedema peripheral, Pain, Pruritus
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: insulin, LANTUS, QUIBRONT, TIAZAC, LASIX, MICARDIS, TRICOR
Current Illness:
Preexisting Conditions: Type II diabetic
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Arm area swollen - formed a red spot size of 50 cent raised - painful - some itching. Do not feel well - no energy. Contacted doctors office. Keeping close watch on it.

VAERS ID:	314568 (history)	**Vaccinated:**	2008-03-19
Form:	Version 1.0	**Onset:**	2008-03-23
Age:	77.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2008-06-02
Location:	Vermont	**Days after onset:**	71
		Entered:	2008-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1873U / 1	LA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Ageusia, Anosmia, Computerised tomogram normal, Diplopia, Nuclear magnetic resonance imaging normal
SMQs:, Taste and smell disorders (narrow), Ocular motility disorders (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrochlorothiazide
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: CAT scan and MRI - results normal in both.

CDC Split Type:
Write-up: Significant loss of sense of taste and of smell; some incidents of double vision in one eye.

VAERS ID:	314999 (history)	**Vaccinated:**	2008-05-29
Form:	Version 1.0	**Onset:**	2008-05-30
Age:	59.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-06-05
Location:	Vermont	**Days after onset:**	6
		Entered:	2008-06-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2889AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Asthenia, Decreased appetite, Fatigue, Hyperhidrosis, Hypersomnia, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levoxyl,fosamax,evoxac, placquenil,zyrtec,zantac,cytomel,
Current Illness: none
Preexisting Conditions: hypothyroidism--sjogren''s syndrome--0steopenia--raynaund''s--chronic urticaria(autoimmunne)--allergies sulfa--? pcn--mri contrast dye
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: fever 101(only took temp. once during whole episode tho i had ongoing fever)---aches and pains esp. joints--sweats--decreased appetite(felt i would vomit if i ate)--tired and weak--slept most of the time for over 54 hrs.

VAERS ID: 315696 (history)		**Vaccinated:**	2008-05-22
Form:	Version 1.0	**Onset:**	2008-05-26
Age:	66.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2008-05-30
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-06-09
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0159X / UNK	UN / SC

Administered by: Public **Purchased by:** Unknown
Symptoms: Blister
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tiny, blister like "pimple" 4" below injection site. Not itchy. No pain, swelling or itching at inj. site. Appeared 4 days after IZ. Feels well otherwise.

VAERS ID: 315890 (history)		**Vaccinated:**	2008-06-06
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	12.0	**Submitted:**	2008-06-10
Sex:	Male	**Entered:**	2008-06-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	942440 / UNK	UN / UN
MMR: MEASLES + MUMPS + RUBELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	1925U / UNK	LA / UN
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	AC14B049AA / UNK	UN / UN

VARCEL: VARICELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	008X / UNK	LA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Body temperature increased, Culture wound negative, Hypersensitivity, Incisional drainage, Injection site erythema, Injection site induration
SMQs:, Angioedema (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Wound culture -$g " no growth" = Final report
CDC Split Type:
Write-up: 12 year old male "allergic reaction to varicella vacc."; 6/8 seen in ER at hospital; Temperature 99.9 - Induration 3cm left tricep-surrounded by 10cm erythema I+D -$g serosanguineous fluid -$g rare gram pos/epith cells/Rbc. No growth

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VAERS ID:	316166 (history)	**Vaccinated:**	2008-05-22
Form:	Version 1.0	**Onset:**	2008-06-09
Age:	75.0	**Days after vaccination:**	18
Sex:	Female	**Submitted:**	2008-06-10
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-06-13
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Facial pain, Headache, Herpes zoster, Rash, Trigeminal neuralgia
SMQs:, Anaphylactic reaction (broad), Glaucoma (broad), Demyelination (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Non smoker. Patient had chicken pox in her youth. History of NAFLD - non-alcoholic fatty infiltration of the liver - mild. Allergic to codeine, sulfa. PMH: chronic left OM w/mastoid cavity s/p perforation
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received Zostavax 2 1/2 weeks ago. She developed right sided head pain 2 weeks ago, right facial pain and sensitivity 1 week ago and rash on face 3 days ago consistent with a clinical case of Zoster -shingles- involving the trigeminal nerve 1st and second branch. No eye involvement thus far. 7/15/08 Reviewed PCP medical records of 5/12-6/9/08. FINAL DX: Facial shingles w/trigeminal nerve involvement Records reveal patient w/left ear drainage & pain on 5/12 & tx w/topical & oral antibiotics. RTC 6/9 with shooting pain right scalp x 2 wks which had progressively gotten worse. Facial rash x 2-3 days w/burning sensation. Exam revealed erythematous papules & vesicles on right face w/ulcerations, hemorrhagic crusts, increased touch sensitivity over face & right scalp. Tx w/antibiotics & pain meds. Follow-up: The patient developed clinical zoster a few days after receiving the vaccine. The rash cleared after 3 weeks, but pain persisted despite Acyclovir and gabapentin initially. Gabapentin ongoing for about 6 more weeks. She had recurrence of similar pain mildly 6 months later which resolved after about 1 week without Rx. Today feels well.

VAERS ID:	316209 (history)	**Vaccinated:**	2008-04-24
Form:	Version 1.0	**Onset:**	2008-05-15
Age:	64.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	2008-06-09
Location:	Vermont	**Days after onset:**	25
		Entered:	2008-06-13
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1429U / 1	LA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Erythema, Herpes zoster, Nasopharyngitis, Neuralgia, Pharyngolaryngeal pain, Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None did not see med provider
CDC Split Type:
Write-up: Red rash on R great toe with hives. No scabbing, sore throat and cold symptoms at same time, Nerve pain. Ibuprophen and ABSORBINE Jr. Healed in 2-2 1/2 wks. (Pt thinks shingles).

VAERS ID:	316313 (history)	**Vaccinated:**	2008-05-23
Form:	Version 1.0	**Onset:**	2008-05-24
Age:	10.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-06-11
Location:	Vermont	**Days after onset:**	18
		Entered:	2008-06-16
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1805U / 2	UN / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling, Injection site warmth, Rash macular
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multi vitamin
Current Illness: none
Preexisting Conditions: none

Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: VARIVAX given 5/23/08. 5/24/08 2" red itchy, swelling around injection site. 5/25/08 well circumscribed blotchy red warm tender swelling 6x8cm.

VAERS ID:	316555 (history)	**Vaccinated:**	2008-06-16
Form:	Version 1.0	**Onset:**	2008-06-17
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-06-16
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-06-18
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	UNKNOWN / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Headache, Injection site erythema, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness at sight, head ache, itching,

VAERS ID:	317655 (history)	**Vaccinated:**	2008-06-12
Form:	Version 1.0	**Onset:**	2008-06-13
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-06-26
Location:	Vermont	**Days after onset:**	13
		Entered:	2008-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1960U / 1	LA / UN
TD: TD ADSORBED (TDVAX) / MASS. PUB HLTH BIOL LAB	TD170 / UNK	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Cough, Dyspnoea, Pneumonia, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, shortness of breath, cough. Dx with pneumonia. Pt did not come in until 7 days after vaccines admin.

VAERS ID:	317729 (history)	**Vaccinated:**	2008-06-16
Form:	Version 1.0	**Onset:**	2008-06-18
Age:	4.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2008-06-18
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-06-27
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B0606AB / 5	RA / IM

VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0390X / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Induration, Pallor, Swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Eczema
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Indurated wheal - 3 cm diameter around injection site and surrounding pale, pink swelling approximately 10 cm diameter.

VAERS ID:	317998 (history)	**Vaccinated:**	2008-06-20
Form:	Version 1.0	**Onset:**	2008-06-21
Age:	40.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-06-25
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-07-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2766AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Anorexia, Erythema, Pain, Pyrexia, Skin warm
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Risperdal; Synthroid
Current Illness: Laceration left 5th digit
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red spot around shot size of softball, warm to touch. All over body aches, fever up to 102.5, loss of Appetite it lasted for 3 days.

VAERS ID:	318329 (history)	**Vaccinated:**	2008-07-02
Form:	Version 1.0	**Onset:**	2008-07-03
Age:	14.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-07-07
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2423AA / 1	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC5213019AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: cleft uvula at birth
Allergies:
Diagnostic Lab Data: None
CDC Split Type:

Write-up: Mom calling 2nd day red, raised, warm to touch. Swollen size of "1/2 baseball", + itching, + tenderness at site.

VAERS ID:	318736 (history)	**Vaccinated:**	2008-06-04
Form:	Version 1.0	**Onset:**	2008-06-21
Age:	70.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	2008-06-26
Location:	Vermont	**Days after onset:**	5
		Entered:	2008-07-11
		Days after submission:	15

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1429U / 1	LA / UN

Administered by: Public **Purchased by:** Unknown
Symptoms: Contrast media allergy, Dyspnoea, Rash, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: reaction to IVP contrast dye ? May 2008 as rash/sob required IV steroids
CDC Split Type:
Write-up: Urticaria arms and trunk started 6/21/2008 Exam by FM 6/26/08

VAERS ID:	319006 (history)	**Vaccinated:**	2008-06-30
Form:	Version 1.0	**Onset:**	2008-07-01
Age:	90.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-07-09
Location:	Vermont	**Days after onset:**	8
		Entered:	2008-07-15
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0298X / UNK	RA / SC

Administered by: Public **Purchased by:** Other
Symptoms: Decreased appetite, Fatigue, Insomnia, Malaise, Oral intake reduced, Pyrexia, Urine analysis
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: UA done 7/09/08
CDC Split Type:
Write-up: Fever & decreased appetite/intake, insomnia with fatigue & malaise x1 wk onset one day after vaccine.

VAERS ID:	319516 (history)	**Vaccinated:**	2008-07-16
Form:	Version 1.0	**Onset:**	2008-07-16
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-07-17
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-07-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0070X / 2	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1465U / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Hypoaesthesia, Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Numbness in face, hands, & abdomen, nausea, vomiting x4.

VAERS ID:	319844 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2008-07-15
Sex:	Female	**Entered:**	2008-07-17
Location:	Vermont	**Days after submission:**	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 1	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type: WAES0806**USA**02240
Write-up: Information has been received from a physician concerning a female, her nurse, who in May 2008, was vaccinated intramuscularly with her first dose of GARDASIL (lot# not provided). The nurse stated that the experience with the vaccine was horrible, extremely painful and her arm hurt for 3 days. Subsequently, the patient recovered 4 days after the first dose. The patient sought unspecified medical attention on an unspecified date. Additional information has been requested.

VAERS ID: 319928 (history)		**Vaccinated:**	2008-07-14
Form:	Version 1.0	**Onset:**	2008-07-14
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-07-21
Location:	Vermont	**Days after onset:**	7
		Entered:	2008-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0298X / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Fatigue, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prilosec OTC
Current Illness: none
Preexisting Conditions: tree pollen
Allergies:
Diagnostic Lab Data: seen by Physicians Assisstant 24 hours after onset of fever and then three days after initial visit.
CDC Split Type:
Write-up: extreme fatigue, fever of 99.7 to 101.9l lasted asting three and a half days. took 1000 mg. of acetamenaphen every 6-8 hrs.

VAERS ID: 319949 (history)		**Vaccinated:**	2008-07-09
Form:	Version 1.0	**Onset:**	2008-07-09
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2008-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2938AA / UNK	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Areflexia, Discomfort, Ecchymosis, Hypoaesthesia, Immediate post-injection reaction, Insomnia, Movement disorder, Pain in extremity, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow),

Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Right thigh puncture wound on new nail
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient received Tdap immunization for puncture wound of the thigh at this clinic on July 9. She had an immediate reaction consisting of numbness and pain from the armpit down to the middle of the forearm. She told the nurses and she was observed for at least a half an hour. The pain gradually subsided. By the next day, she had minor pain and discomfort. Since then, she has had persistent minor pain and discomfort with a hard time sleeping because of a sensation of her arm falling asleep. She indicates the area of discomfort is from the axilla to the mid forearm, but she also has minor tingling of the fingers, which is occasional. She notes that there might be increased tingling of the fingers depending on the position of her elbow and shoulder. She is usually healthy. Past medical history is negative (Gravida, Para, seven years ago). The patient takes no medications and has environmental allergies. Her daughter had a reaction to her MMR, again given at this clinic, a couple of years ago. She looks well. She has full range of motion of the neck, which does not increase her discomfort. There is full range of motion of the shoulder, which produces some discomfort as she lowers the arm from full abduction. Deep tendon reflexes are 2+ in biceps, triceps, supinator and knees. Ankle reflexes are absent. There is good strength of all muscle groups of both arms. There is no sensory loss to vibration in the fingers. On inspection of the shoulder, there is no obvious swelling, but there is a patchy fading ecchyinosis approximately 3 cm in diameter of the skin overlying the deltoid. Sounds like an immunization reaction, which has persisted. Notify manufacturers. Request neurological opinion to be arranged for this week since she will be leaving for another city at the end of the week and has no regular physician in the other city.

VAERS ID:	320135 (history)	**Vaccinated:**	2008-07-18
Form:	Version 1.0	**Onset:**	2008-07-18
Age:	0.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-07-22
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B149AA / 3	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF368AB / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	C57538 / 3	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0144X / 3	MO / PO

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shortly after injection rash occurs, this time we pre treated him with benadryl and he still had a rash within minutes after injections

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VAERS ID:	320165 (history)	**Vaccinated:**	2008-07-16
Form:	Version 1.0	**Onset:**	2008-07-21
Age:	76.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	2008-07-22
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0412X / UNK	UN / UN

Administered by: Public **Purchased by:** Public
Symptoms: Herpes zoster, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: aspirin
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 7/16 received ZOSTAVAX. 7/21 broke out in rash-classic shingles appearance ((L) T.O dermatome) elected against antiviral Rx

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VAERS ID:	320252 (history)	**Vaccinated:**	2008-07-16
Form:	Version 1.0	**Onset:**	2008-07-16
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-07-17
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-07-23
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B064AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	0492 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0147X / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1897U / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Induration, Local reaction, Pain
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: None
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Large, local reaction to DPAT left arm 9 x 11 cm induration, erythema, pain.

VAERS ID:	320649 (history)	**Vaccinated:**	2008-07-14
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	45.0	**Submitted:**	2008-07-18
Sex:	Female	**Entered:**	2008-07-28
Location:	Vermont	**Days after submission:**	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	9722106 / 1	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Chills, Erythema, Injected limb mobility decreased, Malaise, Oedema peripheral, Pain in extremity
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: AUGMENTIN; NASONEX
Current Illness: Chronic sinusitis
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: (R) arm became swollen, slightly red, painful with difficulty using arm. Experienced chills, malaise.

VAERS ID: 320916 (history)		**Vaccinated:**	2008-07-25
Form:	Version 1.0	**Onset:**	2008-07-26
Age:	15.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-07-28
Location:	Vermont	**Days after onset:**	2
		Entered:	2008-07-31
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1968U / 2	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Oedema peripheral, Rash
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on various parts of body right thumb swollen.

VAERS ID: 321256 (history)		**Vaccinated:**	2008-06-12
Form:	Version 1.0	**Onset:**	2008-06-15
Age:	61.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2008-08-04
Location:	Vermont	**Days after onset:**	50
		Entered:	2008-08-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0293X / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Diabetes
Preexisting Conditions: Diabetes
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shingles 72 hours after administration of ZOSTAVAX.

VAERS ID:	321357 (history)	**Vaccinated:**	2008-07-23
Form:	Version 1.0	**Onset:**	2008-07-24
Age:	15.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-07-28
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-08-05
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2638AA / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1380U / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site swelling, Leukocytosis, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None

Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Leukocytosis, fever, injection site swelling + erythema.

VAERS ID:	321390 (history)	**Vaccinated:**	2008-07-10
Form:	Version 1.0	**Onset:**	2008-07-13
Age:	71.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2008-08-01
Location:	Vermont	**Days after onset:**	19
		Entered:	2008-08-05
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0298X / UNK	LA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Biopsy, Headache, Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Propanolol 20mg BID; ASA 325mg qd; Prilosec 40mg qd
Current Illness: None noted
Preexisting Conditions: 8/11/08-records received-PMH:stroke 4/08. History of CVA. Rheumatoid arthritis. Chronic kidney disease. GERD.
Allergies:
Diagnostic Lab Data: Biopsy - pending results 8/11/08-records received-EEG normal.
CDC Split Type:
Write-up: 7/13/08 Reports "sore head" on 7/15/08. Taken by ambulance for "facial twisting" remained hospitalized 7/15 - 7/18. Biopsy taken - results pending and treated for shingles per client.8/11/08-records received for DOS 7/17-7/18/08-Seen for C/O right scalp discomfort beginning 1-2 days prior, neuritic in quality and sam distribution as previous bout of herpes zoster several years ago. Received vaccine 7 days prior to admission. DC DX: Altered level of consciousness, resolved. Scalp lesions with neuritic pain.

VAERS ID:	321588 (history)	**Vaccinated:**	2007-08-14
Form:	Version 1.0	**Onset:**	2007-08-14
Age:	75.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-07-30
Location:	Vermont	**Days after onset:**	351
		Entered:	2008-08-06
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0958F / UNK	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Full blood count, Injection site erythema, Injection site induration, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: complete blood cell, no result reported
CDC Split Type: WAES0709**USA**04396
Write-up: Information has been received from a registered nurse concerning a 75 year old female with no pertinent medical history and no history of drug reactions/allergies who on 14-AUG-2007 was vaccinated with PNEUMOVAX 23 (lot # 655289/0958F) 0.5 ml IM in the left triceps. There was no concomitant medication. On 14-AUG-2007, the patient experienced an injection site reaction when the patient got home from the vaccination. At an office visit on 17-AUG-2007, the reaction was described as a red, tender, warm area with induration at the injection site that was 16 by 17 mm. The injection site reaction was characterized as possible cellulitis. On an unspecified date, a complete blood count was performed, no results reported. The patient was given a prescription for KEFLEX 500 mg three times a day for 7 days. The patient was contacted by the nurse by phone on 24-AUG-2007. The patient recovered on 27-AUG-2007. The registered nurse considered the events to be disabling. The nurse requested a lot check. A standard lot check investigation was performed. All in-process quality checks for the lot number in question were satisfactory. The lot met the requirements of the government and was released. Additional information has been requested.

VAERS ID:	321813 (history)	**Vaccinated:**	2007-06-21
Form:	Version 1.0	**Onset:**	2007-06-22
Age:	75.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-07-30
Location:	Vermont	**Days after onset:**	404
		Entered:	2008-08-06
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0038U / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Cellulitis, Injection site erythema, Injection site pain, Injection site swelling, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type: WAES0706**USA**04385
Write-up: Initial and follow-up information has been received from a licensed practical nurse concerning a 75 year old female who on 21-JUN-2007 was vaccinated subcutaneously with a first dose of PNEUMOVAX (Lot # 655766/0038U). On 22-JUN-2007, the patient developed a "cellulitis-type reaction" with a 17 cm red, tender, swollen area on the left arm at the injection site. The licensed practical nurse described it as a localized reaction and reported it resolved completely in 4-5 days. The patient"s date of recovery was reported as 28-JUN-2007. Additional information is not expected.

VAERS ID:	321819 (history)	**Vaccinated:**	2007-06-15
Form:	Version 1.0	**Onset:**	2007-06-15
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-07-30
Location:	Vermont	**Days after onset:**	411
		Entered:	2008-08-06
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Pruritus generalised
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ADVAIR
Current Illness:
Preexisting Conditions: Asthma; Drug hypersensitivity
Allergies:
Diagnostic Lab Data: None
CDC Split Type: WAES0707**USA**00449
Write-up: Information has been received from a licensed practical nurse concerning a male patient with asthma and a allergy to DEMEROL who on approximately 15-JUN-2007 "within the last two weeks", was vaccinated with a dose of PNEUMOVAX 23. Concomitant therapy included ADVAIR. On approximately 15-JUN-2007, the patient developed itching all over the body. Unspecified medical attention was sought. The patient was given ZYRTEC 10 mg twice a day with resolution of symptoms. No laboratory diagnostics studies were performed. Follow up information indicated that the PNEUMOVAX 23 was not administered by this office. No product quality complaint was involved. Additional information is not expected.

VAERS ID:	322119 (history)	**Vaccinated:**	2007-08-14
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	76.0	**Submitted:**	2008-07-30
Sex:	Male	**Entered:**	2008-08-06
Location:	Vermont	**Days after submission:**	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0958F / UNK	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type: WAES0709**USA**04392
Write-up: Information has been received from a registered concerning a male (age not reported) with no pertinent medical history or drug reactions/allergies who on 14-AUG-2007 was vaccinated with PNEUMOVAX 23 (lot # 655289/0958f) 0.5 mL IM into the right tricep. There was no concomitant medication. The nurse reported that a patient developed an injection site reaction after vaccination with PNEUMOVAX 23. The reaction developed gradually over the next day following vaccination with PNEUMOVAX 23. Medical attention was sought. At an office visit on 17-AUG-2007, the injection site reaction was described as a mild erythema, ill defined area 10 by 7 MM with tenderness, but no duration. The patient was given a prescription for KEFLEX 500mg three times a day for 7 days. The patient recovered on 20-AUG-2007. The registered nurse asked for a lot check for PNEUMOVAX 23 vaccine lot # 655289/0958F. There was no other information to report. A standard lot check investigation was performed. All in process quality checks for the lot number in question were satisfactory. The lot met the requirements of the government and was released. Additional information has been requested.

VAERS ID:	321786 (history)	**Vaccinated:**	2008-07-24
Form:	Version 1.0	**Onset:**	2008-07-27
Age:	13.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2008-08-11
Location:	Vermont	**Days after onset:**	15
		Entered:	2008-08-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1968U / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2633AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Blood creatine phosphokinase, Borrelia burgdorferi serology negative, Full blood count, Gait disturbance, Headache, Myalgia, Pain, Parvovirus B19 serology positive, Pyrexia, Red blood cell sedimentation rate increased
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: H/O peanut/nut allergy
Allergies:
Diagnostic Lab Data: CK; Mono; BH: CBC; Lyme titer NL; ESR increased, 30; Parvo B19, c/w post infection
CDC Split Type:
Write-up: Fever 101-103 associated with headache & body aches. Intense muscle aches lower extrem $g upper extrem to the point of difficulty walking, getting out of chair, etc. Duration 5-6d. Rx ibuprofen 600mg q 6 hr.

VAERS ID:	321792 (history)	**Vaccinated:**	2008-08-05
Form:	Version 1.0	**Onset:**	2008-08-05
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-08-05
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-08-11
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1968U / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2384BA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Syncope ~3 min - cold cloths to forehead, juice.

VAERS ID:	322205 (history)	**Vaccinated:**	2008-02-04
Form:	Version 1.0	**Onset:**	2008-02-05
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-08-14
Location:	Vermont	**Days after onset:**	190
		Entered:	2008-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0525U / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Asthenia, Malaise, Pain
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hours after gardisil feels unwell with abdominal pain, ackey, sore decresed energy lasting approx 1 to 2 days

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VAERS ID:	322206 (history)	**Vaccinated:**	2008-04-07
Form:	Version 1.0	**Onset:**	2008-04-08
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-08-14
Location:	Vermont	**Days after onset:**	128
		Entered:	2008-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1448U / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Asthenia, Influenza like illness, Malaise, Pain
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hours after 2nd HPV injection patient became ill with flu like symtoms, body aches, abdomial pain, decreased energy, generlly feeling unwell.

VAERS ID:	322207 (history)	**Vaccinated:**	2008-08-11
Form:	Version 1.0	**Onset:**	2008-08-12
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-08-14
Location:	Vermont	**Days after onset:**	2
		Entered:	2008-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1740U / 3	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Asthenia, Malaise, Pain
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hours after injection patient again felt unwell with body aches,decreased energy, and abdominal pain.

VAERS ID:	322296 (history)	**Vaccinated:**	2008-08-13
Form:	Version 1.0	**Onset:**	2008-08-14
Age:	14.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-08-15
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1740U / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B027AA / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0334X / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Upper Right arm slightly swollen, hot to touch, pain with shoulder abduction. At site of varicella injection.

VAERS ID:	325939 (history)	**Vaccinated:**	2008-06-01
Form:	Version 1.0	**Onset:**	2008-06-18
Age:	20.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	2008-08-14
Location:	Vermont	**Days after onset:**	57
		Entered:	2008-08-18
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 3	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Human papilloma virus test positive, Smear cervix abnormal
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PROZAC
Current Illness: Anxiety disorder
Preexisting Conditions: Papanicolaou smear abnormal, Papilloma viral infection
Allergies:
Diagnostic Lab Data: Pap test - 06/18/08 - positive for HPV
CDC Split Type: WAES0807**USA**01544
Write-up: Information has been received from a physician concerning a 20 year old female with anxiety disorder and a history of papanicolaou smear abnormal and positive for HPV that resolved with no treatment and no drug allergies who in June 2008, was vaccinated with the third dose of GARDASIL vaccine (yeast). Concomitant therapy included PROZAC. On 18-JUN-2008, the patient had a Papanicolaou (PAP) that was positive for HPV. Medical attention was sought via office visit. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	323917 (history)	**Vaccinated:**	2008-08-22
Form:	Version 1.0	**Onset:**	2008-08-28
Age:	11.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2008-09-02
Location:	Vermont	**Days after onset:**	5
		Entered:	2008-09-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0381X / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2686AA / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Pharyngolaryngeal pain, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~DTaP (no brand name)~5~4.00~In Patient
Other Medications:
Current Illness: None
Preexisting Conditions: ?Tetanus toxoid
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Please see hospital notes - skin rash. Patient has developed a rash over the last 2 hours on her arms and left knees. She is now complaining of throat pain. She got her first GARDASIL shot and her meningitis vaccine about 7 days ago and her mom says when patient was five she had a reaction to a tetanus shot 6 days after she got the vaccine. Mom is concerned.

VAERS ID:	324374 (history)	**Vaccinated:**	2008-09-04
Form:	Version 1.0	**Onset:**	2008-09-04
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-09-05
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-09-05

Vaccination / Manufacturer	Lot / Dose	Site /

		Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2632AA / 1	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	ACS2BO30AA / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0954X / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: TELEPHONE CALL FROM MOM STATING VARICELLA INJECTION SITE ITCHY, SIZE OF SOFTBALL, REDDENED AND SWOLLEN APPROX 1/2" HIGH. MENINGOCOCCAL INJECTION SITE REDDENED ABOUT 1/2 DOLLAR SIZED, SWOLLEN, AND ACHY. INSTRUCTED TO APPLY ICE AND GIVE BENADRYL AND TO COME TO OFFICE IF SYMPTOMS WORSEN, OR FEVER OR RASH APPEARS.

VAERS ID:	324731 (history)	**Vaccinated:**	2008-06-20
Form:	Version 1.0	**Onset:**	2008-06-30
Age:	71.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	2008-09-04
Location:	Vermont	**Days after onset:**	66
		Entered:	2008-09-10
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0298X / 1	UN / UN

Administered by: Public **Purchased by:** Public
Symptoms: Aura, Headache, Nuclear magnetic resonance imaging brain normal, Visual disturbance

SMQs:, Anticholinergic syndrome (broad), Convulsions (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Protonix 40mg; (have taken it for 2 yrs - no adverse effects
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Brain MRI 8/16/08 - No bleeding, clots or tumors
CDC Split Type:
Write-up: Began having ocular auras 6/30/08. Saw opthamologist 7/2/08. Tests all OK. Told me to see Medical Dr if auras continued. Dull headaches began (ocular auras continued also) 7/20. Saw Dr 7/24/08. Prescribed Propranolol 80 mg and Tylenol x strength. Auras and headaches continued, headaches worsening. Saw Dr 8/7/08. Charged med. to Verapamil 120mg. Dr added Isometh-D-Chloralphanz-APAP after phone consult. Scheduled Brain MRI. Had MRI on 8/16 - showed no bleeding, clots, tumors (8/13-Dr Rx Xanax .25mg - at night); Still having severe headaches and auras. No previous headache or auras history.

VAERS ID:	325135 (history)	**Vaccinated:**	2008-06-18
Form:	Version 1.0	**Onset:**	2008-06-23
Age:	67.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	2008-09-15
Location:	Vermont	**Days after onset:**	84
		Entered:	2008-09-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0300X / 1	LA / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Back pain, Blister, Cellulitis, Culture negative, Erythema, Erythema multiforme, Herpes virus infection, Hypoaesthesia, Pain, Rash macular, Virus culture negative
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prilosec,Tenazepam
Current Illness: Pt diagnosed with skin melanoma had outpatient surgery the day following the immunization 06/24/2008, to remove a squamous cell carcinoma. Tx with Keflex on date of surgery.
Preexisting Conditions: Squamous cell carcinoma.
Allergies:
Diagnostic Lab Data: Md did skin scraping which was reported to me as neg. for viral or bacterial cause
CDC Split Type:
Write-up: Seen by dermatologist 06/23/2008. "fulminating blistors clustered on spine/buttocks. area of fanlike redness above. Dx as herpatic lesions? cellulitis in the gluteal cleft. Tx.with Valtrex 1 gm tid,7d. then red blotchy patches appeared all over chest and trunk c/o pain all over. poss rxn. to valtrex, erythema multiformi. Day of interview client still c/o back pain,numbness back of Rt. Leg,L leg, inside of upper Rt. shoulder.

VAERS ID:	325196 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	85.0	**Submitted:**	2008-09-10
Sex:	Female	**Entered:**	2008-09-16
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Public **Purchased by:** Unknown
Symptoms: Blood test normal, Computerised tomogram normal, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Toprol 50mg, Lisinopril 10mg; Cozaar 50mg, calcium, Vit D, multivitamin
Current Illness:
Preexisting Conditions: No sulfa, sodium pentothal
Allergies:
Diagnostic Lab Data: No other / No fever found. Negative chest CT; Negative blood work

CDC Split Type:
Write-up: Prolonged low grade fever.

VAERS ID:	326208 (history)	**Vaccinated:**	2008-09-23
Form:	Version 1.0	**Onset:**	2008-09-24
Age:	14.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-09-24
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-09-25
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2661AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site inflammation
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Lg red, baseball size, inflamed injection site, 24 hours post shot. Ice, ibuprofen, BENADRYL.

VAERS ID:	326279 (history)	**Vaccinated:**	2008-09-19
Form:	Version 1.0	**Onset:**	2008-09-20
Age:	12.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-09-22
Location:	Vermont	**Days after onset:**	2
		Entered:	2008-09-26
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC528030AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Chills, Muscle twitching, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ZOLOFT
Current Illness: None
Preexisting Conditions: ODD/OCD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: On set 9-20-2008 0500 - of fever, chills, twitching, full body, vomited x1 (vomiting reported by child) not certain as parent did not witness discussed with on call MD - question flu like viral illness or reaction to TDAP. Monitor & hydrate call if increasing concerns.

VAERS ID:	327133 (history)	**Vaccinated:**	2008-06-25
Form:	Version 1.0	**Onset:**	2008-09-29
Age:	0.2	**Days after vaccination:**	96
Sex:	Female	**Submitted:**	2008-10-04
Location:	Vermont	**Days after onset:**	5
		Entered:	2008-10-06
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B142AA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF345AC / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	C57538 / 1	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0970U / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Barium double contrast, Intussusception
SMQs:, Gastrointestinal obstruction (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None 9/20/08-records received-Two weeks prior developed upper respiratory infection with runny nose and slight cough.
Allergies:
Diagnostic Lab Data: Air contrast enema - diagnostic + therapeutic 9/20/08-records received-CXR increased density in right middle lobe. Abdominal x-ray normal. 10/28/08-records received-Barium enema reduction with air enema.WBC 21.
CDC Split Type:
Write-up: 9/29/08 Intussusception - reduced with air contrast enema. 10/08/08-records received for DOS 9/20/08-presented with vomiting, lethargy and cough. On day of admission began to vomiting 1-15 times and greenish in color with dark material in it. Diapers not wet, decreased urine output. Not interested in drinking. Weight loss, pale with decreased capillary refill and decreased responsiveness to stimulation and pain. Tachycardic, abdomen distended infrequent bowel sounds.Transferred to another facility. 10/08/08-ED report for DOS 10/8/08-C/O lethargy, pale and bilious forming again. Probably recurrent intussusception. Previously hospitalized for intussusception and lung infection on 9/29/08. 10/28/08-records received from receiving facility for DOS 9/30/08 and 10/8-10/9/08-DC DX: Reduced Intussusception.

VAERS ID:	327285 (history)	**Vaccinated:**	2008-09-22
Form:	Version 1.0	**Onset:**	2008-09-22
Age:	42.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-10-06
Location:	Vermont	**Days after onset:**	14
		Entered:	2008-10-07
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0203U / 2	LA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Asthenia, Chills, Disability, Fatigue, Full blood count, Induration, Injection site mass,

Injection site pain, Malaise, Myalgia, Pain, Pain in extremity, Skin warm, Stomach discomfort, Tension
SMQs:, Rhabdomyolysis/myopathy (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tuberculin purified protein
Current Illness:
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: complete blood cell, results pending
CDC Split Type: WAES0810**USA**00220
Write-up: Information has been received from a physician concerning a 42 year old male surgeon with no allergies or medical history who on 22-SEP-2008 was vaccinated subcutaneously in the left arm with a "suspected" 0.5 ml second dose of MMR II (lot # 656428/0203U). Concomitant therapy included a dose of tuberculin purified protein derivative in the right arm. Five days later, on 27-SEP-2008, the patient developed malaise, tiredness and possibly fever. On 29-SEP-2008 the patient developed soreness and achiness up and down triceps of his left arm. Unspecified medical attention was received in the physician''s office. The patient is taking 1600 mg of ibuprofen daily. A complete blood count was drawn and the results are pending. The patient was reported as not recovered from malaise, tiredness, possibly fever and soreness and achiness up and down triceps of left arm. The reporter stated since the patient was a surgeon there was some mild disability. A product quality complaint was not involved. Additional information was received from the health care provider that the patient experienced no congestion or other viral symptoms and reported having low energy. On "Monday" the patient had chills and a painful mass-like area around the injection site. The patient reported feeling slightly sick to his stomach at some point. The patient treated himself with LEVAQUIN. The reporting health care provider suspected myalgia. The patient''s triceps were slightly warm, tense, with no mass felt, but "mass" appeared to be traveling down the arm and extending. The patient''s skin appeared normal with no joint symptoms reported. Additional information has been requested.

VAERS ID:	327645 (history)	**Vaccinated:**	2008-05-29
Form:	Version 1.0	**Onset:**	2008-05-29
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-09-24
Location:	Vermont	**Days after onset:**	118
		Entered:	2008-10-08
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0161X / 1	UN / SC

Administered by: Other **Purchased by:** Private
Symptoms: Condition aggravated, Oral herpes
SMQs:, Oropharyngeal infections (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: Cold sores lip
Allergies:
Diagnostic Lab Data: None
CDC Split Type: WAES0806**USA**02192
Write-up: Information has been received from a registered nurse concerning a 65 year old female, weight 147 pounds height 61 inches, with a history of oral cold sores who on 29-MAY-2008 at 13:30 was vaccinated with the first dose of ZOSTAVAX (Oka/Merck) subcutaneously (lot#: 659614/0161X). There was no concomitant medication. Within an hour after vaccination, the patient stated she had a "cold sore" on her lip. The patient had a history of cold sore on lips, but she stated it had not occurred in awhile. The patient felt strongly it was related to the vaccine. She was unable to take her anti-viral medication due to the vaccine. After 2-3 days, the patient recovered from cold sore on lip. It was unspecified if the patient sought medical attention. Additional information is not expected.

VAERS ID:	328460 (history)	**Vaccinated:**	2008-09-24
Form:	Version 1.0	**Onset:**	2008-09-29
Age:	26.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	2008-10-14
Location:	Vermont	**Days after onset:**	15
		Entered:	2008-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2774AA / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Back pain, Blood culture negative, Full blood count normal, Headache, Nausea, Pyrexia, Urine analysis normal
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Urinalysis, CBC, and Blood Culture , all negative.
CDC Split Type:
Write-up: High Fever, headache and back pain, nausea

VAERS ID:	328559 (history)	**Vaccinated:**	2008-09-22
Form:	Version 1.0	**Onset:**	2008-10-04
Age:	1.0	**Days after vaccination:**	12
Sex:	Male	**Submitted:**	2008-10-09
Location:	Vermont	**Days after onset:**	5
		Entered:	2008-10-15
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB245AA / UNK	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	C25655 / 4	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0273Y / UNK	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Injection site abscess
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Abscess at vaccine injection site. 3 given - same thigh. About 2 x 2 cm erythematous area. Rx with antibiotics and warm soaks to area.

VAERS ID:	329616 (history)	**Vaccinated:**	2008-10-22
Form:	Version 1.0	**Onset:**	2008-10-22
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-10-22
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2829AA / 1	LA / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB247AA / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U273AA / 1	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B020AA / UNK	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Grand mal convulsion, Scan brain
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PAMPRIN given 10/21/08

Current Illness:
Preexisting Conditions: Chronic functional abdominal pain
Allergies:
Diagnostic Lab Data: CT Head
CDC Split Type:
Write-up: Patient had clonic / tonic seizure lasting aproximately 60 seconds.

VAERS ID:	329906 (history)	**Vaccinated:**	2008-10-15
Form:	Version 1.0	**Onset:**	2008-10-17
Age:	79.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2008-10-21
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-10-24
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLLA207AA / UNK	RA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2938AA / UNK	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Hypersensitivity, Injection site erythema, Injection site pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Herpes zoster
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Per pt began as intense itching 2 days after w/ progressive redness to site. Seen today by MD - dx"d w/ allergic urticaria redness decreased to 3" area below deltoid and itching gone.

VAERS ID:	330842 (history)	**Vaccinated:**	2008-10-22
Form:	Version 1.0	**Onset:**	2008-10-23
Age:	9.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-10-24
Location:	Vermont	**Days after onset:**	1
		Entered:	2008-10-31
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2829AA / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B06AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Red hot deltoid 180 degrees around. Not circumferential; Tender to palp. Started 24 hrs after shot given Tdap.

VAERS ID:	331418 (history)	**Vaccinated:**	2008-10-31
Form:	Version 1.0	**Onset:**	2008-10-31
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-11-05
Location:	Vermont	**Days after onset:**	5
		Entered:	2008-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	01849111A / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Cough, Diarrhoea, Wheezing
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad),

Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Patient did not seek medical treatment.
CDC Split Type: NH0814
Write-up: Patient c/o wheezing and coughinin that started within three hours after the immunization. She also states that she had mild diarrhea for the following two days.

VAERS ID:	331763 (history)	**Vaccinated:**	2008-08-26
Form:	Version 1.0	**Onset:**	2008-08-27
Age:	9.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2008-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	9724308 / 2	UN / SC

Administered by: Private **Purchased by:** Private
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Per-nasal rash~Varicella (no brand name)~2~12.00~Sibling
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Peri-nasal rash < 24 hours after vaccine. Lasting more than one month.

VAERS ID:	331768 (history)	**Vaccinated:**	2008-08-26
Form:	Version 1.0	**Onset:**	2008-08-27
Age:	12.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2008-11-04
Location:	Vermont	**Days after onset:**	69
		Entered:	2008-11-07
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	9724308 / 2	UN / SC

Administered by: Private **Purchased by:** Private
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Peri-nasl rash~Varicella (no brand name)~2~0.00~In Sibling
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Per-nasal rash < 24 hours after vaccine lasting $g 1 month.

VAERS ID:	331854 (history)	**Vaccinated:**	2008-11-06
Form:	Version 1.0	**Onset:**	2008-11-06
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-11-10
Location:	Vermont	**Days after onset:**	4
		Entered:	2008-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	87877 / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pain in arm where the injection was given. Tx=Ibuprofen - one time 400mg. Hurt for 3 days.

VAERS ID:	331884 (history)	**Vaccinated:**	2008-11-07
Form:	Version 1.0	**Onset:**	2008-11-07
Age:	0.83	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-11-10
Location:	Vermont	**Days after onset:**	3
		Entered:	2008-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2783CA / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Immediate post-injection reaction, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: High fever (103) 10 mins after injection with rash shortly therafter

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VAERS ID:	331995 (history)	**Vaccinated:**	2008-11-04
Form:	Version 1.0	**Onset:**	2008-11-04
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-11-10
Location:	Vermont	**Days after onset:**	6
		Entered:	2008-11-11
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AALLA154AA / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Activities of daily living impaired, Body temperature increased, Chills, Hyperhidrosis, Myalgia, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Dementia (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: TEMP~Influenza (Seasonal) (no brand name)~1~27.00~In Patient
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: none

CDC Split Type:
Write-up: Started with muscle aches, temperature @ 11pm was 103.8 degrees decreased 101.8 degrees with Tylenol, started having aches and chills, started sweating, continued with muscle aches and unable to get out of bed next day.

VAERS ID:	332104 (history)	**Vaccinated:**	2008-11-04
Form:	Version 1.0	**Onset:**	2008-11-04
Age:	48.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-11-12
Location:	Vermont	**Days after onset:**	8
		Entered:	2008-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Asthenia, Pain, Pyrexia, Upper respiratory tract congestion, Wheezing
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none.
Preexisting Conditions: none.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received flu vaccine at 3:30 p.m., felt chest congestion/wheezing by 5:30 p.m., high fever, weakness and genaeral body aches by 8:30 p.m., fever broke by 3:00 a.m.

VAERS ID:	332398 (history)	**Vaccinated:**	2008-10-29
Form:	Version 1.0	**Onset:**	2008-10-29
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-11-07
Location:	Vermont	**Days after onset:**	9
		Entered:	2008-11-14
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B064AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A029U / 4	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0891X / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0536X / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Ecchymosis, Erythema, Myalgia, Pyrexia, Skin warm, Swelling, Tenderness
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Peanut, milk, eggs, tree nut allergies
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Developed fever and muscle aches over night. Ecchymosis, erythema, swelling, tenderness and warmth 5x8cm.

VAERS ID:	332958 (history)	**Vaccinated:**	2008-11-11
Form:	Version 1.0	**Onset:**	2008-11-12
Age:	37.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-11-20
Location:	Vermont	**Days after onset:**	8
		Entered:	2008-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA386AA / 1	RA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Body temperature increased, Cough, Influenza like illness, Pain
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu symptoms~Influenza (Seasonal) (no brand name)~1~40.00~In Sibling
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: ! day after receiving vaccine, had symptoms of achiness, flu-like symptoms, temperature 100.1(1 hour after TYLENOL) dry hackey cough. Put on antibiotics, ZITHROMAX 250mg by mouth times 7 days(5days after vaccine administered. Patients brother had similar reaction).

VAERS ID:	332976 (history)	**Vaccinated:**	2008-11-04
Form:	Version 1.0	**Onset:**	2008-11-05
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-11-07
Location:	Vermont	**Days after onset:**	2
		Entered:	2008-11-21
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site /

		Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14BO64AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0492 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0984X / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0536X / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Induration, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol
Current Illness: None
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Phone call from MGM-red, swollen, firm to touch, starts at (L) shoulder to 2" above elbow.

VAERS ID:	333287 (history)	**Vaccinated:**	2008-11-11
Form:	Version 1.0	**Onset:**	2008-11-12
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-11-25
Location:	Vermont	**Days after onset:**	13
		Entered:	2008-11-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None, but did have a UTI two weeks prior and was on Keflex for 10 days
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: My daughter had the LAIV (nasal spray) and had a severe reaction - hives from her head to her toes. She needed to be on steroids to bring relief. Not sure if doctor reported this reaction.

VAERS ID:	337558 (history)	**Vaccinated:**	2008-11-25
Form:	Version 1.0	**Onset:**	2008-11-26
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-11-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2008-12-18
		Days after submission:	22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	IN500561P / UNK	NS / IN

Administered by: Public **Purchased by:** Public
Symptoms: Chills, Oropharyngeal pain, Pyrexia, Rhinorrhoea, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Concomitant Drug (s) Not Reported
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: MEDI0007561
Write-up: A non-serious spontaneous report of fever, vomiting, chills sore throat, and runny nose has been received from a nurse concerning a four- year old female subsequent to FLUMIST. This case is submitted in accordance with MedImmune"s post-marketing commitment on accelerated reporting for the newly indicated population of 2 years to 59 months of age for FLUMIST. Neither past medical history nor concomitant medications were reported. The patient received FLUMIST on 25-Nov-2008. The patient woke up on 26-Nov-2008 with a fever, vomiting, chills, sore throat, and runny nose. The outcome was not reported. The events of fever, vomiting, chills, sore throat, and runny nose resolved on approximately 03-Dec-2008, within one week after the onset of the events. Additional information received 08-Jan-2009 and incorporated into the case outcome and resolution date.

VAERS ID:	336731 (history)	**Vaccinated:**	2008-12-23
Form:	Version 1.0	**Onset:**	2008-12-23
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-01-07
Location:	Vermont	**Days after onset:**	15
		Entered:	2009-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	RA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 3	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Syncope within minutes of administration of vaccines.

VAERS ID:	337139 (history)	**Vaccinated:**	2008-10-21
Form:	Version 1.0	**Onset:**	2008-10-21
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-12-03
Location:	Vermont	**Days after onset:**	43
		Entered:	2009-01-13
		Days after submission:	41

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2787EA / 7+	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Agitation, Burning sensation, Diarrhoea, Hyperhidrosis, Insomnia, Lymphadenopathy, Pruritus
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Trazodone; Methacarbenol
Current Illness: None
Preexisting Conditions: Injectable iron; Celiac Disease; Fibromyalgia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Burning itch over upper body, extremities + bottoms of feet. Felt very "hyper" "wired". Difficulty sleeping that night, diarrhea, sweats, swollen axillary lymph nodes. Symptoms resolved after 72 hours.

VAERS ID:	337506 (history)	**Vaccinated:**	2008-11-05
Form:	Version 1.0	**Onset:**	2008-11-05
Age:	58.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-01-13
Location:	Vermont	**Days after onset:**	69
		Entered:	2009-01-15
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	02449111A / UNK	RA / IM
TD: TD ADSORBED (TDVAX) / MASS. PUB HLTH BIOL LAB	TD199 / UNK	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Chills, Fatigue, Myalgia, Tremor
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe Shaking Chills myalgias for several hours. Resolved spontaneously. Fatigued the next day.

VAERS ID:	337791 (history)	**Vaccinated:**	2008-09-12
Form:	Version 1.0	**Onset:**	2008-09-13
Age:	24.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-01-21
Location:	Vermont	**Days after onset:**	130
		Entered:	2009-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Abdominal pain upper, Activities of daily living impaired, Chills, Diarrhoea, Headache, Nausea, Pain, Vomiting
SMQs:, Acute pancreatitis (broad), Dementia (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, Nausea, Vomiting, Diarrhea, Severe stomach ache, Chills, Body Aches. I was unable to perform usual activities and required medical attention. At the time I didn''t realize I was sick from the shot till I got home and read the Vaccine information paper given to me at the time of the vaccine.

VAERS ID:	338770 (history)	**Vaccinated:**	2009-01-13
Form:	Version 1.0	**Onset:**	2009-01-13
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-01-16
Location:	Vermont	**Days after onset:**	3
		Entered:	2009-02-02
		Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	89980 / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2865AA / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Chills, Muscle spasms, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Began 5 hour after injcetion
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, Chills, and cramps, vomiting

VAERS ID:	339904 (history)	**Vaccinated:**	2009-02-04
Form:	Version 1.0	**Onset:**	2009-02-10
Age:	1.2	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2009-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0931X / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1282X / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Pyrexia, Rash maculo-papular
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Intermittent fever and maculopapular rash of trunk.

VAERS ID:	339968 (history)	**Vaccinated:**	2009-01-09
Form:	Version 1.0	**Onset:**	2009-01-09
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-01-19
Location:	Vermont	**Days after onset:**	10
		Entered:	2009-02-18
		Days after submission:	30

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B064AA / 5	LA / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A09962 / 4	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed itchy rash minutes after imms have given (DTaP + IPV)

VAERS ID:	340533 (history)	**Vaccinated:**	2008-05-16
Form:	Version 1.0	**Onset:**	2008-08-12
Age:	74.0	**Days after vaccination:**	88
Sex:	Female	**Submitted:**	2009-01-27
Location:	Vermont	**Days after onset:**	168
		Entered:	2009-02-24
		Days after submission:	28

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0298K / 1	RA / UN

Administered by: Public **Purchased by:** Unknown
Symptoms: Facial palsy
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed Bells Palsy 8/12/08 received.

VAERS ID:	341427 (history)	**Vaccinated:**	2009-03-04
Form:	Version 1.0	**Onset:**	2009-03-04
Age:	1.49	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-03-05
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-03-10
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1469X / 1	RL / SC

Administered by: Public **Purchased by:** Public
Symptoms: Gait disturbance, Injection site erythema, Injection site induration, Irritability, Lethargy, Lymphadenopathy, Muscle rigidity, Pyrexia
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: same~DTaP + HepB + IPV (Pediarix)~2~0.50~Patient
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient spike a fever of 102, became "unconsolable and rigid" within 2 hours after receiving vaccine. Also site of vaccine became "hard as a rock" and "bright red" and hour after administration and patient not able to walk, mom described as "lethargic". Patient dev swollen glands in neck several hours after shot. Similar reactions on 11/15/07 and 3/14/08 to DTaP-HPV-Hep B, HIB, PREVNAR- mild rxn to VARIVAX - No rxn to HIB alone.

VAERS ID:	341638 (history)	**Vaccinated:**	2008-09-10
Form:	Version 1.0	**Onset:**	2008-10-10
Age:	13.0	**Days after vaccination:**	30
Sex:	Female	**Submitted:**	2009-03-12
Location:	Vermont	**Days after onset:**	153
		Entered:	2009-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0843X / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2661AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Type 1 diabetes mellitus, Vision blurred
SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow), Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: None
Current Illness: None noted
Preexisting Conditions: None. PMH: acne.
Allergies:
Diagnostic Lab Data: Labs: Fasting glucose 247. UA (+) for glucose and mod ketones. Hgb A1C 11.1%.
CDC Split Type:
Write-up: Mom is requesting VAERS done...one month after receiving MENACTRA & 1st GARDASIL on 9/10/08, Pt had blurred vision. 3 months later diagnosed with Type 1 Diabetes. 3/16/09 MR received from PCP including endocrine consult. Seen for !# yr WCC 9/10/08. Assessment: healthy. PE WNL. Vax given. Seen by ophth for intermittant blurry vision with visual acuity OK. Seen 1/29/09 with c/o onset excessive thirst, recent weight loss and increased UO. Reports feeling tired. Dx: New onset Diabetes Type I after labs. Referred to endocrine. Dx: IDDM.

VAERS ID:	341645 (history)	**Vaccinated:**	2009-03-11
Form:	Version 1.0	**Onset:**	2009-03-12
Age:	1.2	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-03-12
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B066AA / 4	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D05879 / 4	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Induration, Skin mass, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Eczema
Preexisting Conditions: Recent ring worm 3/05/2009
Allergies:
Diagnostic Lab Data: None
CDC Split Type:

Write-up: Red, swollen, hard, lump "the size of 2 Quarters" no c/o discomfort noted.

VAERS ID:	341878 (history)	**Vaccinated:**	2008-03-26
Form:	Version 1.0	**Onset:**	2008-04-26
Age:	90.0	**Days after vaccination:**	31
Sex:	Female	**Submitted:**	2009-03-16
Location:	Vermont	**Days after onset:**	324
		Entered:	2009-03-17
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1825U / UNK	LA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Anti-cyclic citrullinated peptide antibody, Arthralgia, Injected limb mobility decreased, Joint range of motion decreased, Pain, Pain in extremity, Red blood cell sedimentation rate increased, Respiratory disorder, Rheumatoid arthritis, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Acute central respiratory depression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (narrow), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (narrow), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 0 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Prinivil; Mevacor
Current Illness: Thyroid disorder; Sulfonamide allergy; Drug hypersensitivity; Hypertension
Preexisting Conditions: Glaucoma
Allergies:
Diagnostic Lab Data: Erythrocyte, 34; Serum cyclic citrulline, 250
CDC Split Type: WAES0903**USA**01845
Write-up: Information has been received from a 91 year old female patient with an unspecified thyroid disorder, recent diagnosis of hypertension, nitroglycerin allergy and possible Sulfonamide allergy and with a history of glaucoma; who on 26-MAR-2008 was vaccinated with ZOSTAVAX (Lot # 659403/1825U), subcutaneously in the left arm. Concomitant therapy included an unspecified thyroid medication, Lovastatin (manufacturer unknown) and Lisinopril (manufacturer unknown). The consumer reported that on approximately 26-APR-2008, one month after receiving ZOSTAVAX, she developed rheumatoid arthritis. The patient started having pain and difficulty moving her left arm one month after receiving the vaccine. The pain and swelling progressed to her right hand, fingers and knees. The patient''s physician prescribed Methotrexate. The patient stated that she was hospitalized on 22-JAN-2009 because the Methotrexate caused to have

respiratory problems. Methotrexate was discontinued. On unspecified dates rheumatoid factor, antinuclear antibody and Lyme disease titer tests were performed with unreported results. Multiple blood test performed on unreported dates included sedimentation rate of 34 and cyclic citrullinated peptide antibody of 250. At the time of the report, the patient had not recovered. The patient sought medical attention and visited physician''s office. Additional information has been requested.

VAERS ID:	342394 (history)	**Vaccinated:**	2009-03-02
Form:	Version 1.0	**Onset:**	2009-03-02
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2008-03-09
Location:	Vermont	**Days after onset:**	358
		Entered:	2009-03-23
		Days after submission:	378

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B066AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	B0009 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1369X / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1541X / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 7x7 cm local swollen, red , warm on lateral left arm. No fever.

VAERS ID:	342799 (history)	**Vaccinated:**	2009-03-06
Form:	Version 1.0	**Onset:**	2009-03-25
Age:	1.0	**Days after vaccination:**	19
Sex:	Female	**Submitted:**	2009-03-26
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB330BA / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1506X / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1397X / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site mass
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride
Current Illness: (+) BOM
Preexisting Conditions: nkda
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mom calling today to report that on 3/25/09 bright red lump appeared on left leg where she received vaccines at 1yr wcc 3/6/09. No warmth, dime sized with tiny whole in center. No discomfort. Mom reports needle came out of skin and nurse reinserted needle.

VAERS ID:	342906 (history)	**Vaccinated:**	2009-03-25
Form:	Version 1.0	**Onset:**	2009-03-25
Age:	4.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-03-25
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-03-27
		Days after submission:	2

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1469X / 1	RL / SC

Administered by: Public **Purchased by:** Public
Symptoms: Pain in extremity, Pyrexia, Screaming
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hostility/aggression (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2 hrs after MMR began screaming, writhing and complaining of arm pain (not at site of injection which was not inflammed) screamed x 3 hrs, had fever. Resolved with TYLENOL at about 4 hrs after injection give today. Spent 3 hrs at office under observation.

VAERS ID:	343087 (history)	**Vaccinated:**	2009-03-24
Form:	Version 1.0	**Onset:**	2009-03-24
Age:	53.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2009-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB697CA / 2	RA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3029AA / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Diarrhoea
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Diarrhea for 12 hours

VAERS ID:	344691 (history)	**Vaccinated:**	2009-04-23
Form:	Version 1.0	**Onset:**	2009-04-23
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-04-23
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1740U / 2	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After leaving office Pt had a delayed fainting spell - Returned to office - No injury.

VAERS ID:	344963 (history)	**Vaccinated:**	2009-04-10
Form:	Version 1.0	**Onset:**	2009-04-12
Age:	21.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2009-04-20
Location:	Vermont	**Days after onset:**	8
		Entered:	2009-04-27
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1312X / 1	LL / IM

Administered by: Other **Purchased by:** Private
Symptoms: Axillary pain, Lymph node pain
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Depo Provera
Current Illness: None
Preexisting Conditions: Beta Blockers, asthma, migraine with auva
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt received first GARDASIL injection 4/10/09. On 4/12/09, noted 1cm round tender axillary node.

VAERS ID:	345589 (history)	**Vaccinated:**	2009-05-01
Form:	Version 1.0	**Onset:**	2009-05-01
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-05-04
Location:	Vermont	**Days after onset:**	3
		Entered:	2009-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3068AA / UNK	RA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Body temperature increased, Fatigue, Injected limb mobility decreased, Injection site pustule, Injection site swelling, Muscle spasms, Nausea, Pain in extremity, Vertigo
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Dystonia (broad),

Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Vestibular disorders (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Medicine solidified in arm requiring surgical removal of cherry sized mass at injection site. Fever. Very limited range of moti
Other Medications: Zoloft
Current Illness: None
Preexisting Conditions: Polycystic Ovarian Syndrome, Endometriosis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Temp of 100-102 within 24 hours. Muscle spasms x5 days now. 4 inch area of swelling around injection site. Pustule at injection site. Soreness limiting range of motion. Nausea, fatigue, vertigo.

VAERS ID:	345897 (history)	**Vaccinated:**	2009-05-06
Form:	Version 1.0	**Onset:**	2009-05-07
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-05-07
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1538U / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Neck pain, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Sinus condition with post nasal drip
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: L Deltoid muscle was extremely painful, pain also felt in L side of neck on day of administration. Approx 36 hours later, L deltoid reddened, somewhat swollen, in an area about 5x8 inches, and extending into armpit. Some itching, not severe.

VAERS ID:	345925 (history)	**Vaccinated:**	2009-04-14
Form:	Version 1.0	**Onset:**	2009-04-16
Age:	61.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2009-04-30
Location:	Vermont	**Days after onset:**	14
		Entered:	2009-05-07
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0139X / UNK	LA / SC

Administered by: Other **Purchased by:** Unknown
Symptoms: Herpes zoster, Pain, Rash, Tenderness
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Sulfa; Allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received vaccination in left arm on April 14, 2009. On April 16th, noted tenderness on left hip which spread to groin. Pain continued and days later a rash developed. It was determined that I had developed shingles!! Still in pain.

VAERS ID:	346190 (history)	**Vaccinated:**	2009-03-25
Form:	Version 1.0	**Onset:**	2009-03-26
Age:	1.34	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-05-06
Location:	Vermont	**Days after onset:**	41
		Entered:	2009-05-12
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D15050 / 4	RL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	17384 / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: High fever followed by seizure 24 after vaccine

VAERS ID:	346849 (history)	**Vaccinated:**	2009-03-20
Form:	Version 1.0	**Onset:**	2009-03-20
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-05-13
Location:	Vermont	**Days after onset:**	54
		Entered:	2009-05-21
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route

PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0982X / UNK	- / IM

Administered by: Public **Purchased by:** Private
Symptoms: Haematocrit normal, International normalised ratio increased, Laboratory test normal, Pain in extremity, Prothrombin time prolonged
SMQs:, Liver-related coagulation and bleeding disturbances (narrow), Haemorrhage laboratory terms (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Urosepsis
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Prothrombin time was 15.8; Chemistries and Hct remained normal; INR 1.6 day of vaccination
CDC Split Type:
Write-up: Local pain (L) deltoid area began promptly, pain peaked at the 1-3 wk period gradually improved beginning in May 1 "09.

VAERS ID:	348155 (history)	**Vaccinated:**	2009-05-01
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	72.0	**Submitted:**	2009-05-29
Sex:	Male	**Entered:**	2009-05-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Contraindication to vaccination
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness: NONE
Preexisting Conditions: s/p Renal transplant 5/4/2007
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt went to a pharmacy clinic to receive Zostavax. Pt is s/p renal transplant and on chronic immunosuppression. Screening questionnaire used was downloaded from your (CDC) site per pharmacist on later inquiry by me. Immunosuppression is addressed but transplant is not specifically mentioned. THE PATIENT DOES NOT READ OR WRITE (unknown by pharmacist). The patient was immunized. Fortunately, there was no adverse reaction. (Specific date and time of vaccination are not known by me; did try to obtain from pharmacist. Pt unsure and family was not aware.)I am basically reporting in hopes of getting you to change your screening form to specifically mention transplant as a contraindication. Many health care providers and patients call us to ask if transplant patients can be vaccinated. This gentleman could have had a much worse outcome. Not all patients make the connection between immunosuppression and transplant. Pharmacist was not particularly concerned; I called him at the request of the patient''s primary care provider who I had alerted to the situation. He also thought the pharmacy might change the form. After alerting our pharmacies of the situation, we have changed our screening form to specifically mention transplant.

VAERS ID:	350206 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2009-05-29
Sex:	Unknown	**Entered:**	2009-06-17
Location:	Vermont	**Days after submission:**	19

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / 3	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Mumps antibody test negative
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: Unknown
Allergies:

Diagnostic Lab Data: serum mumps Ab, negative
CDC Split Type: WAES0903**USA**00538
Write-up: Information has been received from a health care worker concerning himself. It was reported that in 1947 the patient was vaccinated with 2 doses of MMR II as a child. It was reported that in 2008 the patient may have received 2 additional doses of MMR II as an adult. The patient stated he was recently checked for titers and he did not have detectable antibodies for mumps. No further information is available.

VAERS ID:	349532 (history)	**Vaccinated:**	2009-03-18
Form:	Version 1.0	**Onset:**	2009-03-28
Age:	1.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	2009-06-18
Location:	Vermont	**Days after onset:**	82
		Entered:	2009-06-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT2792FA / 2	LL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB329CA / 1	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1506X / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1397X / 1	RL / SC

Administered by: Private **Purchased by:** Other
Symptoms: Erythema, Rash generalised, Rash papular, Rash pruritic, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Conjunctivitis
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt father reported "it looked like hives all over" - Rash-1wk- after MMR II, VARIVAX, HAVRIX given. Red itchy papules 2mm-1cm varying site and location. Lasted 1mo. No resp sx. No intercurrent illness.

VAERS ID:	349673 (history)	**Vaccinated:**	2009-06-19
Form:	Version 1.0	**Onset:**	2009-06-19
Age:	0.17	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-06-22
Location:	Vermont	**Days after onset:**	3
		Entered:	2009-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B177CA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF606AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D36145 / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Diet refusal, Irritability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: no
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Mother came in 6/22/09 stating that child has been fussy, running a low grade fever and unwilling to take a bottle since vaccines given. No fever today, no sign of redness or swelling at injection sites, remains fussy

VAERS ID:	349714 (history)	**Vaccinated:**	2008-04-10
Form:	Version 1.0	**Onset:**	2008-05-20
Age:	2.0	**Days after vaccination:**	40
Sex:	Female	**Submitted:**	2009-06-15
Location:	Vermont	**Days after onset:**	391
		Entered:	2009-06-22
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB200BA / 2	UN / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1309U / 1	UN / SC

Administered by: Private **Purchased by:** Public
Symptoms: Contusion, Idiopathic thrombocytopenic purpura, Platelet count decreased
SMQs:, Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Accidents and injuries (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: ITP; Bruises from Low Platelet count
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Plt count 26,000, low; decrease platelet count; still waxing and waning; She has chronic idiopathic thrombocytopenia but her baseline plt has improved
CDC Split Type:
Write-up: - Child received MMR and Hep A on 4-10-08, at age 2. - Mom noticed increase bruising 1 wk prior to office visit for the same. She was seen on 5-20-08 and Dxd to have Idiopathic Thrombocytopenia; Mom recently let me know that she believes this was a result of vaccination.

VAERS ID:	349840 (history)	**Vaccinated:**	2009-06-17
Form:	Version 1.0	**Onset:**	2009-06-18
Age:	19.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-06-23
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0653X / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2911AA / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Chest discomfort, Feeling cold, Injection site pain, Palpitations
SMQs:, Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Extravasation events (injections, infusions and implants) (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: none~ ()~NULL~~In Patient
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt"s mother called pt complained of soreness at the site and feeling cold. The next day she c/o her heart racing and feeling some discomfort in her chest.

VAERS ID:	350017 (history)	**Vaccinated:**	2009-06-18
Form:	Version 1.0	**Onset:**	2009-06-19
Age:	23.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-06-24
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0653X / 1	RA / UN

Administered by: Unknown **Purchased by:** Unknown

Symptoms: Abdominal discomfort, Dizziness, General physical health deterioration, Hyperhidrosis, Hypersomnia, Immediate post-injection reaction, Malaise, Presyncope, Tremor, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None Medical records received 6/29/09 PMH: nasal fx. Allergy: Keflex.
Allergies:
Diagnostic Lab Data: Medical records received 6/29/09 LABS: WBC 14.1(H), ANC 12.13(H)lymphs 8%(L).
CDC Split Type:
Write-up: Right after i recieved the vaccination i did not feel well and slept all afternoon i recieved the shot in the morning. I was vomitting, almost fainted, sweating uncontrollably. Then my whole body was shaking and would not stop. This happened the morning after i recieved the vaccination. I was very dizzy and had to go to the emergency room that afternoon to recieve medicine to stop shaking, vomitting. I stayed in bed for two days straight sleeping. I was very dizzy. Now I still have stomach issues and my body and health does not feel the same. 6/29/09 Received ER medical records for 6/19/2009. FINAL DX: Vaccine reaction Records reveal patient experienced dizziness, chills, shakiness, vomiting x 1, near syncope x 1 day. No previous reactions to immunizations. Tx w/IVF & meds. Improved & d/c tohome w/anti vertigo meds. 8/10/09 Received PCP medical records for 6/18-19/09 Records reveal patient on antidepressant & requesting BCP. Meds adjusted & vax provided. 6/19/09 reported lightheadedness & shaking jerky movements of UEs. Sent to ER.

VAERS ID:	350573 (history)	**Vaccinated:**	2009-06-29
Form:	Version 1.0	**Onset:**	2009-06-29
Age:	2.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-06-30
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LL / -

Administered by: Public **Purchased by:** Unknown
Symptoms: Anorexia, Chills, Lethargy, Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: fever~Hep A (no brand name)~1~1.00~In Patient
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: vaccination for hepatits A
CDC Split Type:
Write-up: High fever,lethargic,shakes,chills,no appetite

VAERS ID:	350920 (history)	**Vaccinated:**	2009-07-02
Form:	Version 1.0	**Onset:**	2009-07-05
Age:	30.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2009-07-07
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3098AA / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Induration, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections,

infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Had experienced hives 2 weeks before.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Three days after receiving started with hives, they last one day and went away. Pt left with a reddened one inch around hard spot. Advised to use warm moist soaks, and motrin and to call back if worsened.

VAERS ID:	350924 (history)	**Vaccinated:**	2009-07-02
Form:	Version 1.0	**Onset:**	2009-07-02
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-07-07
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3098AA / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Small bump, reddened ongoing after 5 days. No pain.

VAERS ID:	350935 (history)	**Vaccinated:**	2009-07-01
Form:	Version 1.0	**Onset:**	2009-07-01
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-07-07
Location:	Vermont	**Days after onset:**	6
		Entered:	2009-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1596X / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt experienced swelling and redness at the site. This worsend into itching and then pain. pt went to the ER and had a follow up appt with us the next day.

VAERS ID:	351317 (history)	**Vaccinated:**	2009-05-26
Form:	Version 1.0	**Onset:**	2009-05-27
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-05-29
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-07-14
		Days after submission:	46

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3098AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Burning sensation, Erythema, Injection site swelling, Skin tightness
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: NKDA Wolfe-Parkinson-White syndrome
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine given 5-26- AM. Symptoms noticed 5-27-AM after taking shower. Left upper arm became reddened from shoulder to elbow. Skin had a burning sensation but no pain. Slight swelling at injection site. Skin felt tight when bending arm. No fever. No generalized aches or pains.

VAERS ID:	351962 (history)	**Vaccinated:**	2008-09-11
Form:	Version 1.0	**Onset:**	2008-09-11
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2008-10-03
Location:	Vermont	**Days after onset:**	22
		Entered:	2009-07-21
		Days after submission:	291

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2768A / UNK	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Dizziness, Injection site warmth, Vision blurred
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Retinal

disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Nuvaring
Current Illness:
Preexisting Conditions: No known allergies. No medical history. No concomitant medication other than Nuvaring. No illness at the time of vaccination. Last "td" in 2000.
Allergies:
Diagnostic Lab Data:
CDC Split Type: 200802894
Write-up: Initial report received on 16 September 2008 from a healthcare professional. A 31 year old female, with no medical history and who was using Nuvaring, received on 11 September 2008, a left deltoid intramuscular injection of ADACEL (lot number C2768AA). Her last "td" vaccination was in 2000 and adverse event following prior vaccinations was unknown. After an unspecified amount of time on the day of vaccination (11 September 2008), the patient complained of blurred vision, lightheadness and warmth at the injection site. She went to the emergency room. Corrective treatment was not reported. The patient''s recovery status was reported as unknown. Follow-up information was received 02 October 2008 from a health care professional who confirmed that the patient had recovered from the event (date of recovery not reported).

VAERS ID:	352373 (history)	**Vaccinated:**	2009-07-15
Form:	Version 1.0	**Onset:**	2009-07-16
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-07-21
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-07-24
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B080AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	B0475 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1773X / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	04944 / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Skin warm, Tenderness

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SINGULAIR; ALBUTEROL; FLOVENT; TRIAMCINOLONE; BETAMETHASONE
Current Illness: None
Preexisting Conditions: Asthma; Eczema; IgG deficiency
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 5 cm X 6 cm erythema, red, tender warm to touch

VAERS ID:	355575 (history)	**Vaccinated:**	2008-11-25
Form:	Version 1.0	**Onset:**	2008-11-26
Age:	10.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2008-11-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-08-13
		Days after submission:	259

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500561P / UNK	NS / IN

Administered by: Public **Purchased by:** Public
Symptoms: Chills, Oropharyngeal pain, Pyrexia, Rhinorrhoea, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Concomitant Drug(s) Not Reported
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: MEDI0007559
Write-up: A non-serious report of fever, vomiting, chills, sore throat, and runny nose has been received from a nurse concerning a 10-year-old female, subsequent to FLUMIST. No medical history nor concomitant medications were provided. The patient received FLUMIST on 25-Nov-2008. On the next morning, the patient woke up with symptoms of fever, vomiting, chills, sore throat, and runny nose. Outcome for the events not reported.

VAERS ID:	354489 (history)	**Vaccinated:**	2009-08-04
Form:	Version 1.0	**Onset:**	2009-08-10
Age:	11.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	2009-08-12
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-08-18
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3098AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Injection site vesicles
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 5 inch by 3 3/4 red raised area at site of injection with small blisters through out area - No itching - burning etc - Temp 97.8.

VAERS ID:	355738 (history)	**Vaccinated:**	2009-08-25
Form:	Version 1.0	**Onset:**	2009-08-26
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-08-27
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B115AA / 1	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	04264 / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site discomfort, Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Upper arm redness, swelling & discomf. Ibuprofen & BENADRYL topical admin.

VAERS ID:	356227 (history)	**Vaccinated:**	2009-08-20
Form:	Version 1.0	**Onset:**	2009-08-22
Age:	46.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2009-08-25
Location:	Vermont	**Days after onset:**	3
		Entered:	2009-09-01
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3158AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Headache, Musculoskeletal stiffness, Myalgia, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Migraine headaches
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: HA, neck stiffness, myalgias and pain.

VAERS ID:	356861 (history)	**Vaccinated:**	2009-08-19
Form:	Version 1.0	**Onset:**	2009-08-19
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2009-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0672Y / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Syncope several seconds after HPV shot, recovered after several minutes (out X approximately 30 sec) took approximately 10 min to feel better.

VAERS ID:	357557 (history)	**Vaccinated:**	2009-09-03
Form:	Version 1.0	**Onset:**	2009-09-05
Age:	3.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2009-09-10
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-09-17
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B100A / 4	RL / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	D0037 / 1	LL / UN

Administered by: Private **Purchased by:** Private
Symptoms: Oedema peripheral, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mebendazole 100mg
Current Illness: Pin worms
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt received Shot Thur and reported "some reaction Sat. to MD. Dr. reassured patient. School nurse and mom report the side polio was received on ended up becoming hives and swelling from groin to knee and hives from midchest down into lower groin.

VAERS ID:	357913 (history)	**Vaccinated:**	2009-07-01
Form:	Version 1.0	**Onset:**	2009-07-01
Age:	0.17	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-09-09
Location:	Vermont	**Days after onset:**	70
		Entered:	2009-09-22
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C3295AA / 1	RL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB663AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D34438 / 1	LL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	A41FA734A / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Condition aggravated, Depressed level of consciousness, Feeding disorder of infancy or early childhood, Heart rate increased, Oxygen saturation, Sinus tachycardia, Tachycardia
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: Possible mild viral illness; Borderline anemia
Preexisting Conditions: Ex 35 + week prematurity. Delivered early secondary tachycardia and concern for infection. Jaundiced at birth.
Allergies:
Diagnostic Lab Data: HR $g 200; Sinus tachycardia; Normal O2 saturation; No fever. 10/5/09 Hospital records, DC summary, received DOS 7/2/09 to 7/3/09. LABS and DIAGNOSTICS: CBC - WBC 16.2 (H) RBC 2.91 (L) HGB 8.9 (L) HCT 26.5 (L) Platelets 717 (H) Neut 54% (H) Band 9% (H) Meta 1% (H) Lymph 36% (L) Reticulocytes 2.60 (H). C-Reactive Pr 2.5 (H). CHEM - Glucose 111 (H) Creatinine 0.5 (L). N-terminal pro b-type natriuretic peptide 486 (H). EKG - Abnormal,

tachycardia.
CDC Split Type:
Write-up: Sustained tachycardia presenting as poor feeding and decreased responsiveness. 10/5/09 Hospital records, DC summary, received DOS 7/2/09 to 7/3/09. Assessment: Viral infection with unknown location, anemia unknown etiology, tachycardia, lethargy, dehydration. Patient became lethargic and had low-grade fever. Fussy. Poor feeding and decreased level of activity. Bandemia. Pallor. Grunting respirations. Labored breathing. Spitting up. Heart rate 200 /min. ICD-9 Codes: 785.0 Tachycardia NOS, 285.9 Anemia NOS.

VAERS ID:	358248 (history)	**Vaccinated:**	2009-09-21
Form:	Version 1.0	**Onset:**	2009-09-22
Age:	25.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-09-24
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-09-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLLA25AA / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: depoprovera
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt broke outwith severe hives. Benedryl for treatment.

VAERS ID:	359189 (history)	**Vaccinated:**	2009-09-24
Form:	Version 1.0	**Onset:**	2009-09-24
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-09-29
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-10-02
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3207AA / 2	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Chills, Cough, Dysphonia, Dyspnoea, Emergency care, Hypersensitivity, Ocular hyperaemia, Pyrexia, Swollen tongue
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Glaucoma (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: None~ ()~~0.00~Patient
Other Medications: Zyrtec
Current Illness: No illness
Preexisting Conditions: Sulfa -$g hives
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Uncontrolled coughing, hoarseness, tongue started swelling, fever & chills, short of breath, red eyes; was seen in emergency dept at Rutland Regional Med Ctr & treated for allergic reaction.

VAERS ID:	359654 (history)	**Vaccinated:**	2009-09-30
Form:	Version 1.0	**Onset:**	2009-09-30
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-06
Location:	Vermont	**Days after onset:**	6
		Entered:	2009-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	- / UNK	- / -

Administered by: Private **Purchased by:** Public
Symptoms: Discomfort, Erythema, Facial pain, Headache, Oedema, Rhinalgia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: given nasal flu vaccine - had nose pain, felling of needing to sneeze, later medial face discomfort left greater than right, no runny nose, no cough, some headache bilat temples and some throat clearing. Exam 10/6 reveals erythema and edema of nasal mucosa left $g right. treated with nasal steroid spray

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VAERS ID:	360147 (history)	**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-06
Age:	45.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-06
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-10-08
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLLA281AA / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Injection site pain, Injection site swelling, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions

and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: loratadine; KLONIPIN; METHYLIN; PROZOSIN; PEPCID; METFORMIN; ZOCOR; glyburide
Current Illness:
Preexisting Conditions: Hyperlipidemia; DM; depression/agoraphobic; asthma; allergy-PENICILLIN; TRAMADOL
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Left arm deltoid tenderness, swelling, no redness with some left hand swelling requiring pt to remove ring from 4th digit. 25 mg PO BENADRYL and ice to L arm.

VAERS ID:	360749 (history)	**Vaccinated:**	2009-10-10
Form:	Version 1.0	**Onset:**	2009-10-11
Age:	2.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-10-14
Location:	Vermont	**Days after onset:**	3
		Entered:	2009-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3177AA / 2	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site pruritus, Injection site urticaria
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Premature at 27 weeks gestation
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Woke up itching on legs, hives developed. Patients father denied any difficult with breathing, patient acting well otherwise. Hives improved with Benedryl.

VAERS ID:	361245 (history)	**Vaccinated:**	2009-10-05
Form:	Version 1.0	**Onset:**	2009-10-06
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-10-16
Location:	Vermont	**Days after onset:**	10
		Entered:	2009-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3249AA / UNK	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Erythema, Induration, Pruritus, Reaction to preservatives, Skin warm
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Per doc @ hospital 10cm round, fading edged, induration, hard, hot redness. No sign secondary infection, no systemic sx. Dx: Alum reaction-very itchy. Tx: TRIAMCINELONE 0.5% and moist heat bid.

VAERS ID:	361365 (history)	**Vaccinated:**	2009-09-23
Form:	Version 1.0	**Onset:**	2009-09-23
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-07
Location:	Vermont	**Days after onset:**	14
		Entered:	2009-10-16
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3207AA / 2	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Chills, Cough, Dry throat, Hypersomnia, Pain, Pain in extremity, Throat irritation
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Tendinopathies and ligament disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received flu vax on 9/23/09 @11A, throat started with dry, scratchy throat with cough @ 3p, had chills, went to sleep and slept till next day. had body aches and chills; vax arm was very sore.

VAERS ID:	361482 (history)	**Vaccinated:**	2009-09-29
Form:	Version 1.0	**Onset:**	2009-09-30
Age:	3.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-10-15
Location:	Vermont	**Days after onset:**	15
		Entered:	2009-10-19
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B080AA / 2	LL / UN

Administered by: Private **Purchased by:** Public
Symptoms: Abasia, Body temperature increased, Erythema, Injection site pain, Injection site swelling, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Site was swollen and tender temp 100.8 degrees F at office - 9/30/2009 couldn''t walk on it. 10/1/2009 - no fever - redness and swelling spread and hot to the touch could walk on it 7x7cm.

VAERS ID:	361506 (history)	**Vaccinated:**	2009-10-01
Form:	Version 1.0	**Onset:**	2009-10-02
Age:	56.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-10-19
Location:	Vermont	**Days after onset:**	17
		Entered:	2009-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUAU56AA / 1	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Musculoskeletal stiffness
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None stated
Preexisting Conditions: unknown/ none stated
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/o ring finger and pinky finger stiffness that comes and goes. Has not been to Doctor.

VAERS ID:	361988 (history)	**Vaccinated:**	2009-10-13
Form:	Version 1.0	**Onset:**	2009-10-18
Age:	2.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	2009-10-21
Location:	Vermont	**Days after onset:**	3
		Entered:	2009-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT32531A / 3	LL / IM
FLUN(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (MEDIMMUNE)) / MEDIMMUNE VACCINES, INC.	500759P / 1	NS / IN

Administered by: Private **Purchased by:** Public
Symptoms: Wheezing
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Awoke Wheezing with no previous hx. Given Albuterol Nebulizer treatment and sent home with a machine. Went to ER later that day with increased symptoms

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VAERS ID:	362862 (history)	**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-07
Age:	46.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-10-13
Location:	Vermont	**Days after onset:**	6
		Entered:	2009-10-26
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Fatigue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Chiari malformation
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Severe fatigue x 1 day.

VAERS ID:	362864 (history)	**Vaccinated:**	2009-10-19
Form:	Version 1.0	**Onset:**	2009-10-19
Age:	33.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-10-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-10-26
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Feeling abnormal, Feeling jittery, Headache, Pallor, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Dementia (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 2005~Influenza (Seasonal) (no brand name)~~29.00~Patient
Other Medications: None
Current Illness: None
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Started feeling "jittery" and shakey. Headache, pale - "not felling myself".

VAERS ID:	362866 (history)	**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-06
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-19
Location:	Vermont	**Days after onset:**	13
		Entered:	2009-10-26
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Headache, Pain, Pyrexia, Rhinorrhoea
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PROZAC; VICODIN; BC pills
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Runny nose, achy, headache. It lasted 7 days and running a fever.

VAERS ID:	362867 (history)	**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-06
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-13
Location:	Vermont	**Days after onset:**	7
		Entered:	2009-10-26
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Fatigue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: PCN; Codeine; Sulfa
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Sudden on set severe fatigue lasting 3 hrs - better after drinking bottle of mountain dew.

VAERS ID:	362868 (history)	**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-06
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-13
Location:	Vermont	**Days after onset:**	7
		Entered:	2009-10-26
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	RA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Asthenia, Chills, Diarrhoea, Dizziness, Headache, Myalgia, Nausea, Oropharyngeal pain, Pain in extremity, Pyrexia, Tremor, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DILANTIN
Current Illness: No
Preexisting Conditions: Seizure disorder; NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Started with feeling dizzy, shaky, nausea, weakness, muscle aches, vomiting, diarrhea, sore throat, fever, chills, headache x 5 days. Sore arm.

VAERS ID: 362869 (history)		**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-07
Age:	45.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-10-13
Location:	Vermont	**Days after onset:**	6
		Entered:	2009-10-26
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Doxycycline
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: General muscle aching x 2 days.

VAERS ID: 362870 (history)		**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-06
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-13
Location:	Vermont	**Days after onset:**	7
		Entered:	2009-10-26
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Headache, Myalgia, Nausea, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NAPROSYN; LIPITOR; DETROL LA; SYNTHROID
Current Illness: None
Preexisting Conditions: NKDA; hypothyroid; HTN; cholesterol
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Started with h.a., progressed to N/V and muscle aches x 2 days.

VAERS ID:	362871 (history)	**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-07
Age:	27.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-10-13
Location:	Vermont	**Days after onset:**	6
		Entered:	2009-10-26
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Nausea, Pain
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: General body aching, worse from knees down, nausea.

VAERS ID:	362872 (history)	**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-07
Age:	41.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-10-13
Location:	Vermont	**Days after onset:**	6
		Entered:	2009-10-26
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: General body aches.

VAERS ID: 362873 (history)		**Vaccinated:**	2009-10-08
Form:	Version 1.0	**Onset:**	2009-10-09
Age:	57.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-10-14
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-10-26
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Arthralgia, Headache, Myalgia, Rhinorrhoea
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Hypertension
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Headache, joint & muscle aches. Runny nose.

VAERS ID: 362875 (history)		**Vaccinated:**	2009-10-06
Form:	Version 1.0	**Onset:**	2009-10-06
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-14
Location:	Vermont	**Days after onset:**	8
		Entered:	2009-10-26
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA456AA / UNK	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Chills, Headache, Myalgia, Pyrexia, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DEPAKOTE; levothyroxine
Current Illness: None
Preexisting Conditions: Seizure disorder; hypothyroid
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Chills, h.a., vomiting, fever 101.9, muscle aches. H.A. lasted 3 days-other sx.-lasted 3 days.

VAERS ID:	363299 (history)	**Vaccinated:**	2009-10-22
Form:	Version 1.0	**Onset:**	2009-10-26
Age:	19.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2009-10-27
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1008133P / 1	GM / IM

Administered by: Private **Purchased by:** Other
Symptoms: Drug exposure during pregnancy, Intra-uterine death, Skin warm, Ultrasound scan abnormal, Vomiting
SMQs:, Acute pancreatitis (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Termination of pregnancy and risk of abortion (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Prenatal vitamins
Current Illness: Patient denied
Preexisting Conditions: None-pregnancy. Allergies: NKDA
Allergies:
Diagnostic Lab Data: Ultrasound x 2 confirms diagnosis. Labs: Antibody screen, VDRL, Hepatitis B and C negative, Chlamydia and Gonorrhea screening negative Dx studies: Doppler, US
CDC Split Type:
Write-up: 10/5/09 Seasonal flu vaccine. 10/14/09 Normal prenatal exam. 10/20/09 to 10/22/09 AM vomiting, "felt a little warm". 10/22/09 H1N1-afebrile. 10/26/09 Fetal demise at 30 5/7 weeks. 10/29/2009 hospital records for 10/26/-10/27/2009. patient at at 30 5/7 wks gestation, presented with c/o''s decreased fetal movement, hx of nausea/vomiting x 2 days which resolved. Per doppler and ultrasound no FHR noted, no amniotic fluid around the baby noted. Tx: induced labor with Misoprostol/epidual anesthesia. Autopsy requested. DC DX Intrauterine Death Unspecified ICD-9 Code 656.40

VAERS ID:	364021 (history)	**Vaccinated:**	2009-10-27
Form:	Version 1.0	**Onset:**	2009-10-28
Age:	8.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-10-30
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-10-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Fatigue, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Student takes no medication, to my knowledge. I am unaware if the student had any other vaccines within 4 weeks. I have not notified the family of this report. I have notified the MD.
Current Illness: Did not appear to be ill.
Preexisting Conditions: N/A
Allergies:
Diagnostic Lab Data: At time of report I believe the student is at home resting and recovering and will be returning to school on Monday.
CDC Split Type:
Write-up: Teacher noted fatigue in the AM. Fever checked at noon--103.3. Student was sent home with family for rest and care. MD notified and VDH called to inquire if this report was required. They advised "Yes."

VAERS ID:	364228 (history)	**Vaccinated:**	2009-10-29
Form:	Version 1.0	**Onset:**	2009-10-29
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-01
Location:	Vermont	**Days after onset:**	3
		Entered:	2009-11-02
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Nausea, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Reported feeling nauseous following vaccination and then fainted. Responsive within minutes, cold compress applied to forehead. Remained supine for approx. 30 minutes then returned to classroom.

VAERS ID:	364870 (history)	**Vaccinated:**	2009-10-27
Form:	Version 1.0	**Onset:**	2009-10-28
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-11-03
Location:	Vermont	**Days after onset:**	6
		Entered:	2009-11-04
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP10AA / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Fever~ ()~UN~0.00~Patient
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 10/28/09-vomiting in evening. OK next day. 10/30/09-fever 103 degrees in evening-OK next day.

VAERS ID:	364922 (history)	**Vaccinated:**	2009-10-21
Form:	Version 1.0	**Onset:**	2009-10-25
Age:	55.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2009-10-29
Location:	Vermont	**Days after onset:**	4
		Entered:	2009-11-04
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (UNKNOWN)) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Public **Purchased by:** Unknown
Symptoms: Arthralgia, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CELEXA; ibuprofen; mvi; O3; NEXIUM; PREMPRO; calcium
Current Illness: None
Preexisting Conditions: GERD; osteoarthritis; depression; migraines
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Significant muscle aches (myalgia) and joint pain of all joints: lasted 48 hrs. (gradual onset). Peaked during the night 10/25/09 until AM. Called MD, rec NSAIDS-call if worsened.

VAERS ID:	364938 (history)	**Vaccinated:**	2009-10-23
Form:	Version 1.0	**Onset:**	2009-10-23
Age:	3.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-10-27
Location:	Vermont	**Days after onset:**	4
		Entered:	2009-11-04
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP001AA / 1	RL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3210AA / 4	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Rash, Urticaria, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Vacterl syndrome
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Vomited about 10 min. after vaccine and continued to vomit intermittently for 5 hrs. Developed hive-like rash on trunk and extremities within 1 hour of vaccine which persisted about 5 hrs.

VAERS ID:	365047 (history)	**Vaccinated:**	2009-10-26
Form:	Version 1.0	**Onset:**	2009-10-26
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-10-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-04
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Fall, Muscle twitching
SMQs:, Dyskinesia (broad), Dystonia (broad), Accidents and injuries (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Child received H1N1 vaccine, #1 dose, at 10:15 AM. Within 5 minutes patient dropped to the floor. This was not witnessed by an adult. Once observed by adult, within a minute, observer noted minor twitching of upper extremities. Heart rate was 80-88.

VAERS ID:	365156 (history)	**Vaccinated:**	2009-11-03
Form:	Version 1.0	**Onset:**	2009-11-03
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-04
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-11-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Headache, Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: One hour after receiving vaccination had a headache. Reported to school nurse, rested and returned to class. Later in day around 2:30 PM experienced left sided numbness in arm and leg. Home at 2:45 reported numbness symptoms to parent who called primary physician. Parent instructed to take child to ED at local hospital. At Southwestern VT Medical Center, child

seen in ED with continued left sided numbness in arm and leg. Vital signs & temp within normal limits. ED physician examined child and parent told no abnormal neurological symptoms found. Child released to home. On 11/04/09, child still experiencing left sides numbness in upper leg but not arm. Child returned to school 11-/4/09.
Preexisting Conditions: NKA
Allergies:
Diagnostic Lab Data: Vital signs and temperature No tests done according to parent
CDC Split Type:
Write-up: Headache one hour after vaccination, numbness left arm & leg 2:30 PM evaluation by ED physician No treatment

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VAERS ID:	365353 (history)	**Vaccinated:**	2008-10-06
Form:	Version 1.0	**Onset:**	2008-10-06
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-05
Location:	Vermont	**Days after onset:**	395
		Entered:	2009-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2938AA / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Asthenia, Electromyogram, Hypoaesthesia, Injection site pain, Musculoskeletal stiffness, Paraesthesia, Physiotherapy, Sensation of heaviness
SMQs:, Peripheral neuropathy (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none known
Current Illness: Pt had a thumbnail problem she was scheduled to see a dermatologist for on 10/8/2008.
Preexisting Conditions: Previous surgery on her left elbow. No known documented allergies
Allergies:
Diagnostic Lab Data: EMG study 10/14/2008 and again 10/30/2008 and again 6/16/2009.
CDC Split Type:
Write-up: Patient stated that almost immediately after the shot, she had a feeling of pain going down her left arm in what the doctor described as the distribution of the radial nerve. The patient also described that her arm felt heavier, there was tingling in her thumb, the front and back of her

arm hurt. She said she could not hold a cup or book in her left hand. Also arm was hard to straighten. She had EMG studies and physical therapy. In May 2009 she continued to complain of pain and was referred for an electrodiagnostic medicine consult in June 2009.

VAERS ID:	365856 (history)	**Vaccinated:**	2009-11-06
Form:	Version 1.0	**Onset:**	2009-11-06
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-07
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Chills, Nausea, Pyrexia, Thirst, Vomiting projectile
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, cold chills, nausea, excessive unquenchable thirst, projectile vomiting.

VAERS ID: 366009 (history)		**Vaccinated:**	2009-11-04
Form:	Version 1.0	**Onset:**	2009-11-08
Age:	9.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (UNKNOWN)) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Cough, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Cough, fever of 101.8, lethargy, cough syrup and Motrin.

VAERS ID: 366010 (history)		**Vaccinated:**	2009-11-04
Form:	Version 1.0	**Onset:**	2009-11-05
Age:	6.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	4
		Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (UNKNOWN)) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown

Symptoms: Cough, Pyrexia, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Allergies - dust mites, cats Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever of 102.00, cough, vomiting.

VAERS ID:	366013 (history)	**Vaccinated:**	2009-11-05
Form:	Version 1.0	**Onset:**	2009-11-05
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	4
		Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP008AA / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Oropharyngeal pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: none reported
Current Illness: none known
Preexisting Conditions: no known allergies or pre-existing conditions
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Approximately 4 hours post vaccine, parent reports c/o sore throat. Fever (101-102F) developed, persisting to next day (none in early am, then recurrence around 10am 11/6), treated with Tylenol by family. h/o family illnesses earlier in the week.

VAERS ID:	366015 (history)	**Vaccinated:**	2009-11-05
Form:	Version 1.0	**Onset:**	2009-11-05
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	4
		Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP008AA / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none known
Current Illness: none known. h/o family illness earlier in the week
Preexisting Conditions: none known
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: c/o nausea several hours following vaccine administration. Rest, sips of water, gradually resolved.

VAERS ID: 366020 (history)		**Vaccinated:**	2009-11-05
Form:	Version 1.0	**Onset:**	2009-11-05
Age:	48.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	4
		Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP008AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Flushing, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: no
Preexisting Conditions: receiving regularly scheduled allergy shots
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Facial flushing and sensed diffuse itching. No hives or rash. Treated with one dose of diphenhydramine (reaction consistent with response to allergy shots, and treatment chosen was usual treatment for those occurences) with no recurrence.

VAERS ID: 366071 (history)		**Vaccinated:**	2009-10-29
Form:	Version 1.0	**Onset:**	2009-10-29
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-29
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-09
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) /	UP010AA /	

SANOFI PASTEUR	UNK	UN / UN

Administered by: Other **Purchased by:** Public
Symptoms: Injection site pruritus, Injection site urticaria, Pruritus generalised, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Possible exposure to virus but no symptoms until after vaccine
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None performed
CDC Split Type:
Write-up: Hives and itching on left arm from hand up (injection arm). Itching on face, L side. BENADRYL 50 mg PO with relief.

VAERS ID:	366177 (history)	**Vaccinated:**	2009-10-29
Form:	Version 1.0	**Onset:**	2009-10-29
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	11
		Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1008133P / 1	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Rash erythematous, Throat tightness, Wheezing
SMQs:, Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Severe persistent asthma; GERD; PCN; erythromycin; neomycin; NOROXIN; cephalosporins; sulfa; latex
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red, raised all over body rash. Throat felt a little tight. Some wheezing. Over the course of 6 hours, 150 mg of BENADRYL taking to relieve symptoms. Prednisone 60 mg for 2 days, 40 mg 2 days, 20 mg for 3 days.

VAERS ID:	366369 (history)	**Vaccinated:**	2009-11-04
Form:	Version 1.0	**Onset:**	2009-11-05
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-11-06
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-11-10
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP008AA / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrochlorothiazide
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Rash-upper torso red, flat, discrete, round lesions; began morning after, non-itching, no treatment. Hx similar episode with medication change-BP meds.

VAERS ID:	366424 (history)	**Vaccinated:**	2009-11-04
Form:	Version 1.0	**Onset:**	2009-11-04
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-04
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-10
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP008AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Body temperature increased, Dry skin, Headache, Malaise, Skin warm
SMQs:, Neuroleptic malignant syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: EPIPEN prn; fluoride
Current Illness: None reported
Preexisting Conditions: Peanut allergies; tree nut allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received the vaccine at 11:00 AM. At 12:00 PM reports to school nurse that he felt "sick". Temp 102 degrees F, skin warm and dry, alert and oriented x 3. RR=28, pulse=120. Denies difficulty breathing or swallowing. No localized reaction at injection site. No hives. Complains of headache. Has a history of peanut allergies.

VAERS ID:	366699 (history)	**Vaccinated:**	2009-11-09
Form:	Version 1.0	**Onset:**	2009-11-09
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-11
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-11-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC203137AA / 5	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Dysphonia, Fatigue, Feeling hot, Irritability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered 11/9/09. Within 1/2 hr - 40 minutes pt became tired and very warm and irritable through out the same night. Hoarse voice and fever same night. Fever next day 11/10/09 103F. Pt''s feeling much better today 11/11/09.

VAERS ID:	366972 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-04
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-11-12
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Chills, Erythema of eyelid, Eyelid pain, Influenza like illness, Influenza serology negative, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Periorbital and eyelid disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Body aches, sl. cough
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Went to MD 11/3/09 to check L eye. No infection noted. Tested for seasonal flu - negative.
CDC Split Type:
Write-up: Experienced chills 3 1/2 hour after vaccine admin. At 5:30 patient had 103 fever. Continued with flu-like symptoms x 2 days. T-99 degrees the morning of 11/4. Feeling better. Complained of L lower eyelid soreness with redness and drainage. Periorbital swelling continues as of 11/6/09.

VAERS ID:	367431 (history)	**Vaccinated:**	2009-11-06
Form:	Version 1.0	**Onset:**	2009-11-06
Age:	54.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-13
Location:	Vermont	**Days after onset:**	7
		Entered:	2009-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP013AA / 1	UN / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Muscle spasms, Pain
SMQs:, Dystonia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: N/A
Preexisting Conditions: Crohns Disease
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Cramps on the front side of upper thighs for four consecutive days. Pain level - moderate to severe.

VAERS ID:	367931 (history)	**Vaccinated:**	2009-11-13
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	6.0	**Submitted:**	2009-11-16
Sex:	Male	**Entered:**	2009-11-17
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / UNK	LA / UN

Administered by: Public **Purchased by:** Other
Symptoms: Inappropriate schedule of drug administration, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Student received dose 2 with this clinic within 21 days of receiving prior H1N1 vaccine per mother of student. Verbal decline form parent failed to be reinforced with paperwork: consent did not get removed. Per mom and school nurse student never showed signs or an adverse reaction to date of form being completed.

VAERS ID:	367990 (history)	**Vaccinated:**	2009-11-09
Form:	Version 1.0	**Onset:**	2009-11-09
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-17
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	- / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Feeling hot, Immediate post-injection reaction, Pallor
SMQs:, Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Student became hot/pale immediately after injection. He was given a cool towel for his fore head and put his head between his legs x5 min. Regained normal - temp color within 10 min.

VAERS ID:	367991 (history)	**Vaccinated:**	2009-11-09
Form:	Version 1.0	**Onset:**	2009-11-09
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2009-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Erythema, Headache, Local swelling, Pruritus
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local swelling, redness, itching. Cold pack applied w/ some relief. Some headache.

VAERS ID:	367992 (history)	**Vaccinated:**	2009-11-09
Form:	Version 1.0	**Onset:**	2009-11-09
Age:	6.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-17
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP01017AA / 1	AR / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Abdominal pain upper
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Stomach hurts.

VAERS ID:	367996 (history)	**Vaccinated:**	2009-11-09
Form:	Version 1.0	**Onset:**	2009-11-09
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-09
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-17
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	AR / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Chest pain, Immediate post-injection reaction, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Pat said she felt shaky and her chest hurt immediately after injection. No complaints weaken 20 min after injection.

VAERS ID:	368039 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2009-11-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / 1	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Nausea, Pallor, Vertigo
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: - Vertigo, pallor, nausea x 1/2 hr. - Emergency Technician attended to Pt - offered juice - Pt returned to class approx 1/2 hr after injection.

VAERS ID:	368043 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	11.0	**Submitted:**	2009-11-13
Sex:	Female	**Entered:**	2009-11-17
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) /	UP017AA /	UN / IM

SANOFI PASTEUR	1	

Administered by: Public **Purchased by:** Public
Symptoms: Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea - short duration recovered.

VAERS ID:	368097 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2009-11-09
Sex:	Male	**Entered:**	2009-11-17
Location:	Vermont	**Days after submission:**	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	AR / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Headache, Immediate post-injection reaction
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient complained of a headache immediately after injections. Had water/rest. No complaints after 20 min.

VAERS ID:	368108 (history)	**Vaccinated:**	2009-11-12
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	3.0	**Submitted:**	2009-11-13
Sex:	Male	**Entered:**	2009-11-17
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / 1	LL / IM

Administered by: Other **Purchased by:** Public
Symptoms:
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Novartis vaccine administered to 3 yo. Manufacturer''s insert states to be used for children 4 and older, i.e. as off-label use.

VAERS ID:	368110 (history)	**Vaccinated:**	2009-11-12
Form:	Version 1.0	**Onset:**	2009-11-12
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-13
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-11-17
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient complained of itchy ear, head, neck 15 minutes post vaccine observed for additional 15 minutes and the itchiness had resolved.

VAERS ID:	368118 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	11.0	**Submitted:**	2009-11-13
Sex:	Female	**Entered:**	2009-11-17
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	UN / IM

Administered by: Public **Purchased by:** Public
Symptoms: Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea - rested recovered

VAERS ID:	368120 (history)	**Vaccinated:**	2009-11-13
Form:	Version 1.0	**Onset:**	2009-11-13
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-13
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-17
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Malaise, Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vertigo; nausea. One hour later still not feeling well-school nurse sending home.

VAERS ID:	368123 (history)	**Vaccinated:**	2009-11-13
Form:	Version 1.0	**Onset:**	2009-11-13
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-15
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-11-17
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Vertigo
SMQs:, Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Vertigo, 0.

VAERS ID:	368216 (history)	**Vaccinated:**	2009-11-16
Form:	Version 1.0	**Onset:**	2009-11-16
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-17
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 2	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Inappropriate schedule of drug administration, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: history of asthma
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Student received 1st H1N1 vaccine 2 weeks prior. Student did not exhibit adverse symptoms.

VAERS ID:	368368 (history)	**Vaccinated:**	2009-11-10
Form:	Version 1.0	**Onset:**	2009-11-11
Age:	19.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-11-18
Location:	Vermont	**Days after onset:**	7
		Entered:	2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (MEDIMMUNE)) / MEDIMMUNE VACCINES, INC.	- / 1	NS / IN

Administered by: Unknown **Purchased by:** Unknown

Symptoms: Asthenia, Blood test normal, Chills, Cough, Dysphagia, Dyspnoea, Headache, Oropharyngeal pain, Postnasal drip, Rhinorrhoea, Tonsillar inflammation
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Patient is not on any medications.
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Blood tests were negative for Mono. She is still very sick. I am convinced that there might be a relationship between her illness and the Nasal H1N1 Vaccine.
CDC Split Type:
Write-up: Sore throat, inflamed tonsils, cough, runny nose and post nasal drip, headache, difficulty swallowing and breathing, chills, overall weakness.

VAERS ID:	368369 (history)	**Vaccinated:**	2009-11-16
Form:	Version 1.0	**Onset:**	2009-11-16
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-18
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 2	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: "Felt dizzy" Left arm and left leg felt numb and tingling--like it felt asleep. Observed for 45 minutes Checked VS within normal limits. Given juice and rested. Went to lunch with mother who works at the school the site of the public health H1N1 clinic.
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient felt dizzy and numbness in left arm & left leg following the administration of H1N1 vaccine IM. Patient observed & rested for 45 minutes. Given juice. Symptoms resolved and patient went to lunch and then back to class.

VAERS ID:	368380 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	VP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Headache, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, nausea, pulse - 76. Sat down, had a snack.

VAERS ID:	368382 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Headache
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheaded. Headache - sat down. Pulse - 102.

VAERS ID:	368383 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Asthenia, Dizziness, Nausea, Pallor
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Felt faint, nauseated, pale, pulse 68, laid down, elevated feet, rested, still felt weak, laid down in nurse''s office.

VAERS ID:	368385 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Dizziness, Headache
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheaded, headache, pulse 62. Sat down-put head down.

VAERS ID:	368386 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	8.0	**Submitted:**	2009-11-13
Sex:	Male	**Entered:**	2009-11-18
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	UN / IM

Administered by: Public **Purchased by:** Public
Symptoms: Vertigo
SMQs:, Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vertigo-pt rested-recovered.

VAERS ID: 368387 (history)		**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Headache, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, shaky, pulse -80, sat down - put head down

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VAERS ID: 368388 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	11.0	**Submitted:**	2009-11-13
Sex:	Female	**Entered:**	2009-11-18
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	UN / IM

Administered by: Public **Purchased by:** Public

Symptoms: Vertigo
SMQs:, Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vertigo - Rested - Recovered.

VAERS ID:	368389 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Dizziness, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizzy-lightheaded-occurred 1st, nausea, H/A, pulse 82-sat down, had a snack.

VAERS ID:	368390 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tingling in legs after receiving shot. Initial pulse 45, after 2min heart rate 60. Laid down, feet elevated, felt better after resting.

VAERS ID: 368392 (history)		**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fainted after shot, pulse 60, laid down feet elevated, rested, pulse 60, drank juice, felt better.

VAERS ID: 368397 (history)		**Vaccinated:**	2009-11-16
Form:	Version 1.0	**Onset:**	2009-11-16
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-18
Location:	Vermont	**Days after onset:**	2
		Entered:	2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) /	102124P1	LA /

NOVARTIS VACCINES AND DIAGNOSTICS	/ 1	IM

Administered by: Public **Purchased by:** Public
Symptoms: Crying, Dizziness, Emotional distress, Fall, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Patient felt dizzy & shaky following vaccine shot fell to floor from sitting position. Nurse immediately responded to patient. Checked vital signs, patient awake crying very upset. Remained with nurse for one hour given fluids that were tolerated well. Patient did not have breakfast thus patient given juice and sent to lunch. Symptoms resolved and returned to class.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received H1N1 vaccine injection immediately felt dizzy & shaky fell to floor from a sitting position. Patient crying & upset Vital signs normal no mental status changes. given juice as patent had no eaten breakfast. Observed by a nurse for 1 hour and symptoms resolved and returned to class.

VAERS ID:	368400 (history)	**Vaccinated:**	2009-11-17
Form:	Version 1.0	**Onset:**	2009-11-17
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-18
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 2	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Rash erythematous, Throat irritation
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Wihin 10 minutes after receiving the H1N1 vaccine injection, red raised rash appeared on left arm and "itchy" throat. With school nurse and given 1 teaspoon Benadryl and rash resolved. Returned to class.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 10 minutes after receiving the H1N1 vaccination injection, red rash appeared on the left arm. Patient complained of an itchy throat. Patient given 1 teaspoon of Benadryl and rash resolved. Returned to class

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VAERS ID:	368410 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-18
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Dizziness, Flushing, Headache, Heart rate decreased, Nausea
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Felt faint, headache, nausea, laid down, elevated feet, pulse 40, rested, pulse rechecked 68, drank juice, still flushed but reports feeling better.

VAERS ID:	368450 (history)	**Vaccinated:**	2009-11-17
Form:	Version 1.0	**Onset:**	2009-11-17
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-18
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 2	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Within 15 minutes of receiving the H1N1 vaccine injection, patient experienced a shooting pain down to fingers & had a "bad" headache. Given Tylenol by school nurse and symptoms resolved and child went back to class.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: After receiving H1N1 vaccine injection in left arm, patient complained of shooting pain down to fingers in left arm and reported a bad headache. Patient observed by school nurse and given Tylenol. Symptoms resolved and child returned to class.

VAERS ID:	368628 (history)	**Vaccinated:**	2009-11-16
Form:	Version 1.0	**Onset:**	2009-11-16
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-19
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness, Nausea, Presyncope
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vagal response - dizzy, nauseated. Gave vaccine lying down due to previous fainting with vaccines.

VAERS ID:	368634 (history)	**Vaccinated:**	2009-11-16
Form:	Version 1.0	**Onset:**	2009-11-16
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-19
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash - ~ 10 mins after immunization BENADRYL 25 mg P.O. @ 10:18 AM, 10:30 - Rash on back - pacing.

VAERS ID:	368991 (history)	**Vaccinated:**	2009-10-29
Form:	Version 1.0	**Onset:**	2009-10-29
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-03
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-11-20
		Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) /	UP008AA	

NOVARTIS VACCINES AND DIAGNOSTICS	/ 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Palpitations
SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: c/o fast/hard HR, HR auscuitated, reg + strong rate of 66, no trouble breathing monitored.

VAERS ID:	368993 (history)	**Vaccinated:**	2009-10-29
Form:	Version 1.0	**Onset:**	2009-10-29
Age:	7.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-03
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-11-20
		Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	JP008AA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Rash papular
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Small raised dots around mouth. Not itchy/irritating, rechecked 1 hr later, without change. Msg left for mother. No difficulty breathing/no mouth involvement.

VAERS ID:	369006 (history)	**Vaccinated:**	2009-11-03
Form:	Version 1.0	**Onset:**	2009-11-03
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-03
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-20
		Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	UP008AA / UNK	UN / UN

Administered by: Public **Purchased by:** Unknown
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None noted
Preexisting Conditions: Listed as allergic to lentils
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Complaints of headache at 1405-vital signs taken-temp= 98.6, BP=102/62, HR=86, 300mg. Ibuprofen given-stayed with nurses until 14:30- called mom left a message-feeling better reported at 1505.

VAERS ID:	369382 (history)	**Vaccinated:**	2009-11-17
Form:	Version 1.0	**Onset:**	2009-11-17
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-17
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-23
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1009231P / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Abnormal sensation in eye, Dizziness
SMQs:, Anticholinergic syndrome (broad), Corneal disorders (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizzy and eyes felt funny

VAERS ID:	369488 (history)	**Vaccinated:**	2009-10-16
Form:	Version 1.0	**Onset:**	2009-10-16
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-19
Location:	Vermont	**Days after onset:**	34
		Entered:	2009-11-23
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLL279AA / 1	UN / IM

Administered by: Other **Purchased by:** Private
Symptoms: Erythema, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Evening after immunization - body became "itchy" esp. feet. Next day facial and chest rash - face very red. May have had temp. elevation - did not have thermometer. Took Ibuprofen for relief. Felt achy and tired by 10/20/09. Symptoms much less, face still red. From 10/16 - 10/20 denies throat tightness, sore throat, sneezing, cough. Patient/employee reported this reaction on 10/20/09 with phone call received by reporting nurse. This is the first seasonal flu shot this patient/employee received. Eggs tend to upset her stomach so she avoids them but does eat them occasionally.

VAERS ID:	369508 (history)	**Vaccinated:**	2009-11-10
Form:	Version 1.0	**Onset:**	2009-11-10
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	10
		Entered:	2009-11-23
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3262H / UNK	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Breast pain, Fatigue, Headache, Incorrect dose administered, Injection site swelling, Malaise, Mastitis, Peripheral coldness, Pyrexia, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Lipodystrophy (broad), Functional lactation disorders (narrow), Hypersensitivity (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: The patient was a breastfeeding mother at the time of vaccination.
Preexisting Conditions: Patient had a history of asthma, fibromyalgia and known allergies to penicillin, sulfa and latex. The patient may have received a flu vaccination three years ago. She had no adverse events following prior vaccinations.
Allergies:
Diagnostic Lab Data: None
CDC Split Type: 200904927
Write-up: Initial report received from a health care professional on 11 November 2009. This report involved a case of misuse where the patient received two pediatric doses of FLUZONE combined into one injection. A 35-year-old female patient with a history of asthma, fibromyalgia and known allergies to penicillin, sulfa and latex and who was breastfeeding mother at the time of vaccination, had received an intramuscular right deltoid injection of FLUZONE, lot number U3262HA on 10 November 2009 at 11:30 am and five minutes later, she developed injection site swelling and cold hands. Benadryl was administered and the patient was sent home. At 3:00 pm, the patient went to emergency room with complaints of hives, malaise, fatigue, headache and fever of 102F and was released. At 3:00 am, the patient returned to the emergency room with the same symptoms in addition to left breast pain. The patient was diagnosed with mastitis. The patient had no concurrent illness and she had not been taking any concomitant medications at the time of vaccination. She had no adverse events following prior vaccinations. At the time of the report, the patient''s recovery status was unknown. Documents held by sender: None.

VAERS ID:	369565 (history)	**Vaccinated:**	2009-11-19
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	0.35	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-11-23
Location:	Vermont	**Days after onset:**	3
		Entered:	2009-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT3178D / 2	RA / IM

Administered by: Private **Purchased by:** Public

Symptoms: Pyrexia, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Will be having allergy testing
CDC Split Type:
Write-up: Hives at 2nd dose, given ZYRTEC. Low grade fever on face, L & R legs, left & R arms, buttocks.

VAERS ID:	369692 (history)	**Vaccinated:**	2009-11-12
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	1.27	**Submitted:**	2009-11-18
Sex:	Male	**Entered:**	2009-11-24
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP022AA / 1	LL / IJ

Administered by: Public **Purchased by:** Public
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Received 0.5ml of H1N1 vaccine instead of 0.25mls. No adverse reaction reported by mom. No treatment needed.

VAERS ID:	369733 (history)	**Vaccinated:**	2009-10-10
Form:	Version 1.0	**Onset:**	2009-10-11
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-11-13
Location:	Vermont	**Days after onset:**	33
		Entered:	2009-11-24
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B137AA / 5	LA / IM
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1009224P / UNK	RA / IM
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500741P / 3	NS / IN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site induration, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: In same arm that previously in 2/05 a BCG was given, a 10 x 14 cm, red swelling with

slight enduration at site of BCG - not at site of DTaP/IPB was vigorous (was above site of BCG).

VAERS ID:	369813 (history)	**Vaccinated:**	2009-11-11
Form:	Version 1.0	**Onset:**	2009-11-12
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-11-16
Location:	Vermont	**Days after onset:**	4
		Entered:	2009-11-24
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	AC208136AA / 4	LA / IJ
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	AC208136AA / 4	LA / IJ

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None needed
CDC Split Type:
Write-up: Approximately an 18 x 12 area on L upper deltoid. Arm very red and swollen. Non-tender.

VAERS ID:	370339 (history)	**Vaccinated:**	2009-11-12
Form:	Version 1.0	**Onset:**	2009-11-17
Age:	54.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	2009-11-27
Location:	Vermont	**Days after onset:**	10
		Entered:	2009-11-27

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (CSL)) / CSL LIMITED	00449611A / 2	UN / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Blood immunoglobulin G, Blood immunoglobulin M, Borrelia burgdorferi serology negative, Facial palsy
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: postviral neuropathy since 1992 12/3/09 PMH:(10/02/09) left eye irritation with foreign body sensation.
Allergies:
Diagnostic Lab Data: LYME IgG/IgM NEGATIVE
CDC Split Type:
Write-up: BELL"S PALSY OF RIGHT SIDE. 12/03/09 Medical record received for DOS: 10/2/02 and 11/17/09. DX: Bell"s Palsy Pt presented with rt. sided facial weakness and inability to close rt. eye

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VAERS ID:	370522 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Hypoaesthesia

SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O "can"t feel Lt. arm". (Injection site Rt arm). Observation x 15".

VAERS ID:	370526 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: "dizzy" - juice given; observed

VAERS ID:	370529 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Felt faint - moved to floor. Given juice drink. Observation x 15".

VAERS ID:	370532 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/o head spinning, sl. nauseous 30" after immunization - hydrated well. T 97 degrees.

VAERS ID:	370534 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	10208P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O itchy Rt hand-site of wk stamp. Rx-observation x 15".

VAERS ID:	370541 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea, T 98.5. Observed-hydrated, rested in nurse''s office.

VAERS ID:	370559 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	- / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea, dizzy. Well hydrated. 97.5 T.

VAERS ID: 370565 (history)		**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O dizziness, lightheaded. Well hydrated. 98.3.

VAERS ID: 370567 (history)		**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheaded after eating lunch. Observed - sent back to class x 15".

VAERS ID:	370570 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness, Dyspepsia
SMQs:, Anticholinergic syndrome (broad), Gastrointestinal nonspecific dysfunction (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 30 minutes after injection - lightheaded + felt acid stomach. T 97.5.

VAERS ID:	370572 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Head injury, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Same.~Vaccine not specified (no brand name)~UN~0.00~Patient
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fainted after injection. Hit Lt side of head on table. No c/o headache. Hydrated and observed x 20". 1040 AM T 99.5 / T. 99.8 1052 AM T 99.6 @ 1105.

VAERS ID:	370573 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Abdominal pain upper, Dizziness
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheaded + sl. stomach ache" onset 10:40 am Observed x15 "$g OK. T976

VAERS ID:	370575 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES	102128P1	LA / UN

AND DIAGNOSTICS	/ 1	

Administered by: Public **Purchased by:** Public
Symptoms: Abdominal discomfort, Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/o injection arm "numb. Upset stomach. Observation X 10 hours.

VAERS ID:	370576 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness, Fatigue, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tired, drowsy, lightheaded - 5" after injection. Felt tired this AM. T 98.3. Rx - hydration.

VAERS ID:	370578 (history)	**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-11-30
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness, Headache, Sensation of heaviness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rt arm "feels heavy" , dizzy, head hurts, T 97.4. Rx- hydration. Sent to class 10:14 a.m.

VAERS ID: 370823 (history)		**Vaccinated:**	2009-11-20
Form:	Version 1.0	**Onset:**	2009-11-20
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-01
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	LA102128P1 / 1	RA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Blood pressure normal, Dizziness, Headache, Heart rate normal
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: HR and BP WNL
CDC Split Type:
Write-up: Initial dizziness then c/o headache. Headache continued x about 30 - 40 mins. Student layed down and slept - felt better afterwards.

VAERS ID: 370892 (history)		**Vaccinated:**	2009-10-14
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2009-11-13
Sex:	Female	**Entered:**	2009-12-01
Location:	Vermont	**Days after submission:**	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	04264 / 2	UN / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1072Y / 2	UN / SC

Administered by: Private **Purchased by:** Public
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamins; Fluoride
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: No adverse reaction. Pt. will need to get the MMR and varicella repeated. Mother notified.

VAERS ID:	371215 (history)	**Vaccinated:**	2009-11-30
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2009-12-02
Sex:	Male	**Entered:**	2009-12-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (MEDIMMUNE)) / MEDIMMUNE VACCINES, INC.	500799 / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Inappropriate schedule of drug administration, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Unknown

Preexisting Conditions: None per pt
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 60 yr old male received LAIV H1N1 Vaccine.

VAERS ID:	371775 (history)	**Vaccinated:**	2009-12-02
Form:	Version 1.0	**Onset:**	2009-12-02
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-07
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP027AB / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Feeling of body temperature change, Injection site anaesthesia, Injection site pain, Oxygen saturation normal, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Asthmatic
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain in arm at at site of injection c/o hot & cold & numbness in area VS. & O2 sat WNL.

VAERS ID:	371803 (history)	**Vaccinated:**	2009-11-17
Form:	Version 1.0	**Onset:**	2009-11-18
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-11-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-12-07
		Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0527Y / 1	RA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3246BA / UNK	LA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Doxycycline allergy - rash; asthma; allergic Rhinitis
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Swelling, redness at site of injection. Severe myalgias nausea.

VAERS ID:	371833 (history)	**Vaccinated:**	2009-12-03
Form:	Version 1.0	**Onset:**	2009-12-03
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-07
Location:	Vermont	**Days after onset:**	4
		Entered:	2009-12-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) /	102130P1 / 2	LA /

NOVARTIS VACCINES AND DIAGNOSTICS		IM

Administered by: Public **Purchased by:** Public
Symptoms: Cold sweat, Eye swelling, Feeling abnormal, Pallor
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Dementia (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None known.
Preexisting Conditions: None known.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Student became pale, clammy. After rest and hydration student continued to feel "off." His vital signs were WNL. Parents were called and he went home to rest. Parents reported he felt fine all day and night. The following AM student woke with swollen eyes. The parents were unclear if this was due to cat exposure and student''s allergy to cats or a flu shot reaction. Student referred to MD and was seen 22.5 hours after receiving the vaccine. Parent reported there was no swelling, redness at site of injection, no malaise felt. MD suggested Benadryl and monitoring at home.

VAERS ID:	372033 (history)	**Vaccinated:**	2009-11-30
Form:	Version 1.0	**Onset:**	2009-11-30
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-01
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-12-08
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Chills, Dizziness, Headache, Nausea, Pyrexia, Somnolence
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ZYRTEC; ZYFLO; SINGULAIR; ADVAIR; PREVACID
Current Illness: None
Preexisting Conditions: Allergies (mold, dust mites, pollen, crabs), Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Horrible headache, naucious, dizzy, fever/chills. Slept from 3pm to 8am.

VAERS ID:	372038 (history)	**Vaccinated:**	2009-11-30
Form:	Version 1.0	**Onset:**	2009-11-30
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-01
Location:	Vermont	**Days after onset:**	1
		Entered:	2009-12-08
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 1	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Dizziness, Erythema, Eye swelling, Headache, Lip swelling, Paraesthesia oral, Rash macular, Swelling face, Throat irritation
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None notedII Reported? reaction to MIDOL on 11/28/09
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: About 30 mins after vaccination - light-headed, sl headache, R hand redder than left. Tx"d with ibuprofen. @ 3pm student called mom @ work c/o tingling/swollen lips, 1 eye swelling. @ 430pm mom home - student with increased facial swelling, eyes swelling, throat itchy, "splotches all over" went to ER IV BENADRYL 12/1/09 8 am - eyes still sl swollen, few blotches - 10:30 am appears clear.

VAERS ID:	372082 (history)	**Vaccinated:**	2009-11-24
Form:	Version 1.0	**Onset:**	2009-11-24
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2009-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0819Y / 1	RA / UN
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3062AA / 1	RA / UN
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	AC52B049B / 1	LA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Electrocardiogram QT prolonged, Full blood count normal, Loss of consciousness, Metabolic function test, Syncope
SMQs:, Torsade de pointes/QT prolongation (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), Torsade de pointes, shock-associated conditions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Prolonged QT on EKG done @ ER all other labs WNL (CBC, BMP)
CDC Split Type:
Write-up: Syncope 15 min after receiving vaccine with LOC.

VAERS ID:	372488 (history)	**Vaccinated:**	2009-11-19
Form:	Version 1.0	**Onset:**	2009-11-19
Age:	44.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-04
Location:	Vermont	**Days after onset:**	15
		Entered:	2009-12-10
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1314Y / 2	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site mass, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Methylphenidate HCl 20mg; Fluticasone Propionate SUSP 50mg; Omeprazole 20mg CPDR; Sinemet 25-100mg tabs; Advair Diskus 250-50mcg/dose MISC; Lisinopril-Hydrochlorothiazide 20-12.5mg tabs; Metaproterenol Sulfate 20mg tabs; Doxycycl HYC; Amox/
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pain, swelling, redness of deltoid and "egg size" lump in axilla. Right arm.

VAERS ID:	373485 (history)	**Vaccinated:**	2009-12-11
Form:	Version 1.0	**Onset:**	2009-12-11
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-11
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-16
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP037DA / 2	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client complained of dizziness 10 minutes post vaccine administration. Recovered quickly after laying down in health office. Released to clinic area 15 minutes later.

VAERS ID: 373490 (history)		**Vaccinated:**	2009-12-10
Form:	Version 1.0	**Onset:**	2009-12-10
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-10
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-16
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP077AB / 2	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Dizziness, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizzy, headache, nausea resolved after 20 mins. Temp 99.5.

VAERS ID: 373492 (history)		**Vaccinated:**	2009-12-02
Form:	Version 1.0	**Onset:**	2009-12-03
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2009-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown

Symptoms: Migraine
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Symptoms of a migraine H.A. next day.

VAERS ID:	373494 (history)	**Vaccinated:**	2009-12-11
Form:	Version 1.0	**Onset:**	2009-12-11
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-11
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-16
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1013282P / 2	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: - Vertigo and nausea following injection. - Lasting 1-2 hrs.

VAERS ID:	373496 (history)	**Vaccinated:**	2009-12-11
Form:	Version 1.0	**Onset:**	2009-12-11
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-11
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-16
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP037DA / 1	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Body temperature increased, Injection site anaesthesia, Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt c/o numbness at injection site. Persisting 2 hours after injection. 3 hrs after injection, Temp increased 99.3 and nausea and vertigo. Pt was sent home with mother.

VAERS ID:	373528 (history)	**Vaccinated:**	2009-12-10
Form:	Version 1.0	**Onset:**	2009-12-10
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-10
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-16
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP027AB / 2	UN / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Chills, Pallor, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pallor, chills, fever 100.5. 20 minutes after 1st Temp -99.5. -Student was sent home.

VAERS ID:	373529 (history)	**Vaccinated:**	2009-12-10
Form:	Version 1.0	**Onset:**	2009-12-10
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-10
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-16
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) /	UP027AB	

SANOFI PASTEUR	/ 2	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, Tylenol 160 mg.

VAERS ID:	373880 (history)	**Vaccinated:**	2009-12-07
Form:	Version 1.0	**Onset:**	2009-12-07
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-07
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-17
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1013282P / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Cold sweat, Fall, Loss of consciousness, Pallor
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and

injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Child briefly lost consciousness after dropping to the floor. Became alert spontaneously. B/P - 120/70 P. 80 Pale & clammy; alert & oriented. No incontinence or seizure activity. Was fine the next day.

VAERS ID:	373916 (history)	**Vaccinated:**	2009-12-17
Form:	Version 1.0	**Onset:**	2009-12-17
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-17
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness, Feeling hot, Head injury, Headache, Hyperhidrosis, Loss of consciousness, Nausea, Syncope, Visual impairment
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: faint~Td Adsorbed (no brand name)~UN~0.00~Patient
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None known
CDC Split Type:
Write-up: At 10:50 patient was in post vaccination area, states he felt faint, saw spots before his eyes and fainted. Hit head on table then floor. Witness states he was out for 15 sec. then came to. Alert and oriented x3. Warm, sweaty, nauseated pupils equal and reactive, hand and foot grasp equal and strong. HR 60 and regular. C/o HA. Mother called will follow-up with MD.

VAERS ID:	373973 (history)	**Vaccinated:**	2009-12-09
Form:	Version 1.0	**Onset:**	2009-12-10
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2009-12-17
Location:	Vermont	**Days after onset:**	7
		Entered:	2009-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U33352AA / 1	LL / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Convulsion
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: seizure~Varicella (no brand name)~1~1.60~Patient

Other Medications:
Current Illness: None
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: seizure

VAERS ID:	374012 (history)	**Vaccinated:**	2009-12-07
Form:	Version 1.0	**Onset:**	2009-12-10
Age:	53.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2009-12-17
Location:	Vermont	**Days after onset:**	7
		Entered:	2009-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP044AA / 2	LA / IJ

Administered by: Public **Purchased by:** Public
Symptoms: Myalgia, Nausea, Neck pain, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Verapamil Keppra Advair Flonase Amitriptylin albuterol
Current Illness: no
Preexisting Conditions: penicillin beta blockers asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea, fever, muscle aches, sore neck.

VAERS ID:	374473 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / UNK	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheaded. Rested, food.

VAERS ID:	374499 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP067AA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Abdominal discomfort, Dizziness, Headache, Hypotonia, Pallor
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: PCH; SULFA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt became dizzy approx 5 min after receiving the injection. Her stomach was also upset and she complained of a headache. She appeared pale and limp when I had her rest on a mat. BP 112/72 home with dad feeling better @ 11:30.

VAERS ID:	374500 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea, lightheaded, rested good

VAERS ID:	374501 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP067AA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Abdominal pain upper, Headache, Immediate post-injection reaction, Injection site pruritus
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Vaccinated-1005 immediate-stomach crampy, injection site itchy BP 90/60 headache. Rest-home with mother. Mom reports felt fine by noon.

VAERS ID:	374502 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP067AA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Dizziness, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Pen
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt presented at the nurses office with nausea, dizziness and a headache. BP 95/66. Rested-home with mother @ 1pm. Starting to feel better at that time.

VAERS ID:	374503 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Chest discomfort
SMQs:, Anaphylactic reaction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: tightness in center chest after 15m wait time pulse 76 R - regular, no SOB

VAERS ID:	374504 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102140P1 / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Dizziness, Headache, Hyperhidrosis, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: KNA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Felt faint @ 10:05. Palms sweaty. Nausea. Headache. Took student to a mat to lie down. Improved. Refused water. 10:20 escorted back to classroom.

VAERS ID:	374506 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102140P1 / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness, size of half dollar, at injection site. No other adverse symptoms after 15/20 minutes.

VAERS ID:	374508 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-16
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Vertigo
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: vertigo, light headed, pulse about 80, resp about 16/18, improved after 25 minutes

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VAERS ID: 374562 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	16.0	**Submitted:**	2009-12-16
Sex:	Female	**Entered:**	2009-12-21
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dry skin, Hypoaesthesia, Injection site erythema, Injection site pain, Pallor, Paraesthesia, Skin warm
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad), Dehydration (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sensation of "pins and needles" L arm and hand, decreased sensation to touch from shoulder to hand. Pulse regular 100 skin warm and dry, blanches, full ROM, normal strength; inj - on redness, describes pain at inj site as a 6-7 out of 10. Mother notified.

VAERS ID: 375093 (history)		**Vaccinated:**	2009-12-21
Form:	Version 1.0	**Onset:**	2009-12-21
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-21
Location:	Vermont	**Days after onset:**	0
		Entered:	2009-12-28
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102130P1 / 1	LA / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Anxiety, Chest discomfort, Nausea
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Anxiety related to needles
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea, "Tight chest" (Patient states normal anxiety reaction).

VAERS ID:	375200 (history)	**Vaccinated:**	2009-12-16
Form:	Version 1.0	**Onset:**	2009-12-17
Age:	13.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-12-22
Location:	Vermont	**Days after onset:**	5
		Entered:	2009-12-29
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Malaise, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Seasonal allergies-none active at this time
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Student had fever and malaise x3 days post vaccine (per dad).

VAERS ID:	375233 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-06
Age:	47.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2009-11-23
Location:	Vermont	**Days after onset:**	17
		Entered:	2009-12-29
		Days after submission:	36

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Injection site pain, Neck pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Bulging discs at C4-6
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 4-5 days after admin. of vaccine, I experienced pain from bottom of left deltoid to behind left ear all the way up the side of my neck. Pain lasted x1 wk. Missed 1 day of work.

VAERS ID:	375235 (history)	**Vaccinated:**	2009-11-02
Form:	Version 1.0	**Onset:**	2009-11-02
Age:	3.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-23
Location:	Vermont	**Days after onset:**	21
		Entered:	2009-12-29
		Days after submission:	36

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / UN

Administered by: Other **Purchased by:** Public
Symptoms: Body temperature normal, Cough, Headache, Pyrexia, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride; vitamins
Current Illness: May have had a fever
Preexisting Conditions: Skin reaction to swimming in chlorinated pools
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient c/o a headache 10 min. after shot admin. Temp was taken=102 degrees. Wet cough and fever x 3 days. 11/5 developed hives, afebrile. Hives x 5 days. Hives responded to CLARITAN. Cough x 3 wks.

VAERS ID:	375443 (history)	**Vaccinated:**	2009-12-08
Form:	Version 1.0	**Onset:**	2009-12-09
Age:	11.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2009-12-29
Location:	Vermont	**Days after onset:**	20
		Entered:	2009-12-30
		Days after submission:	1

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP025AA / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0581Y / 2	RA / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pruritus, Injection site reaction, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: On 12/11/09 - patient''s mother called to report a local reaction at injection site of VARIVAX vaccine given to patient on 12/8/09. Mother only wanted it reported to facility-that area was reddened, swollen (approx. the size of a tangerine) with itchiness - and at time of phone call to us - resolving - patient''s mother refused offered appoint. for patient to be seen.

VAERS ID:	375784 (history)	**Vaccinated:**	2009-12-28
Form:	Version 1.0	**Onset:**	2009-12-29
Age:	48.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-01-04
Location:	Vermont	**Days after onset:**	6
		Entered:	2010-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0509Y / 1	RA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3355AA / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Mobility decreased, Oedema peripheral, Pain in extremity, Skin warm
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Parkinson-like events (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with

eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Erythromycins; Asthma; NIDDM; Allergic Rhinitis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O pain R arm, swelling, ROM decreased, redness, warmth. Iced and reaction did resolve a few days later. She did not have this evaluated nor did she call office. Her daughter works in office and reported the reaction.

VAERS ID:	375786 (history)	**Vaccinated:**	2009-12-29
Form:	Version 1.0	**Onset:**	2009-12-30
Age:	38.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-01-04
Location:	Vermont	**Days after onset:**	5
		Entered:	2010-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0509Y / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injected limb mobility decreased, Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: Bronchitis, T 99.4
Preexisting Conditions: Penicillins, Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O pain to L upper arm, redness, swelling, tenderness, warmth, and difficulty moving extremity due to pain and tenderness. Day of vaccination arm was sore and then the next day arm revealed above signs and symptoms. Instructed to use ice and TYLENOL and to go to ER if increased redness, pain and or streaking. Area marked by PA who saw patient.

VAERS ID:	376154 (history)	**Vaccinated:**	2009-12-11
Form:	Version 1.0	**Onset:**	2009-12-11
Age:	78.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2010-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Public **Purchased by:** Unknown
Symptoms: Neck pain
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None Just 3 days of PT
CDC Split Type:
Write-up: During the night before the inoculation, patient got severe pain in neck (opposite side of inoculation site upper (L) arm, pain on (R) neck went to see his PT doctor who said he"d had "several others experiencing" neck pain after this shot for shingles. Does not follow "nerve lines" - pain lasted 3 days.

VAERS ID:	376319 (history)	**Vaccinated:**	2009-12-10
Form:	Version 1.0	**Onset:**	2009-12-10
Age:	9.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2009-12-11
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-01-08
		Days after submission:	28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102140P1 / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received vaccine @ 10:12 am - arrived @ 10:37 a.m. redness/tenderness @ injection site. Iced/observed x 10 min. Ice off x 10 min. No change. Called mom. Gave 12.5mg BENADRYL.

VAERS ID:	376877 (history)	**Vaccinated:**	2010-01-13
Form:	Version 1.0	**Onset:**	2010-01-13
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-01-14
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / -

Administered by: Public **Purchased by:** Private
Symptoms: Chills, Eye pruritus, Lip swelling, Myalgia, Throat irritation
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: WASP STINGS
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: THICKENING OF THROAT, SWELLING OF LIPS, ITCHINESS OF EYES, CHILLS, NO FEVER, MUSCLE ACHES. TREATED WITH BENADRYL WHICH IMPROVED SYMPTOMS, STILL ITCHY NEXT DAY WITH ACHES BUT IMPROVING.

VAERS ID:	376949 (history)	**Vaccinated:**	2010-01-08
Form:	Version 1.0	**Onset:**	2010-01-11
Age:	61.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2010-01-14
Location:	Vermont	**Days after onset:**	3
		Entered:	2010-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP089AA / 1	LA / IM

Administered by: Military **Purchased by:** Military
Symptoms: Asthenia, Back pain, Constipation, Fatigue, Muscular weakness, Neck pain
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH ACTIVE DAILY FOR BLOOD PRESSURE/HEART, DO NOT TAKE WITH GRAPEFRUIT JUICE 2) BUPROPION HCL 75MG TAB TAKE ONE TABLET BY MOUTH TWICE ACTIVE DAILY FOR DEPRESSION 3)
Current Illness: no
Preexisting Conditions: Hepititis C
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt states that since receiving flu vaccine on 1/8/10, he has felt fatiqued, aching in neck and back. Feels that he is weaker in leg and in back. No fever no NVD. Has marked constipation, which he also dates to this. He states he has marked decrease in strength in arms and legs.

VAERS ID:	377276 (history)	**Vaccinated:**	2010-01-14
Form:	Version 1.0	**Onset:**	2010-01-14
Age:	6.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2010-01-18
Location:	Vermont	**Days after onset:**	4
		Entered:	2010-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP099AA / 2	RA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Confusional state, Flushing, Headache
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypersensitivity (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None known
Preexisting Conditions: Tonsilectomy and ear tubes 06

Allergies:
Diagnostic Lab Data: None VS WNL
CDC Split Type:
Write-up: Vaccine administered (H1N1) @ approximately 9:15am. 10am - facial flushing and headache "confusion" stated by student but remained alert and oriented x 3. Vital signs WNL T99.5. 10:45am flushing headache and self stated confusion resolved.

VAERS ID:	377477 (history)	**Vaccinated:**	2009-12-31
Form:	Version 1.0	**Onset:**	2010-01-10
Age:	4.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	2010-01-14
Location:	Vermont	**Days after onset:**	4
		Entered:	2010-01-20
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP076AA / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Erythema multiforme, Joint swelling, Malaise, Pyrexia, Rash, Urticaria
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OMNICEF
Current Illness: Acute otitis media
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe sickness - like illness with fever, joint pain, ankle swelling, urticarial/erythema multiform type rash.

VAERS ID:	377517 (history)	**Vaccinated:**	2010-01-13
Form:	Version 1.0	**Onset:**	2010-01-13
Age:	7.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2010-01-13
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-01-20
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP099AA / 2	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Dizziness, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No rxn to #1 dose H1N1. Stated "this one hurt".
CDC Split Type:
Write-up: Nausea, lightheadedness, allowed to rest, feet up, cold compress on head. After 10 min c/o of headache, at 30 min hungry-eating snack. (At 11:00 Mom picked up to take home).

VAERS ID:	378265 (history)	**Vaccinated:**	2010-01-20
Form:	Version 1.0	**Onset:**	2010-01-20
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2010-01-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-01-26
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) /	UP099AA /	

SANOFI PASTEUR	1	RA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Body temperature decreased, Feeling hot, Hyperhidrosis, Nausea, Pallor, Somnolence
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O SA/nausea. Pale, quiet-sweaty brow-had juice/gold fish, said feels hot, T 95.7, pulse 80-Rest in health office-9:45 TC to mom-she talked with son-encouraged try recess-Reassessed at 11:00, feeling fine.

VAERS ID:	378449 (history)	**Vaccinated:**	2009-12-02
Form:	Version 1.0	**Onset:**	2009-12-02
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-12-07
Location:	Vermont	**Days after onset:**	5
		Entered:	2010-01-27
		Days after submission:	51

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized reaction at site of inj. swollen and red/mom gave her Benadryl.

VAERS ID:	378450 (history)	**Vaccinated:**	2009-11-13
Form:	Version 1.0	**Onset:**	2009-11-13
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-11-13
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-01-27
		Days after submission:	75

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / UNK	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Dizziness, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Student stated he felt lightheaded and nauseous, ate crackers, water and rested x 15 min. before stating he felt better to go to class.

VAERS ID:	378451 (history)	**Vaccinated:**	2009-12-07
Form:	Version 1.0	**Onset:**	2009-12-07
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2009-12-07
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-01-27
		Days after submission:	51

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1013282P / 1	AR / IM

Administered by: Public **Purchased by:** Public
Symptoms: Confusional state, Convulsion, Feeling cold, Pallor, Syncope, Urinary incontinence
SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none known
Preexisting Conditions: none known
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximate 5 min after receiving H1N1 injection child reportedly fainted and had seizure like activity was incontinent of urine. Remained pale, cold and some confusion. Applied O2 and was transported to ER. He was observed and released. Questions of hx of seizures in the past.

VAERS ID:	378452 (history)	**Vaccinated:**	2009-11-18
Form:	Version 1.0	**Onset:**	2009-11-18
Age:	4.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-11-18
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-01-27
		Days after submission:	70

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP022AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID:	378453 (history)	**Vaccinated:**	2009-11-13
Form:	Version 1.0	**Onset:**	2009-11-13
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2010-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / UNK	LA / -

Administered by: Public **Purchased by:** Other
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Student stated he felt "woozy". Laid down x 10 minutes and ate crackers. Stated he felt better and resumed class.

VAERS ID:	378658 (history)	**Vaccinated:**	2009-10-28
Form:	Version 1.0	**Onset:**	2009-10-31
Age:	25.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2010-01-13
Location:	Vermont	**Days after onset:**	74
		Entered:	2010-01-28
		Days after submission:	15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	- / 1	UN / IJ

Administered by: Other **Purchased by:** Other
Symptoms: Abortion spontaneous, Asthenia, Chills, Cough, Diarrhoea, Dizziness, Drug exposure during pregnancy, Dyspnoea, Fatigue, Headache, Influenza, Insomnia, Nasal congestion, Nausea, Oropharyngeal pain, Pyrexia, Rhinorrhoea, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Termination of pregnancy and risk of abortion (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Reported fever, chills, fatigue, insomnia, shortness of breath, cough, sore throat, runny nose/nasal congestion, dizziness, diarrhea, nausea, vomiting, headache, weakness. Onset - 4 days post vaccination. Sought medical care. Hospitalized. Diagnosed with H1N1 infection about 1 week post vaccination. Had a miscarriage 1 week later, 2 weeks post vaccination. Patient was nine weeks pregnant at date of miscarriage.

VAERS ID:	378941 (history)	**Vaccinated:**	2010-01-26
Form:	Version 1.0	**Onset:**	2010-01-26
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-01-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-02-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP089AA / 2	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Abdominal discomfort, Dizziness, Feeling cold, Headache, Neck pain
SMQs:, Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheaded, felt cold, back of neck/head started to hurt, upset stomach. Home with parent.

VAERS ID:	378942 (history)	**Vaccinated:**	2010-01-26
Form:	Version 1.0	**Onset:**	2010-01-26
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-01-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-02-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP089AA / 2	RA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Dizziness, Feeling cold, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizzy - felt cold and shaky - Home with parent.

VAERS ID:	378943 (history)	**Vaccinated:**	2010-01-26
Form:	Version 1.0	**Onset:**	2010-01-26
Age:	6.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-01-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-02-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP089AA / 2	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nauseated after received immun. (10:30am). Vomited at 1:40 pm. Home with parent.

VAERS ID:	379653 (history)	**Vaccinated:**	2010-02-01
Form:	Version 1.0	**Onset:**	2010-02-01
Age:	78.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-02-05
Location:	Vermont	**Days after onset:**	4
		Entered:	2010-02-08
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UT0459A / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0611Y / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site induration, Injection site pain, Injection site swelling, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: LLLeg open knee 12 cm
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rt arm 1- site hard, painful 3 hrs post shot ice, pain killer recommended. 2- much of arm red, swollen, hot the next day, elevation, AUGMENTIN 875 BID x/8d

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VAERS ID:	379654 (history)	**Vaccinated:**	2010-02-03
Form:	Version 1.0	**Onset:**	2010-02-04
Age:	6.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2010-02-05
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-02-08
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U32733A / 5	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Inflammation, Injection site pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FOCALIN 5 mg qd
Current Illness: none
Preexisting Conditions: ADHD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2/4 itchiness @ site, sore 2/5 L arm red and inflamed below inject site.

VAERS ID:	379862 (history)	**Vaccinated:**	2009-12-03
Form:	Version 1.0	**Onset:**	2009-12-06
Age:	64.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2010-02-09
Location:	Vermont	**Days after onset:**	65
		Entered:	2010-02-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (CSL)) / CSL LIMITED	00147911A / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Borrelia burgdorferi serology negative, C-reactive protein increased, Full blood count normal, Metabolic function test, Musculoskeletal stiffness, Red blood cell sedimentation rate normal
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Xopenex INH
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: CR P elevated at 5.88; ESR - negative; Lyme - negative; CMP - negative;

CBC - negative
CDC Split Type:
Write-up: 3 days after injection he began with arthralgias & arthritic stiffness. This progressed to overt inflammatory arthritis of hands/knees/buttocks. Work up CR-P elevated at 5.88, ESR neg, Lyme neg, CMP neg, CBC neg. Condition resolved with steroid treatment x 3 wks.

VAERS ID:	379888 (history)	**Vaccinated:**	2010-02-01
Form:	Version 1.0	**Onset:**	2010-02-08
Age:	69.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	2010-02-09
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-02-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (TDVAX) / MASS. PUB HLTH BIOL LAB	A019B / UNK	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Erythema, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Red, raised rash both upper arms.

VAERS ID:	380936 (history)	**Vaccinated:**	2010-02-11
Form:	Version 1.0	**Onset:**	2010-02-12
Age:	54.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2010-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) /	UP033AB	

SANOFI PASTEUR	/ 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Chills, Diarrhoea, Myalgia, Nausea, Pyrexia, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None Known.
Preexisting Conditions: States IDDM on Wed.
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, chills, N/V/D, myalgias, arthralgias for 48 hours.

VAERS ID:	381364 (history)	**Vaccinated:**	2009-12-07
Form:	Version 1.0	**Onset:**	2009-12-10
Age:	2.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2010-02-26
Location:	Vermont	**Days after onset:**	78
		Entered:	2010-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UT023AA / 2	LL / IJ

Administered by: Public **Purchased by:** Public
Symptoms: Abnormal behaviour, Abnormal faeces, Aggression, Diarrhoea, Incorrect dose administered
SMQs:, Dementia (broad), Pseudomembranous colitis (broad), Psychosis and psychotic disorders (broad), Biliary system related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (narrow), Noninfectious diarrhoea (narrow), Medication errors (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: The doctor was not concerned about the shot and I do not think he reported my findings. On 2/24/10 I told the nurse about my concerns. She asked to see his shot record and what she found scared us both. On 12/07/09 she was given .5 of the H1N1 shot and on 01/08/10 he was given another .25. This is a total of .75 way more than an adult dose. My grandson was overdosed and may be damaged for life, because of this. I no longer have that genteel little boy. If you can give me advice on what to do, Please let me know.
CDC Split Type:
Write-up: My grandson went from a genteel and loving child to an aggressive and unpredictable child, this is still continuing today. He had loose and smelly bowel movements for about two weeks after each H1N1 shot.

VAERS ID:	382292 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	10.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2010-03-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: None Known
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approx 1/2 hour after injection c/o tightness in throat. B/P 88/0 64-18. No other symptoms. Able to drink, eat & talk without difficulty.

VAERS ID:	383270 (history)	**Vaccinated:**	2010-02-09
Form:	Version 1.0	**Onset:**	2010-02-11
Age:	16.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2010-03-22
Location:	Vermont	**Days after onset:**	38
		Entered:	2010-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1099Y / 3	LA / UN

Administered by: Unknown **Purchased by:** Private
Symptoms: Computerised tomogram normal, Electroencephalogram normal, Endotracheal intubation, Epilepsy, Grand mal convulsion, Laboratory test normal, Movement disorder, Nuclear magnetic resonance imaging normal, Postictal state, Sedation, Simple partial seizures, Speech disorder
SMQs:, Angioedema (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: mild cold symptoms
Preexisting Conditions: allery to Keflex- reaction is hives; no other mediccal conditions
Allergies:
Diagnostic Lab Data: Epilepsy- no cause determined; lingering language and motor difficulties. MRI, CT, EEG and all labs were good.
CDC Split Type:

Write-up: 30-45 minute simple partial seizures followed by grand mal at about 7:00 pm. Very challenging post-ictal state requiring sedation and intubation, and 2 day hospital stay. Second seizure on 2/27/2010 followed same pattern. following

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VAERS ID:	385022 (history)	**Vaccinated:**	2010-04-12
Form:	Version 1.0	**Onset:**	2010-04-12
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-04-13
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0508Y / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Allergies: ASA, PCN, Codeine, Emycin, Ibuprofen, Ceelor
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: (L) arm to hand / fingers swollen, and painful. Symptoms began within 3hr post injection per pt, sling, ice, Vicodan PRN for pain.

VAERS ID:	385108 (history)	**Vaccinated:**	2010-04-09
Form:	Version 1.0	**Onset:**	2010-04-09
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-04-14
Location:	Vermont	**Days after onset:**	5
		Entered:	2010-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3353AA / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site inflammation, Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left deltoid inflammation with some redness. Pain with abduction. ADVIL PRN for pain.

VAERS ID:	386632 (history)	**Vaccinated:**	2010-04-30
Form:	Version 1.0	**Onset:**	2010-04-30
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-05-04
Location:	Vermont	**Days after onset:**	4
		Entered:	2010-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3353AA / 1	GM / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Headache, Pain, Pruritus, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Atenolol; CRESTOR; PROTONIX; Ropinirole; Tamoxifen; Ursodiol; VALTREX
Current Illness: None
Preexisting Conditions: Latex; Barrett"s; Breast CA; GERD; HSVI; Increased lipids; HTN; Goiter
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Localized itching, redness, soreness, throat tightness, headache. Rxd loratadine, BENADRYL, MEDROL Pak.

VAERS ID:	387022 (history)	**Vaccinated:**	2010-05-05
Form:	Version 1.0	**Onset:**	2010-05-05
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-05-07
Location:	Vermont	**Days after onset:**	2
		Entered:	2010-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
MEN: MENINGOCOCCAL (MENOMUNE) / SANOFI PASTEUR	U3088AA / 1	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Impaired driving ability, Loss of consciousness, Road traffic accident
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient got vaccine, while being observed she slept for 1 hour in waiting room, then began to drive herself home. Lost consciousness while driving and ran into guard rail - doesn"t remember feeling faint or dizzy or sleepy before LOC.

VAERS ID:	388159 (history)	**Vaccinated:**	1999-01-27
Form:	Version 1.0	**Onset:**	1999-01-27
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-05-14
Location:	Vermont	**Days after onset:**	4124
		Entered:	2010-05-18
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1262H / 1	UN / SC

Administered by: Private **Purchased by:** Other
Symptoms: Antibody test negative, Rash pruritic, Varicella virus test negative
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: serum varicella zoster, 09/01?/09, negative
CDC Split Type: WAES0909**USA**00222
Write-up: Information has been received from a registered nurse concerning a 5 year old female with no pertinent medical history and no known drug allergies who on 27-JAN-1999 was vaccinated with the first 0.5ml dose of VARIVAX (Merck) (subcutaneous injection, lot # 628147/1262H). There was no concomitant medication. The nurse was reporting that on 05-FEB-1999 the patient developed itchy rash on face, ears, nose, and hands after receiving her first dose of VARIVAX (Merck). On approximately 01-SEP-2009, the patient had the titer done, but it came back as negative for varicella immunity. On unspecified date, the patient recovered. On unspecified date, the patient saw the physician. Follow up information has been received from a healthcare professional indicated that a 6 year old (previously reported as 5 year old) patient experienced rash on 27-JAN-1999 (previously reported as 05-FEB-1999). Additional information is not expected.

VAERS ID: 389015 (history)		**Vaccinated:**	2010-05-10
Form:	Version 1.0	**Onset:**	2010-05-18
Age:	1.01	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	2010-05-22
Location:	Vermont	**Days after onset:**	4
		Entered:	2010-05-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	- / -

Administered by: Public **Purchased by:** Other
Symptoms: Irritability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever/irritable. Treated with Tylenol.

VAERS ID: 389205 (history)		**Vaccinated:**	2010-05-21
Form:	Version 1.0	**Onset:**	2010-05-22
Age:	6.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-05-25
Location:	Vermont	**Days after onset:**	3
		Entered:	2010-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Unknown

Symptoms: Abdominal discomfort, Injection site erythema, Injection site swelling, Pain in extremity
SMQs:, Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Soreness of arm, red and swelling at injection site, upset stomach.

VAERS ID:	389336 (history)	**Vaccinated:**	2010-05-21
Form:	Version 1.0	**Onset:**	2010-05-22
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2010-05-25
Location:	Vermont	**Days after onset:**	3
		Entered:	2010-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B115AA / 1	RA / IM

Administered by: Unknown **Purchased by:** Public
Symptoms: Injection site erythema, Injection site warmth, Petechiae
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None. Child was treated with cephalexin for possible cellulitis.
CDC Split Type:
Write-up: Rapidly increasing erythema at vaccination site without pain or itching. I saw him on 5/24/2010, and nearly the entire upper arm was involved, circumferentially, with erythema and warmth, without any area of fluctuance, although there was evidence of deeper redness with a few petechiae around the immediate vaccination site.

VAERS ID:	391077 (history)	**Vaccinated:**	2010-06-15
Form:	Version 1.0	**Onset:**	2010-06-15
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-06-15
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-06-21
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1333Y / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1411X / 2	RA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: T : 98.8; HR, 76; FSBS, 93; BP, 128/78; RR, 16
CDC Split Type:
Write-up: GARDASIL & VARICELLA vaccine given. Pt alert, appropriate. Escorted to hall. Pt had syncopal episode, attended & examined by PA. VSS.

VAERS ID:	391102 (history)	**Vaccinated:**	2010-06-17
Form:	Version 1.0	**Onset:**	2010-06-18
Age:	2.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-06-21
Location:	Vermont	**Days after onset:**	3
		Entered:	2010-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	E47469 / 1	LL / UN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: allergy to peanuts
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed redness, swelling, warmth at injection site requiring ER visit for antihistamine and antibiotic.

VAERS ID:	391233 (history)	**Vaccinated:**	2010-06-16
Form:	Version 1.0	**Onset:**	2010-06-17
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-06-18
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-06-23
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B091AA / 5	LA / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	D0532 / 4	RA / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1289Y / 2	RA / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0026Z / 2	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Keloid scar, Pain in extremity, Pruritus, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 9.5 cm x 7.5 cm flare warm to the touch. Painful and itchy. This happened the next day after. Also a 1 cm keloid looking mark (left deltoid area).

VAERS ID:	392965 (history)	**Vaccinated:**	2010-05-25
Form:	Version 1.0	**Onset:**	2010-05-25
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-06-02
Location:	Vermont	**Days after onset:**	8
		Entered:	2010-07-16
		Days after submission:	44

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3446AA / UNK	RA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Back pain, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Thyroid Condition
Preexisting Conditions: Penicillin; Sulfa; Tigecycline; Fish; Glucosamine
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Back pain 3 hours post injection - ongoing pain radiating onto groin and tingling both hands.

VAERS ID:	393067 (history)	**Vaccinated:**	2010-06-29
Form:	Version 1.0	**Onset:**	2010-07-01
Age:	50.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2010-07-01
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-07-19
		Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0508Y / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Blood pressure normal, Body temperature increased, Oxygen saturation normal, Pain, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Nonspecific

Preexisting Conditions: cervicalgia; anxiety; depression; asthma; digestive; urinar
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt called with c/o swelling, pain, heat, soreness. Upon arrival & inspection redness is 3-4" below injection site. It is warm & pt c/o tenderness. V.S. O2 98% T 99.2 temporal 122/68 - 105 - 18. No apparent distress. Discussed with PA-C and Immun. Note - pt has several areas that look like bites and elbow is bruised. Nurse will call pt 07.02.10. Pt to ice, TYLENOL, report changes. On-call info given. Next day 7/2/10 - reports better.

VAERS ID:	393169 (history)	**Vaccinated:**	2010-01-15
Form:	Version 1.0	**Onset:**	2010-01-16
Age:	0.33	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2010-07-20
Location:	Vermont	**Days after onset:**	184
		Entered:	2010-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C35333AA / 2	LL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB799AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D84740 / 2	RL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	A41FA966A / 2	MO / PO

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Biopsy muscle abnormal, Blood creatine phosphokinase increased, Central nervous system lesion, Disturbance in social behaviour, Eye movement disorder, Irritability, Myofascitis, Nuclear magnetic resonance imaging brain abnormal
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Dementia (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Drug abuse and dependence (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Ocular motility disorders (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 5 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:

Current Illness: No
Preexisting Conditions: Prematurity Gastroesophageal Reflux
Allergies:
Diagnostic Lab Data: MRI: lesions in basal ganglia, thalamus, brainstem. Elevated CK initially Muscle Biopsy: Macrophagic myofasciitis
CDC Split Type:
Write-up: Patient became progressively more irritable over 24 hours. He then stopped interacting and had dancing eye movements. He was brought to the local hospital and underwent a neurologic workup yielding a diagnosis of possible Leigh Disease. He had a muscle biopsy that showed macrophagic myofasciitis that was attributed to the immunizations.

VAERS ID:	393383 (history)	**Vaccinated:**	2010-07-22
Form:	Version 1.0	**Onset:**	2010-07-22
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-07-22
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1333Y / 2	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After apx. 5 min after receiving 2nd HPV vaccine pt passed out. Pt rested lying down - cool compress to head. BP immed after passing out 98/54 BP 15 min after resting 106/64.

VAERS ID:	394730 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2010-08-04
Sex:	Female	**Entered:**	2010-08-09
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0321Z / 2	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pain in extremity, Pyrexia, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OMEPRAZOLE; ASA; Fish oil; Vit C; Atenolol
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received PNEUMOVAX left deltoid 8/3/10. That eve developed fever like sx, left arm pain, swelling, redness. Advised ice elevation.

VAERS ID:	396151 (history)	**Vaccinated:**	2009-10-26
Form:	Version 1.0	**Onset:**	2009-10-26
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2009-10-27
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-08-16
		Days after submission:	293

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500723P / UNK	NS / IN

Administered by: Other **Purchased by:** Other
Symptoms: Contraindication to vaccination, No adverse event
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concomitant Drug(s) Not Reported
Current Illness: Asthma
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: MEDI0009234
Write-up: A non-serious spontaneous report of inadvertent administration of FLUMIST to a 9-year-old with asthma was received from a registered nurse. The patient''s medical history included asthma. Concomitant medications included the Flu Shot given 22-Sep-2009. There was no adverse event associated with this medication error; therefore, treatment and reporter/sponsor causality assessments are not applicable, and the event is considered resolved.

VAERS ID:	396652 (history)	**Vaccinated:**	2010-08-23
Form:	Version 1.0	**Onset:**	2010-08-24
Age:	31.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-08-26
Location:	Vermont	**Days after onset:**	2
		Entered:	2010-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3486AA / UNK	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Chest pain, Erythema, Headache, Injection site erythema, Nausea, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Diabetes (LEVEMIR 77U/d)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: One hour following vaccine administration, employee complained of headache 4-5 hours later nausea. Both resolved Tuesday (1 day later). Arm became sore on night of vaccine administration. Following morning redness at site and under arm noted. Some chest pain. Saw PCP 8/26/10, advised rest, ice and ibuprofen.

VAERS ID:	396918 (history)	**Vaccinated:**	2010-07-18
Form:	Version 1.0	**Onset:**	2010-07-20
Age:	46.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2010-08-31
Location:	Vermont	**Days after onset:**	42
		Entered:	2010-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / SANOFI PASTEUR	D1101 / 1	RA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Asthenia, Fatigue, Sensation of heaviness
SMQs:, Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Rabies Immune Globulin Talecris mfg HyperRab Lot# 26NCXH1 Exp. 2/25/2011 1200units 2.5mL Rt. glut; 2.5mL L glut; 3mL L thigh Day 3 rabies vaccine on 7/21/2010 Rabivert (Novartis) Lot # 456011A Exp. 12/31/2012 1mL rt. arm Day 7 rabies
Current Illness: no
Preexisting Conditions: PCN percocet sulfonamides
Allergies:
Diagnostic Lab Data: performed at PCP, outside organization, we do not have results
CDC Split Type:
Write-up: heaviness in entire body; fatigue; low energy lasting 6 weeks

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VAERS ID: 397387 (history) **Vaccinated:** 2010-06-29
Form: Version 1.0 **Onset:** 0000-00-00
Age: 62.0 **Submitted:** 2010-09-03
Sex: Female **Entered:** 2010-09-03
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / 1	AR / -

Administered by: Private **Purchased by:** Private
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PREMARIN .375; TESTOSERONE 1MG; AMOUR THYROID 45MG
Current Illness: NO
Preexisting Conditions: NO
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: A RASH THAT LOOKS SIMILAR TO SHINGLES

VAERS ID: 399469 (history) **Vaccinated:** 2009-10-22
Form: Version 1.0 **Onset:** 2009-10-22
Age: 2.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2010-08-04
Location: Vermont **Days after onset:** 286
Entered: 2010-09-08
Days after submission: 35

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Wrong drug administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type: WAES0910**USA**02810
Write-up: Information has been received from a physician concerning a 33 month old female patient who on 22-OCT-2009 was inadvertently vaccinated with a dose of GARDASIL instead of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (MSD). There was no product confusion but a human error. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	399017 (history)	**Vaccinated:**	2010-09-16
Form:	Version 1.0	**Onset:**	2010-09-16
Age:	3.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2010-09-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-09-21
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B248CA / 3	LA / UN
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3566AA / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Crying, Headache, Injection site erythema, Injection site pain, Insomnia, Pain, Pyrexia, Screaming
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Same.~Hib (no brand name)~3~0.50~PatientlSame.~Measles + Mumps + Rubella (no brand name)~1~1.50~PatientlSame.~DTaP + HepB + IPV
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Awake all night, screaming and crying; fever 101, began 3-4 hours after getting vaccine; complained of body and head hurting. Said (L) arm hurt more but bot equally red.

VAERS ID:	400338 (history)	**Vaccinated:**	2010-09-22
Form:	Version 1.0	**Onset:**	2010-09-22
Age:	3.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-09-24
Location:	Vermont	**Days after onset:**	2
		Entered:	2010-09-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3566A3N / 3	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	AHIBC252C / 4	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	913965NDO / 5	RL / IM

Administered by: Unknown **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: URI
Preexisting Conditions: Spastic cerebral palsy, GERD, developmental delay, sensorineural hearing loss, congenital CMV exposure
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling and redness with pain at injection site on R upper thigh, which worsened over

next 24 hours before improving.

VAERS ID:	402008 (history)	**Vaccinated:**	2010-09-30
Form:	Version 1.0	**Onset:**	2010-09-30
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-09-30
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-10-06
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1333Y / 3	RA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3475AA / UNK	LA / UN

Administered by: Public **Purchased by:** Other
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Syncopy after TDap and HPV vaccines. Pt seated, evaluated by FNP. Pt quickly regained consciousness. Left clinic with mom 15 minutes later asymptomatic.

VAERS ID:	402099 (history)	**Vaccinated:**	2010-10-01
Form:	Version 1.0	**Onset:**	2010-10-02
Age:	13.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2010-10-06
Location:	Vermont	**Days after onset:**	4
		Entered:	2010-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route

TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B061CA / 5	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0410Z / 1	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Pyrexia, Rash erythematous, Rash macular, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Fever - 101 degrees - 10/2/10. Itchy, red blotches on 10/5/10 on chest and back. Calamine lotion applied.

VAERS ID:	403092 (history)	**Vaccinated:**	2010-10-12
Form:	Version 1.0	**Onset:**	2010-10-12
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-10-13
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (GSK)) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA536AA / UNK	LA / IJ

Administered by: Public **Purchased by:** Other
Symptoms: Erythema, Hypoaesthesia facial, Hypoaesthesia oral, Pruritus
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: no
CDC Split Type:
Write-up: red & itchy face followed by lips & jaw going numb

VAERS ID:	403494 (history)	**Vaccinated:**	2010-10-07
Form:	Version 1.0	**Onset:**	2010-10-07
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-10-15
Location:	Vermont	**Days after onset:**	8
		Entered:	2010-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	112946P1 / UNK	UN / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt described redness and itching at admin site that day and following day. Area approx 4" circ. Pt states she treated with BENADRYL x 1 dose with relief. No other treatment needed.

VAERS ID:	403496 (history)	**Vaccinated:**	2010-10-13
Form:	Version 1.0	**Onset:**	2010-10-13
Age:	85.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-10-15
Location:	Vermont	**Days after onset:**	2
		Entered:	2010-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	112946P1 / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: B12 injection on same day opposite arm
Current Illness: No
Preexisting Conditions: PCN; MACRODANTIN; ASA; Fluticasone
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID:	403507 (history)	**Vaccinated:**	2010-10-08
Form:	Version 1.0	**Onset:**	2010-10-09
Age:	11.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2010-10-15
Location:	Vermont	**Days after onset:**	6
		Entered:	2010-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UH180AA / 2	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U330600AA / 1	LA / IM

TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B063AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Oedema peripheral, Pruritus
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: right arm, redness, swollen, itchy, redness spreading from outside arm to inside of arm (7"w x 5.5"L)

VAERS ID:	403898 (history)	**Vaccinated:**	2010-09-27
Form:	Version 1.0	**Onset:**	2010-09-28
Age:	19.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-10-14
Location:	Vermont	**Days after onset:**	16
		Entered:	2010-10-18
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH180AA / 2	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0758Z / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Headache, Injection site erythema, Injection site warmth, Local reaction, Pruritus, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lexapro; Mirena
Current Illness: None
Preexisting Conditions: Acne; Anxiety; Eczema; Obesity
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Red warm area at site; 9/29/10 - headache fever (not take) 10.5 cm x 14cm red, hot local reaction. Temp in office was normal 9/30/10 - local reaction now itching.

VAERS ID:	404795 (history)	**Vaccinated:**	2010-10-20
Form:	Version 1.0	**Onset:**	2010-10-20
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-10-22
Location:	Vermont	**Days after onset:**	2
		Entered:	2010-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / UN

Administered by: Unknown **Purchased by:** Private
Symptoms: Burning sensation, Eye pruritus, Eye swelling, Hypersensitivity, Lacrimation increased, Nasal discomfort, Oropharyngeal pain, Sneezing
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Lacrimal disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: I have no way of knowing any of this information. My health care provider

administered this. They didn''t disclose lot numbers or any kind or manufacturer. I was told it was Influenza 2010-2011
Current Illness: NO
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: I contacted my Dr''s office and explained everything. The nurse I spoke to acting like this type of stuff wasn''t normal. She said she would note my medical file.
CDC Split Type:
Write-up: First sign was a burning sensation in my arm that lasted over 1 hr. Then beginning at 4:30 pm I felt tickling in my nose. Blowing my nose ongoing until 8:00 pm then violent sneezing, eyes began itch and swollen. Eyes were running and throat felt very bad. I was experiencing what I would call a severe allergic reaction. I have never experienced anything like that.

VAERS ID:	405028 (history)	**Vaccinated:**	2010-10-07
Form:	Version 1.0	**Onset:**	2010-10-07
Age:	66.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2010-10-23
Location:	Vermont	**Days after onset:**	16
		Entered:	2010-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / IJ

Administered by: Public **Purchased by:** Other
Symptoms: Dyspnoea
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shortness of breath

VAERS ID: 405054 (history)		**Vaccinated:**	2010-10-20
Form:	Version 1.0	**Onset:**	2010-10-22
Age:	58.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2010-10-24
Location:	Vermont	**Days after onset:**	2
		Entered:	2010-10-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Other
Symptoms: Mobility decreased, Pain in extremity, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: not yet
CDC Split Type:
Write-up: Severe arm pain tingling in fingers. 5 days later severe pain unable to lift arm to get dressed. Little effect with pain meds.

VAERS ID: 406654 (history)		**Vaccinated:**	2010-10-21
Form:	Version 1.0	**Onset:**	2010-10-21
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-10-27
Location:	Vermont	**Days after onset:**	6
		Entered:	2010-11-02
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3719AA / 1	AR / IM

Administered by: Private **Purchased by:** Private

Symptoms: Arthralgia, Chills, Dyspnoea, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: YAZ (birth control)
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Approx 4 hrs after vaccination patient felt short of breath followed by joint pain, chills, and fever: 102.5 & duration 24 hrs.

VAERS ID:	406850 (history)	**Vaccinated:**	2010-10-28
Form:	Version 1.0	**Onset:**	2010-10-28
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-11-01
Location:	Vermont	**Days after onset:**	4
		Entered:	2010-11-04
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (DECAVAC) / SANOFI PASTEUR	U35063A / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0978Z / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pain, Injection site warmth, Middle insomnia
SMQs:, Extravasation events (injections, infusions and implants) (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Allergy to sulfa
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received Td shot at 9:30AM on 10/28 in Left deltoid. By that evening, area was very tender. Has been very red, tender and hot for the past 3 1/2 days. Waking her up at night.

VAERS ID:	408151 (history)	**Vaccinated:**	2010-11-09
Form:	Version 1.0	**Onset:**	2010-11-09
Age:	27.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2010-11-09
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-11-12
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT3568BA / 1	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Feeling cold, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None known
Current Illness: None
Preexisting Conditions: No allergies to eggs, chicken or polmycin
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 3 pm - came back with c/o urticaria both forearms; skin felt cool and moist. Sat him down - BP 120/70. No other s/s. 330 pm took 50mg BENADRYL PO of his personal meds. Opted out of IM injection of diphenhydramine. 345 pm symptoms lessening. Reviewed vaccine info sheet to watch for further symptoms. Instructed to call 911 if they occur. He arranged for someone to drive him home. 4 pm symptoms gone - was okay to leave.

VAERS ID:	408337 (history)	**Vaccinated:**	2010-10-25
Form:	Version 1.0	**Onset:**	2010-10-25
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-10-26
Location:	Vermont	**Days after onset:**	1
		Entered:	2010-11-12
		Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0978Z / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site swelling, Injection site warmth, Myositis
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atenolol; PAXIL; Amitryptyline
Current Illness: None
Preexisting Conditions: Allergies: PCN; Sulfa; BENADRYL; DARVOCET; Clindamycin
Allergies:
Diagnostic Lab Data: Myositis
CDC Split Type:
Write-up: Pt states left upper arm swollen and hot onset 3 hrs after immunization.

VAERS ID:	408305 (history)	**Vaccinated:**	2010-10-18
Form:	Version 1.0	**Onset:**	2010-10-19
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-11-15
Location:	Vermont	**Days after onset:**	27
		Entered:	2010-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 1	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Faecal incontinence, Musculoskeletal pain, Neck pain, Paraesthesia, Pruritus, Skin warm
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Arthritis (broad), Noninfectious diarrhoea (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: seasonal allergies, eczema
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Pain in neck and shoulders, heat & severe pain radiating through bicep down to elbow, tingling through finger tips in both arms and sudden itching on palms of both hands. 10/20 09:00: uncontrollable bowels.

VAERS ID:	408422 (history)	**Vaccinated:**	2009-10-21
Form:	Version 1.0	**Onset:**	2009-10-21
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2010-09-09
Location:	Vermont	**Days after onset:**	323
		Entered:	2010-11-15
		Days after submission:	67

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (MEDIMMUNE)) / MEDIMMUNE VACCINES, INC.	500778P / UNK	NS / IN

Administered by: Other **Purchased by:** Other
Symptoms: Drug administration error, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concomitant Drug (s) Not reported
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: MEDI0009142
Write-up: A non-serious spontaneous report of administration of full dose of H1N1 2009 Monovalent Vaccine Live in one nostril was received from a certified medical assistant concerning an adult. The patient''s medical history and concomitant medications were not provided. There was no adverse event associated with this medication error; therefore, treatment and reporter/sponsor causality assessments are not applicable, and the event is considered resolved.

VAERS ID:	408439 (history)	**Vaccinated:**	2009-10-21
Form:	Version 1.0	**Onset:**	2009-10-21
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2010-09-10
Location:	Vermont	**Days after onset:**	324
		Entered:	2010-11-15
		Days after submission:	66

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (MEDIMMUNE)) / MEDIMMUNE VACCINES, INC.	500778P / UNK	NS / IN

Administered by: Other **Purchased by:** Other
Symptoms: Drug administration error, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Concomitant Drug(s) Not Reported
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: MEDI0009152
Write-up: A non-serious spontaneous report of administration of full dose of H1N1 vaccine in one nostril was received from a certified medical assistant concerning an adult. The patient''s medical history and concomitant medications were not provided. There was no adverse event associated with this medication error; therefore, treatment and reporter/sponsor causality assessments are not applicable, and the event is considered resolved.

VAERS ID:	408442 (history)	**Vaccinated:**	2009-10-21
Form:	Version 1.0	**Onset:**	2009-10-21
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2010-09-09
Location:	Vermont	**Days after onset:**	323
		Entered:	2010-11-15
		Days after submission:	67

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (MEDIMMUNE)) / MEDIMMUNE VACCINES, INC.	500778P / UNK	NS / IN

Administered by: Other **Purchased by:** Other
Symptoms: Drug administration error, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concomitant Drug (s) Not reported
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: MEDI0009153
Write-up: A non-serious spontaneous report of administration of full dose of H1N1 2009 Monovalent Vaccine Live in one nostril was received from a certified medical assistant concerning an adult. The patient''s medical history and concomitant medications were not provided. There

was no adverse event associated with this medication error; therefore, treatment and reporter/sponsor causality assessments are not applicable, and the event is considered resolved.

VAERS ID:	408446 (history)	**Vaccinated:**	2009-10-21
Form:	Version 1.0	**Onset:**	2009-10-21
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2010-09-09
Location:	Vermont	**Days after onset:**	323
		Entered:	2010-11-15
		Days after submission:	67

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (MEDIMMUNE)) / MEDIMMUNE VACCINES, INC.	500778P / UNK	NS / IN

Administered by: Other **Purchased by:** Other
Symptoms: Drug administration error, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concomitant Drug (s) Not Reported
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: MEDI0009155
Write-up: A non-serious spontaneous report of administration of fall dose of H1N1 2009 vaccine in one nostril was received from a certified medical assistant concerning an adult. The patient''s medical history and concomitant medications were not provided. There was no adverse event associated with this medication error; therefore, treatment and reporter/sponsor causality assessments are not applicable, and the event is considered resolved.

VAERS ID:	409399 (history)	**Vaccinated:**	2010-09-29
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2010-11-01
Sex:	Female	**Entered:**	2010-11-19
Location:	Vermont	**Days after submission:**	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	111796P1 / 1	UN / SC

Administered by: Other **Purchased by:** Private
Symptoms: Discomfort, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 4 weeks after received vaccine, pt couldn"t raise arm without it being sore and very uncomfortable. Pt went to physician. No treatment at this time. MD wants to wait to see if body will reabsorb at site. Office visit Oct. 22.

VAERS ID:	411621 (history)	**Vaccinated:**	2009-11-09
Form:	Version 1.0	**Onset:**	2009-11-09
Age:	0.57	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2010-09-27
Location:	Vermont	**Days after onset:**	321
		Entered:	2010-11-23
		Days after submission:	57

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1009225PA / 1	LG / IM

Administered by: Other **Purchased by:** Other
Symptoms: Inappropriate schedule of drug administration, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: PHHY2009**US**64097
Write-up: Case previously recorded as MA2009-4085. Initial case report received from a nurse on 09 NOV 2009. A 6-month-old male patient was vaccinated with 0.5 mL FLUVIRIN (batch no. 1009225PA) i.m into the thigh on 09 NOV 2009. No adverse events were reported. Reference no: NA09-07868.

VAERS ID:	410686 (history)	**Vaccinated:**	2010-11-19
Form:	Version 1.0	**Onset:**	2010-11-23
Age:	32.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	2010-11-30
Location:	Vermont	**Days after onset:**	7
		Entered:	2010-11-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA525BA / 2	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Urticaria, Vaccine positive rechallenge
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: Hives~Influenza (Seasonal) (no brand name)~~31.00~Patient
Other Medications:
Current Illness: No
Preexisting Conditions: Developed hives after 2009 flu vaccination which slowly improved throughout the year but did not resolve. Otherwise healthy.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed a severe chronic hive outbreak following flu vaccine. No known allergy to eggs or chicken. No history of hives prior to receiving the 2009 flu shot. In 2009 hives developed several days after receiving the flu shot. Medication was prescribed and the condition could be controlled by the medicine. Several days after receiving the 2010 flu shot, the condition has returned with a vengeance and cannot be controlled even with medication. I suspect that the flu shot has created a chronic hive condition that will not be easily resolved.

VAERS ID:	412731 (history)	**Vaccinated:**	2010-10-11
Form:	Version 1.0	**Onset:**	2010-10-13
Age:	65.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2010-12-14
Location:	Vermont	**Days after onset:**	62
		Entered:	2010-12-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT3644AA / 1	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Dyspnoea
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No illness at that time.
Preexisting Conditions: COPD, CHF, DM
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Noticed his breathing was worse a few days later, and he feels as though his breathing"s been worse ever since the vaccine was administered.

VAERS ID:	412988 (history)	**Vaccinated:**	2010-09-16
Form:	Version 1.0	**Onset:**	2010-09-19
Age:	5.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2010-12-10
Location:	Vermont	**Days after onset:**	82
		Entered:	2010-12-16
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	501017P / 1	NS / IN

Administered by: Private **Purchased by:** Public
Symptoms: Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lymphadenopathy R cervical & submand. nodes torticolis TYLENOL & Ibuprofen.

VAERS ID:	412992 (history)	**Vaccinated:**	2010-12-07
Form:	Version 1.0	**Onset:**	2010-12-07
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-12-10
Location:	Vermont	**Days after onset:**	3
		Entered:	2010-12-16
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1110Z / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Headache, Injection site erythema, Movement disorder, Neck pain, Oedema

peripheral, Pain in extremity, Pyrexia
SMQs:, Cardiac failure (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Unable to move arm secondary pain - swelling, redness at injection site - pain travel up to neck & down fingers - low grade fever - headache.

VAERS ID:	413028 (history)	**Vaccinated:**	2010-11-17
Form:	Version 1.0	**Onset:**	2010-11-18
Age:	53.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2010-12-12
Location:	Vermont	**Days after onset:**	24
		Entered:	2010-12-17
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT3568BA / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Injected limb mobility decreased, Musculoskeletal pain
SMQs:, Rhabdomyolysis/myopathy (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Painful left shoulder following influenza vaccine increasing in intensity over time affect her ability to move arm. Followed up with her provider. Receiving physical therapy.

VAERS ID:	413097 (history)	**Vaccinated:**	2010-12-16
Form:	Version 1.0	**Onset:**	2010-12-16
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2010-12-19
Location:	Vermont	**Days after onset:**	3
		Entered:	2010-12-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B062AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Abdominal pain upper, Asthenia, Chills, Dizziness, Headache, Nausea, Pain, Pyrexia, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: hives around ankle~Measles + Mumps + Rubella (Virivac)~1~1.00~Patient
Other Medications:
Current Illness: none
Preexisting Conditions: amoxicillin, and seasonal allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: High fever as high as 102.4, dizzy, nausea, aches all over, weak, headache, stomach ache, shaking chills.

VAERS ID:	413227 (history)	**Vaccinated:**	2010-11-18
Form:	Version 1.0	**Onset:**	2010-12-10
Age:	68.0	**Days after vaccination:**	22
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2010-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U3632AA / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Borrelia test negative, Chest X-ray, Computerised tomogram, Hypoaesthesia facial, Laboratory test normal, VIIth nerve paralysis, Visual impairment
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Hearing impairment (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamins
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Labs and lyme test; CT scan; chest x-ray
CDC Split Type:
Write-up: 12/10/10 - pt. experienced difficulty with vision in (R) eye and numbness in (R) side of face. 12/11/10 - E.D. visit; diagnosed with Bell''s Palsy - Rx: Prednisone x 7 days and antiviral meds, Lyme test - neg., CT scan, bloodwork - neg.

VAERS ID:	413770 (history)	**Vaccinated:**	2010-12-30
Form:	Version 1.0	**Onset:**	2010-12-30
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2010-12-30
Location:	Vermont	**Days after onset:**	0
		Entered:	2010-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB910AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Dry mouth, Dysphagia, Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximately 10 minutes after receiving vaccine, pt. c/o difficulty swallowing & very dry mouth. Became nauseated & experienced vertigo. BP - 120/90 -$g 150/90 -$g 148/90 - 911 called & pt. transported to hospital (pulse 66-104).

VAERS ID:	413813 (history)	**Vaccinated:**	2010-12-28
Form:	Version 1.0	**Onset:**	2010-12-28
Age:	0.31	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2011-01-02
Location:	Vermont	**Days after onset:**	5
		Entered:	2011-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	- / 1	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / 1	LL / IM

Administered by: Private **Purchased by:** Private
Symptoms: Cough, Crying, Decreased appetite, Diet refusal, Haematochezia, Irritability, Pyrexia, Rectal fissure, Respiratory tract congestion
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal haemorrhage (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Ischaemic colitis (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None.
Preexisting Conditions: None.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient became unusually fussy and could not be consoled easily. Wasn"t nursing well. Fell asleep around 10pm and woke up around 1am with 101-102 fever. Treated with infant ibuprofen. Fever went down to 99-100. Fever/treatment continued for next day. That evening (12/29) noticed three areas of red blood in stool. Called PCP and was told it was likely an anal tear. Patient is breastfed so no straining to have movement, and movements had been normal. Continued fussy for next day. On 1/1 developed dry cough and some chest congestion. Eating normally, and having regular wet/soiled diapers. Was not ill prior to shots (Prevnar 13 and Hib), does not attend daycare and has not been exposed to sick people.

VAERS ID:	414164 (history)	**Vaccinated:**	2010-12-07
Form:	Version 1.0	**Onset:**	2010-12-08
Age:	44.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2011-01-05
Location:	Vermont	**Days after onset:**	28
		Entered:	2011-01-06
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	111822P1 / 1	LA / UN

Administered by: Private **Purchased by:** Private

Symptoms: Injection site erosion, Injection site erythema, Injection site pain, Injection site scar, Injection site vesicles
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ZOCOR; Indomethacin; CYMBALTA; ACTOS; Atenolol; HUMULIN N
Current Illness:
Preexisting Conditions: IDDM; Depression; LDD; HTN; Hyperlipidemia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt developed a red blister over area of injection the next day. Pt states it popped and left a gaping hole. On exam today, area of slight erosion & scarring. Mild tenderness at site of injection. No treatment.

VAERS ID:	414514 (history)	**Vaccinated:**	2011-01-03
Form:	Version 1.0	**Onset:**	2011-01-04
Age:	1.58	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-01-04
Location:	Vermont	**Days after onset:**	0
		Entered:	2011-01-11
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1104Z / 2	LA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Large red reaction surrounding injection site, swelling of upper arm.

VAERS ID:	414903 (history)	**Vaccinated:**	2010-08-19
Form:	Version 1.0	**Onset:**	2010-08-19
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-01-06
Location:	Vermont	**Days after onset:**	140
		Entered:	2011-01-13
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB17BA / 1	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Dizziness, Vision blurred
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Unknown
Preexisting Conditions: Concomitant medications and relevant medical history were unknown. It was unknown whether the subject had experienced adverse events following previous vaccinations.
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: A0878694A
Write-up: This case was reported by a healthcare professional and described the occurrence of lightheadedness in a 57-year-old female subject who was vaccinated with ENGERIX B (GlaxoSmithKline) for pre-employment physical. On 19 August 2010 at 13:30 the subject received 1st dose of ENGERIX B (standard dose, unknown route, left arm). On 19 August 2010, 1 hour after vaccination with ENGERIX B, the subject experienced lightheadedness, dizziness and intermittent blurred vision. .The physician who discharged her noted nothing unusual. On 19

August 2010, the events were resolved.

VAERS ID:	415352 (history)	**Vaccinated:**	2011-01-24
Form:	Version 1.0	**Onset:**	2011-01-25
Age:	29.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-01-25
Location:	Vermont	**Days after onset:**	0
		Entered:	2011-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Chills, Dyspnoea, Headache, Pain, Pyrexia, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I received the Flu Vaccine yesterday. In the middle of the night I woke up with a fever, chills, shortness of breath, body aches, headache, and uncontrollable shaking. This lasted for one hour. This morning I still have a fever.

VAERS ID:	415738 (history)	**Vaccinated:**	2011-01-25
Form:	Version 1.0	**Onset:**	2011-01-25
Age:	28.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-01-26
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT3656BA / UNK	RA / UN
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0466Z / UNK	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site pain, Injection site swelling, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt developed severe pain 10/10 and swelling at injection site, pt states pain started soon after injection and got much worse from day of injection. Pt given Methylprednisolone Pak and TYLENOL #3.

VAERS ID:	415728 (history)	**Vaccinated:**	2010-12-28
Form:	Version 1.0	**Onset:**	2011-01-04
Age:	29.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	2011-01-24
Location:	Vermont	**Days after onset:**	20
		Entered:	2011-01-28
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3518AA / UNK	LA / IM
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	3001879 / 2	MO / PO

Administered by: Private **Purchased by:** Private
Symptoms: Alopecia, Condition aggravated, Dengue fever, Foreign travel
SMQs:, Opportunistic infections (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MVI; Vit C; Folic acid; OCP''s
Current Illness: Recent history of dengue fever
Preexisting Conditions: NKA; healthy
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Was seen by Infectious disease for f/u of living in foreign country x 4 years. Had had dengue fever x 2 during this time. In preparation of going back to foreign country, was updated w/TDAP & oral typhoid. Approximately 1 week later began to notice substantial hair loss in shower.

VAERS ID:	417586 (history)	**Vaccinated:**	2010-12-28
Form:	Version 1.0	**Onset:**	2010-12-28
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2011-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1543Z / 1	LA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID:	417883 (history)	**Vaccinated:**	2011-02-07
Form:	Version 1.0	**Onset:**	2011-02-09
Age:	43.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2011-02-24
Location:	Vermont	**Days after onset:**	15
		Entered:	2011-03-02
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLLAA614AA / 1	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0932Z / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Body temperature increased, Chills, Diarrhoea, Erythema, Fatigue, Oedema peripheral, Tremor
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness & swelling in (R) arm within hours of shot - Temp 102, chills, tremors, fatigue, diarrhea redness and swelling from (R) axilla to mid forearm treated with KEFLEX and antihistamine.

VAERS ID:	418038 (history)	**Vaccinated:**	2011-03-04
Form:	Version 1.0	**Onset:**	2011-03-04
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-03-06
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-03-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / IJ

Administered by: Public **Purchased by:** Other
Symptoms: Discomfort, Injection site pain, Insomnia, Listless, Musculoskeletal stiffness, Nausea, Pain in extremity, Productive cough, Pyrexia, Restlessness
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Akathisia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advair 250/50, Xopenex, Yaz, Zyrtec
Current Illness: slightly congested
Preexisting Conditions: asthma, allergies (cats, dust) eczema
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain and stiffness in arm around injection site, starting a few hours after injection. Stiffness in back, legs, arms (increasing at injection site), pain in calves apx 12 hours after injection. Fever starting apx 20 hours after injection. Restlessness, insomnia (mostly from feeling so uncomfortable) general listlessness, nausea starting this morning (Sunday) productive cough (clear white mucus).

VAERS ID:	418129 (history)	**Vaccinated:**	2011-02-14
Form:	Version 1.0	**Onset:**	2011-02-23
Age:	1.02	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	2011-03-03
Location:	Vermont	**Days after onset:**	8
		Entered:	2011-03-07
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH239AB / 4	UN / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	Z2090 / 1	UN / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	914515 / 4	UN / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	Z9660 / 1	UN / SC

Administered by: Unknown **Purchased by:** Public
Symptoms: Induration, Rash macular, Skin discolouration, Skin lesion
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received HiB #4, PREVNAR #4, Varicella #1 and MMR #1 on 02/14/11 / on 02-24-11 pt. had a rash - (see attached note).

VAERS ID:	418322 (history)	**Vaccinated:**	2011-03-02
Form:	Version 1.0	**Onset:**	2011-03-04
Age:	53.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2011-03-04
Location:	Vermont	**Days after onset:**	0
		Entered:	2011-03-09
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1110Z / 1	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Chills, Injection site erythema, Injection site swelling, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Diclofenac; Simvastatin; HCTZ; ASA
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt c/o chills, body aches, swelling at injection site - erythema.

VAERS ID:	418510 (history)	**Vaccinated:**	2011-03-08
Form:	Version 1.0	**Onset:**	2011-03-09
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-03-11
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3448AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Hypoaesthesia, Musculoskeletal stiffness, Oedema peripheral, Paraesthesia, Pharyngeal oedema
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Peripheral

neuropathy (broad), Dystonia (broad), Parkinson-like events (broad), Oropharyngeal allergic conditions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Stiff neck; Myalgias
Preexisting Conditions: Anxiety; Chronic pain; Fatigue
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. called 2 days after immunization to say she had stiff neck, throat felt swollen on left side, gland felt swollen, & pt. had tingling in fingers left hand, with numbness in one finger. Pt. was advised to use pain reliever and to schedule office visit if no improvement by next day.

VAERS ID:	419564 (history)	**Vaccinated:**	2011-02-07
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2011-03-25
Sex:	Male	**Entered:**	2011-03-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B172AA / 1	RA / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1272Z / 1	RA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Condition aggravated, Death, Epilepsy, Status epilepticus, Unresponsive to stimuli, Vomiting
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? Yes
Date died: 2011-02-08
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin B; LAMICTAL; KEPPRA; TOPAMAX
Current Illness: None
Preexisting Conditions: Epilepsy; Right hemiparesis; GERD; Strabismus; Cerebral Palsy
Allergies:
Diagnostic Lab Data: Known left middle cerebral artery infarct with right hemiplegia and epilepsy.
CDC Split Type:
Write-up: DTaP/IPV and VARIVAX given at 14:30 on 2/7/11 as health care maintenance. Patient found unresponsive with vomit in bed around 6 am on 2/8/11. Pronounced deceased on arrival to the ED on 2/8/11. Presumed cause of death is status epilepticus in this patient with known and worsening epilepsy. Medical Examiner involved, and no autopsy performed.

VAERS ID:	420121 (history)	**Vaccinated:**	2011-03-28
Form:	Version 1.0	**Onset:**	2011-03-28
Age:	1.78	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-03-31
Location:	Vermont	**Days after onset:**	3
		Entered:	2011-04-01
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B118CA / 4	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB462BA / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Gaze palsy, Posture abnormal, Pyrexia, Somnolence
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Ocular motility disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Mother reports 8 hrs. following immunizations that pt. was sleepy with rolling eyes and sticking her tongue out, along with fever. The next night pt. had leg up in the air and mother had difficult time pulling it down. (Mother did give Acetaminophen the first night).

VAERS ID:	420332 (history)	**Vaccinated:**	2011-04-04
Form:	Version 1.0	**Onset:**	2011-04-04
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-04-05
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1211Z / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Oedema peripheral, Pain, Pruritus, Rash erythematous, Swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SUBUTEX; SYNTHROID; 80 MG Omep; NASONEX; MERENA IUD
Current Illness: None known.
Preexisting Conditions: Allergy - PCN, Codeine; (+) Hepatitis C; Opioid dep
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling and erythema to arm from 2" above elbow extending to upper arm, shoulder, and anterior axilla. Painful. Pt reported itching, red rash about 8 hrs. after injection. Prednisone burst x 1 wk. (20mg BID x 7 days).

VAERS ID:	420677 (history)	**Vaccinated:**	2011-04-01
Form:	Version 1.0	**Onset:**	2011-04-02
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-04-11
Location:	Vermont	**Days after onset:**	9
		Entered:	2011-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	08312 / 1	RA / SC

Administered by: Unknown **Purchased by:** Private
Symptoms: Diarrhoea, Local swelling, Mumps, Mumps antibody test negative, Nausea, Pyrexia, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Oropharyngeal infections (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: thyroid medication
Current Illness: None
Preexisting Conditions: Latex allergy. Takes thyroid medication.
Allergies:
Diagnostic Lab Data: Serologic testing after patient became ill is not available. However, serologic titer testing prior to receiving vaccination indicated that patient did not have antibodies against mumps.
CDC Split Type:
Write-up: One day after vaccine administration, pt began feeling nausea/vomiting/diarrhea. Two days after vaccine administration, patient spiked a fever, swollen neck. Went to her PCP on 4/6/11 and was diagnosed with the mumps.

VAERS ID:	420894 (history)	**Vaccinated:**	2011-03-23
Form:	Version 1.0	**Onset:**	2011-03-23
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-04-05
Location:	Vermont	**Days after onset:**	13
		Entered:	2011-04-12
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	12117 / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Mobility decreased, Muscle spasms, Muscle swelling, Myalgia, Myositis
SMQs:, Rhabdomyolysis/myopathy (broad), Dystonia (broad), Parkinson-like events (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Exercise induced asthma chronic
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O deltoid muscle sore, swollen, inflamed - unable to abduct arm for 1 week. Also had spasms in left arm once it started to move normally.

VAERS ID:	421011 (history)	**Vaccinated:**	2011-04-08
Form:	Version 1.0	**Onset:**	2011-04-10
Age:	5.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2011-04-11
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-04-14
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE	AC20B178CB /	

BIOLOGICALS	1	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	E55587 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site swelling, Lymphadenopathy
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Amoxicillin
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Swelling 10 x 8cm (L) deltoid with erythema. (L) axillary node 3 x 5 cm.

VAERS ID:	422248 (history)	**Vaccinated:**	2008-03-05
Form:	Version 1.0	**Onset:**	2011-04-05
Age:	70.0	**Days after vaccination:**	1126
Sex:	Female	**Submitted:**	2011-05-05
Location:	Vermont	**Days after onset:**	30
		Entered:	2011-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1820U / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Intensely itching rash on left buttock went to Ed on 4/9/11 and was given Rx for Valtrex (switched to Famvir)and nupercainal

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VAERS ID:	422603 (history)	**Vaccinated:**	2011-05-05
Form:	Version 1.0	**Onset:**	2011-05-05
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-05-10
Location:	Vermont	**Days after onset:**	5
		Entered:	2011-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / -

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site induration, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Topamax, Citalopram,
Current Illness: shortness of breath,
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pain, redness, extensive swelling and feels like a hard bunch right near where the Tdap shot was given on my arm and its still there

VAERS ID: 422686 (history)		**Vaccinated:**	2011-05-09
Form:	Version 1.0	**Onset:**	2011-05-10
Age:	12.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2011-05-11
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	UA3668AAN / 1	LA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: allergic rhinitis
Preexisting Conditions: amoxicillin - hives no other chronic medical problems
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness and swelling at the injection site, not warm or painful. Increased over the next 24h

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VAERS ID: 422765 (history)		**Vaccinated:**	2011-04-26
Form:	Version 1.0	**Onset:**	2011-05-02
Age:	11.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2011-05-12
Location:	Vermont	**Days after onset:**	10
		Entered:	2011-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1167Z / 1	RA / UN

MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3671AA / 1	RA / UN
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC523048AC / 1	LA / UN

Administered by: Private **Purchased by:** Other
Symptoms: Rash generalised
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 5/2/11 Phone call from mom stating "bug bite" looking rash all over body. Not ill. No fever. Probably, per mom, related to old sunscreen.

VAERS ID:	423091 (history)	**Vaccinated:**	2011-05-09
Form:	Version 1.0	**Onset:**	2011-05-12
Age:	1.03	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2011-05-13
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-05-18
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1045Z / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0996Z / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised

convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LURIDE 0.25 chew Sodium Fluoride
Current Illness: Minor cold sx"s
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received MMR and Varicella vaccine 5/9/11, developed a fever 5/12/11 102.7, had 2 seizures, one last 10 minutes the other 7 minutes. Taken to nearest ER via rescue.

VAERS ID:	424273 (history)	**Vaccinated:**	2010-05-18
Form:	Version 1.0	**Onset:**	2010-05-18
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-05-20
Location:	Vermont	**Days after onset:**	367
		Entered:	2011-05-31
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0466Z / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Erythema, Oedema peripheral, Pain in extremity
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Arm swelling, pain, redness w/edema down arm.

VAERS ID:	424358 (history)	**Vaccinated:**	2010-10-07
Form:	Version 1.0	**Onset:**	2010-10-07
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-05-31
Location:	Vermont	**Days after onset:**	236
		Entered:	2011-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLLA615AA / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Pain, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: No
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: Went to PCP
CDC Split Type:
Write-up: Received shot high on arm. Has pain in left arm and has difficulty in moving arm without pain. Has been to neurologist and had physical therapy for past 3 weeks. Slight improvement.

VAERS ID:	425374 (history)	**Vaccinated:**	2011-06-03
Form:	Version 1.0	**Onset:**	2011-06-05
Age:	18.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2011-06-06
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-06-14
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3544AA / 1	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Erythema, Injection site induration
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Erythema 7.5 x 5 cm with induration at injection site.

VAERS ID:	425586 (history)	**Vaccinated:**	2011-06-17
Form:	Version 1.0	**Onset:**	2011-06-17
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-06-17
Location:	Vermont	**Days after onset:**	0
		Entered:	2011-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB458AA / 2	RA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0337Z / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Hyperhidrosis, Nausea, Pallor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 3 min following vaccine administration pt was sitting on exam table and suddenly became pale, diaphoretic, and c/o feeling nauseous. She immed laid down and felt better within 5 min - *had not eaten or had anything to drink this am prior to appt*.

VAERS ID:	426662 (history)	**Vaccinated:**	2011-06-17
Form:	Version 1.0	**Onset:**	2011-06-27
Age:	6.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	2011-06-29
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-07-05
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0409Z / 1	UN / SC

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Lymphadenopathy, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 10 days after vaccine developed fever 0f 101-102. Swollen glands at neck - achey joints.

VAERS ID:	427805 (history)	**Vaccinated:**	2011-05-16
Form:	Version 1.0	**Onset:**	2011-05-16
Age:	0.17	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-07-20
Location:	Vermont	**Days after onset:**	65
		Entered:	2011-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LL / -
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	RL / -

Administered by: Unknown **Purchased by:** Other
Symptoms: Discomfort, Injection site erythema, Irritability, Pyrexia, Screaming, Vaccination site swelling
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient woke from her nap crankier than normal; within an hour, she was screaming inconsolably. Her legs became red and swollen at each vaccination site. She seemed to be running a slight fever, but nothing over 101F. At our pediatrician''s advice, we gave her a dose of infant Tylenol, and applied cold compresses to the vaccination sites; this eased her discomfort. We needed to repeat the Tylenol at two more doses to keep her from becoming extremely upset at those times; irritability continued for about 36 hours after the vaccination.

VAERS ID:	428021 (history)	**Vaccinated:**	1949-07-21
Form:	Version 1.0	**Onset:**	2011-07-23
Age:	0.3	**Days after vaccination:**	22647
Sex:	Male	**Submitted:**	2011-07-25
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-07-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Private **Purchased by:** Other
Symptoms: Chills, Diarrhoea, Fatigue, Pain, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vomiting, diarrhea, fever, chills, aches, exhaustion.

VAERS ID: 430097 (history)		**Vaccinated:**	2009-09-01
Form:	Version 1.0	**Onset:**	2009-10-01
Age:	80.0	**Days after vaccination:**	30
Sex:	Male	**Submitted:**	2011-07-19
Location:	Vermont	**Days after onset:**	656
		Entered:	2011-08-03
		Days after submission:	15

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ENAPRIL; ibuprofen
Current Illness: Blood pressure high
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type: WAES1006**USA**04358
Write-up: Information has been received from an 81 year old male patient with high blood pressure, who in September 2009 was vaccinated with ZOSTAVAX (Merck). Concomitant therapy included ibuprofen, ENAPRIL and "nurton". In October 2009, the patient experience shingles. The patient reported he had broken out with shingles twice. At the time of the report, the patient"s outcome was unknown. The patient sought unspecified medical attention. Unspecified labs diagnostics studies were performed. Additional information has been requested.

VAERS ID: 429085 (history)		**Vaccinated:**	2011-08-02
Form:	Version 1.0	**Onset:**	2011-08-04
Age:	58.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2011-08-08
Location:	Vermont	**Days after onset:**	4
		Entered:	2011-08-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3519AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site induration, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metformin; LEXAPRO; ATROVENT Inhaler; Simvastatin; Lorazepam; Fsh oil; Lisinopril
Current Illness: none noted
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm where pt. received Tdap on 8/2/11 is red, swollen, warm to touch with hard middle. Area of redness 7cm W x 5cm high on (L) deltoid. Pt has applied ice & has taken TYLENOL.

VAERS ID:	429090 (history)	**Vaccinated:**	2011-07-25
Form:	Version 1.0	**Onset:**	2011-07-26
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-08-08
Location:	Vermont	**Days after onset:**	13
		Entered:	2011-08-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (DECAVAC) / SANOFI PASTEUR	U3870CA / 1	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pain, Skin warm, Tenderness
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hrs after Inj. redness & pain (L) upper extremity, continue to worsen over the week. 2 sites, one inferior to inj site 6cm in diameter & tender. Distally, 10cm area warm, tender, & redder. Treated with KEFLEX 500mg Tid.

VAERS ID:	433480 (history)	**Vaccinated:**	2011-09-01
Form:	Version 1.0	**Onset:**	2011-09-05
Age:	11.0	**Days after vaccination:**	4
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2011-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3848AA / 1	LA / UN
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B060BA / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt came in with urticaria one week after shots.

VAERS ID:	434406 (history)	**Vaccinated:**	2011-09-06
Form:	Version 1.0	**Onset:**	2011-09-07
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-09-14
Location:	Vermont	**Days after onset:**	7
		Entered:	2011-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UH452AB / 1	RA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Body temperature increased, Nausea, Oropharyngeal pain, Skin warm
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lorazepam, fluticasone nasal spray.
Current Illness: non, seasonal allergies
Preexisting Conditions: Anxiety
Allergies:
Diagnostic Lab Data: none available, patient was not seen by a medical professional
CDC Split Type:
Write-up: Patient was warm, with a slightly raised body temperature, she had mild nausea and a sore throat. This lasted for 24 hours.

VAERS ID:	434641 (history)	**Vaccinated:**	2011-09-14
Form:	Version 1.0	**Onset:**	2011-09-17
Age:	24.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2011-09-18
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-09-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UH470AD / UNK	LA / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Chills, Dyspnoea, Pain, Pyrexia, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: fever, chills, aches, short of breath, syncope,

VAERS ID:	434735 (history)	**Vaccinated:**	2011-09-15
Form:	Version 1.0	**Onset:**	2011-09-17
Age:	60.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2011-09-19
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-09-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0356AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Oedema peripheral, Pruritus
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Warfarin; Verapamil ER 150mg; Ophth gtts-glaucoma; Simvastatin 40mg; Vit Dwith calcium
Current Illness: No c/o of illness
Preexisting Conditions: Sulfa
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Noticed on 9/17/11 (R) arm itchy, red, swollen. No c/o pain.

VAERS ID:	435009 (history)	**Vaccinated:**	2011-09-20
Form:	Version 1.0	**Onset:**	2011-09-20
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-09-20
Location:	Vermont	**Days after onset:**	0
		Entered:	2011-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	49281038965 / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Buttock crushing, Dizziness, Fall, Head injury
SMQs:, Anticholinergic syndrome (broad), Accidents and injuries (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Forteo, Ambien
Current Illness: no
Preexisting Conditions: osteoporosis, irregular heartbeat
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After check-out I was looking over the sales slip and re-arranging items in cart. I took

one step backwards and tripped over the "barrier" cone in front of the customer service desk. I fell over backwards, landing on right buttocks and head. It''s possible that I fell as result of dizziness from the vaccine shot, but more likely that I was simply not watching my step. I''m in good physical shape and in fact just before the vaccine I participated in an aerobics class. Alerted doctor''s office and advised to use ice on buttock injury.

VAERS ID:	435338 (history)	**Vaccinated:**	2011-09-14
Form:	Version 1.0	**Onset:**	2011-09-15
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-09-22
Location:	Vermont	**Days after onset:**	7
		Entered:	2011-09-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH454AA / 1	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None (radiation about 5 yrs. ago)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Half moon rash (bumps) at injection site moving up arm to shoulder.

VAERS ID:	435731 (history)	**Vaccinated:**	2011-09-13
Form:	Version 1.0	**Onset:**	2011-09-14
Age:	26.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-09-17
Location:	Vermont	**Days after onset:**	3
		Entered:	2011-09-26
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0458AA / 2	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Cellulitis, Erythema, Local reaction, Skin lesion, Tenderness
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Fluticasone/salmeterol - ADVAIR
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: #2 Varicella injection given 9/13/11 in left upper arm. Pt received #1/2 on 8/15/11 w/o reaction. Presented with 10cm erythematous single welt like lesion positive tender. Local reaction vs cellulitis.

VAERS ID:	435793 (history)	**Vaccinated:**	2011-09-11
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	36.0	**Submitted:**	2011-09-27
Sex:	Female	**Entered:**	2011-09-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH475AB / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Bursitis, Drug administered at inappropriate site
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: None given
Allergies:
Diagnostic Lab Data: Unknown at this time
CDC Split Type:
Write-up: Patient says injection administered too high and she believes the bursa. She now has bursitis that won''t resolve. Patient states may need cortisone injection to resolve.

VAERS ID:	436166 (history)	**Vaccinated:**	2011-09-23
Form:	Version 1.0	**Onset:**	2011-09-24
Age:	76.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-09-29
Location:	Vermont	**Days after onset:**	5
		Entered:	2011-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UH436AA / UNK	AR / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Cellulitis, Dermatitis allergic, Erythema, Malaise, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: High blood pressure (controlled).
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient complained the following day she got the shot saying her arm is itching and red. I counseled her to apply BENADRYL/ZnO cream but she didn''t feel well the 2nd day. Visited her PCP who diagnosed her with cellulitis and allergic skin reaction followed vaccine. Treated with CIPRO 500 mg tab for 1 week and fluconazole 150 for 1 day.

VAERS ID: 436505 (history)		**Vaccinated:**	2011-09-27
Form:	Version 1.0	**Onset:**	2011-09-29
Age:	62.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2011-10-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0751AA / UNK	LA / SC

Administered by: Other **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red, swollen and warm area approximately 4" in diameter around the site of injection.

VAERS ID: 436670 (history)		**Vaccinated:**	2011-09-15
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	70.0	**Submitted:**	2011-10-03
Sex:	Female	**Entered:**	2011-10-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH475AB / 1	UN / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Mobility decreased, Pain in extremity
SMQs:, Parkinson-like events (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt complaining of left arm pain, & can''t lift the arm up.

VAERS ID:	436717 (history)	**Vaccinated:**	2011-10-03
Form:	Version 1.0	**Onset:**	2011-10-03
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2011-10-04
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH476AC / 6	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Arthralgia, Body temperature
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt c/o temp and joint aches after Influenza vaccine - Mom request report be made.

VAERS ID:	436720 (history)	**Vaccinated:**	2011-09-10
Form:	Version 1.0	**Onset:**	2011-09-10
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-10-04
Location:	Vermont	**Days after onset:**	24
		Entered:	2011-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH475AB / 1	LA / -

Administered by: Public **Purchased by:** Other
Symptoms: Hypokinesia, Pain, Pain in extremity, Periarthritis
SMQs:, Parkinson-like events (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: asacol, fluoxetine, simvastatin, fish oil, multivitamin, calcium,
Current Illness: None
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: Have seen an orthopedic PA for review. Recommended PT perhaps cortisone later.
CDC Split Type:
Write-up: Pain in movement of arm, frozen shoulder, difficulty moving arm and lifting items. Pain continues after 4+ weeks with no improvement.

VAERS ID:	437347 (history)	**Vaccinated:**	2011-10-04
Form:	Version 1.0	**Onset:**	2011-10-06
Age:	62.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2011-10-08
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-10-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT445AA / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1011AA / 1	RA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Chills, Injection site erythema, Injection site pain, Injection site swelling, Injection site

warmth, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Xanax, asa, Vantin, diltiazem, dofetilide, Pepcid, Lortab, multivitamin, omega-3 fatty acid, Lexapro, Lamictal
Current Illness: No
Preexisting Conditions: Heart Arrythmias; Seizure d/o; Depression
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, warmth, tenderness, erythema spreading from site over the next several days, fevers and rigors.

VAERS ID:	437594 (history)	**Vaccinated:**	2011-09-23
Form:	Version 1.0	**Onset:**	2011-09-24
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-10-10
Location:	Vermont	**Days after onset:**	16
		Entered:	2011-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B171FA / 1	LA / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1427Z / 1	LA / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0116AA / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Contusion, Injection site haematoma, Injection site warmth
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: See attached. I saw her 10/10/11 when her sister was in. Still has a 6cm x 4cm bruise. It doesn''t hurt, but it is hard to tell which vaccine. Looks like MMR. I spoke with mom and she said it was her left arm. Unaware which vaccine it was. She couldn''t tell me if it was deltoid or back of her arm. But she says its about the size of patient''s hand, and hot to the touch. A little bruising. I told her ice and MOTRIN, she said she only had TYLENOL and I said that was fine but it may not work as well. She could have 2 tsp of childrens. I told her to draw a circle around it and to call back in the am and tell us how much bigger it spreads. If it gets too large and she is worried I said nurse is on call and she will talk to her. If it gets too big we need to see her and do a VAERS report. She is still able to move her arm fine, she just doesn''t like people touching it.

VAERS ID:	438007 (history)	**Vaccinated:**	2011-10-04
Form:	Version 1.0	**Onset:**	2011-10-07
Age:	74.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2011-10-13
Location:	Vermont	**Days after onset:**	6
		Entered:	2011-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA616AA / 4	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Asthenia, Dysphagia, Fatigue, Headache, Lymphadenopathy, Tenderness
SMQs:, Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BCP
Current Illness: None
Preexisting Conditions: Allergic to "deer meat"
Allergies:
Diagnostic Lab Data: Temp 97.7 10/13/11
CDC Split Type:
Write-up: Felt tired & weak for a few days headache, tender throat, discomfort swallowing (L) side of neck has swollen lymph node.

VAERS ID:	438214 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	71.0	**Submitted:**	2011-10-13
Sex:	Female	**Entered:**	2011-10-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	N56506A / UNK	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Headache, Injection site erythema, Injection site rash, Injection site swelling, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NKA
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2 days after vaccine administered - came into pharmacy with rash red swollen at site of injection - and complained of headache, fever and aches since shot given.

VAERS ID:	438206 (history)	**Vaccinated:**	2011-09-30
Form:	Version 1.0	**Onset:**	2011-10-13
Age:	1.01	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	2011-10-14
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -
MMR: MEASLES + MUMPS + RUBELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Private
Symptoms: Eye swelling, Eyelid oedema, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Periorbital and eyelid disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No.
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: She has been the doctor twice and still has rash.
CDC Split Type:
Write-up: Slight rash that turned into fever. As days went by rash got worse. All over back, stomach, face and was spreading to limbs. Puffy and swollen eyes.

VAERS ID:	438256 (history)	**Vaccinated:**	2011-10-12
Form:	Version 1.0	**Onset:**	2011-10-12
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-10-14
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Other **Purchased by:** Private
Symptoms: Activities of daily living impaired, Chills, Pyrexia, Tremor, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Had uncontrollable violent shaking for about an hour, then fever and chills all night and the next day with vomiting. Missed 2 days of work.

VAERS ID:	439045 (history)	**Vaccinated:**	2011-10-17
Form:	Version 1.0	**Onset:**	2011-10-17
Age:	49.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2011-10-19
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT491AA / 2	LA / IJ

Administered by: Other **Purchased by:** Public
Symptoms: Burning sensation, Chills, Disorientation, Dizziness, Headache, Heart rate increased, Influenza like illness, Nasal congestion, Pain, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: I became achy and feverish flu like sysmptoms. Apporx 9:30pm at my residents Ibegan to experince chills, Fever, soreness and dizziness. Approx. 11:30pm I was experincing an extremely high temp. (106*)severe chills, dizziness, disorientation, rapid heart beat and vomiting. Throughout time line I was drinking water and taking 800ml of Ibuprofen. Approx 1:30am on 10/18/11 my Fever and symptoms started to reside. Temp dropped (104*) chills started to subside and Vomiting stopped. Approx 3:00am body temp was down (101*) chills almost gone and hot burning sensation disappeared too. Approx. 5:45am awoke after a couple of hours of sound sleep. Except for light headedness and feeling of being tired all sysmptoms had gone. Approx 7:00am on 10/18/11 I had only a bad headache and nasal stuffiness type feeling left. Approx 9:00am I called my Doctor reported reaction event and was advised to continue Tylenol or Ibuprofen. Approx 5:30pm on 10/18/11 all symptoms gone. Felt fine.

VAERS ID:	439437 (history)	**Vaccinated:**	2011-10-19
Form:	Version 1.0	**Onset:**	2011-10-19
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-10-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / IJ

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Injection site pain, Insomnia, Joint range of motion decreased, Myalgia, Oedema peripheral, Pain of skin, Skin induration, Skin warm
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Head cold~Influenza (Seasonal) (no brand name)~0~66.00~Patient
Other Medications: SYNTHROID; Multivitamin with extra D; Gabapentin; VICODIN; Metformin; Glipizide; ZOCOR; Acetaminophen and IMODIUM as needed
Current Illness: No
Preexisting Conditions: Nerve damage on leg; diabetes II; hypothyroidism; penicillin; tetracycline; quinomycin; codeine; BEXTRA; AVANDIA; Quinolones drugs: CIPRO, LEVAQUIN, floxacin, moxifloxacin; NSAIDS (CELEBREX); topical products: latex, laundry (Tide); Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm swelling to 2.5 times into collar bone. Hot to touch, redness, skin hard as rock, skin painful in certain spots especially at injection site. Pain in muscles across chest to bridge of shoulder. Called doctor this morning told to ice area and take acetaminophen as needed however already takes this medication 6 times a day for leg pain. Swelling has gone down a bit in some areas, worse at upper part of arm. Bicep as large as a body builder. Barely can sleep, can''t move shoulder much, can''t lie on it either, not even sleep on back since shoulder falls back. Last pneumonia vaccine received 10 years ago.

VAERS ID:	439514 (history)	**Vaccinated:**	2011-09-16
Form:	Version 1.0	**Onset:**	2011-09-16
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-10-21
Location:	Vermont	**Days after onset:**	35
		Entered:	2011-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	111 / UNK	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Blood test, Bronchoscopy, Platelet count decreased, Pulmonary haemorrhage, Thrombocytopenia, White blood cell count decreased
SMQs:, Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations: bleeding~Influenza (Seasonal) (Fluzone High-Dose)~1~67.00~Patient
Other Medications: Metoprolol 25 mcg Timolol eye drops
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: Bronchoscopy, blood drawings
CDC Split Type:
Write-up: I got my Flu shot around 3 in the afternoon on Sept 16th, and was in our local ER bleeding from my lung that night. Doc"s at hospital (was shipped via ambulance from our local hospital) came in next day telling me my WHITE BLOOD CELL COUNT WAS LOW AND CONCERNED THEM (I highlighted in Red the first "reaction" shown in the box below)...So for a short "window of time" after the Flu shot (approx. 24 hours all told), these things happened. Thrombocytopenia (abnormally low platelet count, which can result in abnormal bleeding) My note: this is what happened to me after getting Flu shot earlier in the day...I had a LOW white cell count that concerned Docs the following day! And was bleeding from my left lung! One of the Serious adverse events in your package insert. I definitely will never get another Flu shot of any kind for any reason. I was NOT informed that the shot I was getting was 4 times the amount of flu bug as the regular shots...I feel like a guinea pig being used for experimentation without my knowledge or consent! Apparently the injection set my white cells on the attack due to your products invasion, and I could not produce them fast enough, resulting in the LOW cell count, resulting in the bleeding...

VAERS ID:	439536 (history)	**Vaccinated:**	2011-10-20
Form:	Version 1.0	**Onset:**	2011-10-21
Age:	1.35	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-10-23
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LL / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Child vomited. Fever 101 to 103 degrees lasting 24 hours. Children''s Tylenol 1.5 ML every 4 hours to control fever.

VAERS ID:	439711 (history)	**Vaccinated:**	2011-10-05
Form:	Version 1.0	**Onset:**	2011-10-05
Age:	20.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2011-10-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH475AB / UNK	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Headache, Pallor, Vertigo
SMQs:, Vestibular disorders (narrow), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Pale; vertigo; headache
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vertigo, pale, headache.

VAERS ID:	440085 (history)	**Vaccinated:**	2011-09-20
Form:	Version 1.0	**Onset:**	2011-09-20
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2011-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH454AA / 1	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0614AA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Back pain, Chest pain, Musculoskeletal pain, Myalgia, Neck pain
SMQs:, Rhabdomyolysis/myopathy (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme muscle soreness on Right arm w/in min of rec. Pain spread to shoulder, neck, chest, back by mid-afternoon. Resolved after 9 days.

VAERS ID:	440387 (history)	**Vaccinated:**	2011-10-21
Form:	Version 1.0	**Onset:**	2011-10-22
Age:	85.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2011-10-27
Location:	Vermont	**Days after onset:**	5
		Entered:	2011-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UH459AB / UNK	AR / IM

Administered by: Other **Purchased by:** Other

Symptoms: Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BETIMOL 0.5% eye; TRAVATAN Z 0.004% eye
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hives on legs & arms that is "really itchy".

VAERS ID:	440742 (history)	**Vaccinated:**	2011-09-30
Form:	Version 1.0	**Onset:**	2011-10-13
Age:	1.0	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	2011-10-21
Location:	Vermont	**Days after onset:**	8
		Entered:	2011-10-31
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB481AB / 1	UN / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0048AA / 1	UN / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0687Z / 1	UN / UN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site discolouration, Injection site erythema, Injection site urticaria, Nasopharyngitis, Rash
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: POLY-VI-SOL 1ml daily
Current Illness: None
Preexisting Conditions: Prematurity
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Rash on trunk area - not pustular - rash began 1 wk after vaccine. 1 wk prior to rash -$g cold sxs. Area with pale purplish red urticaria on (R) thigh (injection site) approx 3 cm diameter.

VAERS ID:	440798 (history)	**Vaccinated:**	2011-10-28
Form:	Version 1.0	**Onset:**	2011-10-28
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-10-31
Location:	Vermont	**Days after onset:**	3
		Entered:	2011-10-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA652AA / 2	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3837AA / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3900AA / UNK	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Respiratory arrest
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Respiratory failure (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: PCN; asthma

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Resp. arrest after exposure to "fog machine" at school dance, then cold air - occurred within 6 hours after immunization. H/O bad asthma.

VAERS ID:	441341 (history)	**Vaccinated:**	2011-10-30
Form:	Version 1.0	**Onset:**	2011-11-01
Age:	58.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2011-11-02
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-11-03
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0751AA / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CYMBALTA
Current Illness: No
Preexisting Conditions: Seasonal
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient has redness, itching at site of injection, saucer size, still evident on 11/2/11.

VAERS ID:	441626 (history)	**Vaccinated:**	2011-11-02
Form:	Version 1.0	**Onset:**	2011-11-02
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-11-03
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-11-07
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLLA678AA / 1	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0811AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oxycodone; BONIVA; Baclofen; ENBREL; LYRICA; LUNESTA
Current Illness: Back pain
Preexisting Conditions: Osteoporosis; Psoriasis; Esophageal reflux; Allergy to PCN
Allergies:
Diagnostic Lab Data: No temperature increase
CDC Split Type:
Write-up: Left deltoid reddened, tender and slightly swollen Pt. reports worsened overnight. Erythema to upper left arm that extends to inner aspect arm halfway toward elbow. Advised to elevate and take ibuprofen for pain.

VAERS ID:	441864 (history)	**Vaccinated:**	2011-10-20
Form:	Version 1.0	**Onset:**	2011-10-20
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-10-31
Location:	Vermont	**Days after onset:**	11
		Entered:	2011-11-09
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0751AA / 1	UN / SC

Administered by: Other **Purchased by:** Unknown
Symptoms: Injection site pruritus, Injection site urticaria, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine; calcium; paroxetine; vitamin D; vitamin B12; HCTZ; NEXIUM; CHERATUSSIN AC
Current Illness: Mild cough
Preexisting Conditions: Depression; cough; hypothyroid; hypertension; GERD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed itching and hives initially only at injection site which resolved but several days later, itching and hives appeared over various parts of body.

VAERS ID:	442671 (history)	**Vaccinated:**	2011-11-09
Form:	Version 1.0	**Onset:**	2011-11-10
Age:	42.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-11-16
Location:	Vermont	**Days after onset:**	6
		Entered:	2011-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA636BA / 1	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Chills, Contusion, Pain, Pain in extremity, Palpitations, Pyrexia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Sore arm Low Grade Fever~Influenza (Seasonal) (no brand name)~~41.00~Patient
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 24 hours after the vaccine was administered, patient developed a low grade fever and sore arm. She took Advil. At 3:30 pm she spiked a fever and had chills. 6:30 pm her heart was racing, temp 103.5. She called her MD on call. He recommended Benadryl (patient did not have any) and cold compresses. 8:30 pm Temp 102. 11-11-11 2 Am Had chills and temp 102. Took Tylenol. Woke in am with achiness and continued painful right arm. Temp now gone but arm painful with resistence. She said the arm does not have redness or swelling but there is a bruise. She said it does not appear infected. I recommended she follow up with her provider if the arm does not improve and could try warm compresses or ice (which ever felt better to her to help decrease the pain. On a scale of 1-10, at it''s worst the pain was a 7 and now is a 2.

VAERS ID:	442770 (history)	**Vaccinated:**	2011-10-11
Form:	Version 1.0	**Onset:**	2011-10-12
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-11-08
Location:	Vermont	**Days after onset:**	27
		Entered:	2011-11-16
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0751AA / UNK	UN / SC

Administered by: Other **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Omeprazole 20 mg; Citalopram 20; Rapinirole 0.5 mg
Current Illness: No
Preexisting Conditions: NKA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported an egg size & shape red area at site of injection that itched for several days after injection.

VAERS ID:	442808 (history)	**Vaccinated:**	2011-10-20
Form:	Version 1.0	**Onset:**	2011-11-14
Age:	68.0	**Days after vaccination:**	25
Sex:	Male	**Submitted:**	2011-11-16
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1100901 / 2	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: Ataxia, CSF test abnormal, Computerised tomogram abnormal, Hypoaesthesia, Miller Fisher syndrome, Nerve conduction studies abnormal, Paraesthesia, VIIth nerve paralysis
SMQs:, Peripheral neuropathy (narrow), Anticholinergic syndrome (broad), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad), Ocular motility disorders (narrow), Immune-mediated/autoimmune disorders (broad), Sexual dysfunction (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Amiloride-HCTZ, Atenolol, Simvastatin, Enalapril, Ibuprofen, Potassium, Centrum Silver
Current Illness: None
Preexisting Conditions: Diabetes, Hypertension, Hyperlipidemia, elevated PSA
Allergies:
Diagnostic Lab Data: NCS, CSF, CT all consistent with Miller-Fisher Variant of Guillain Barre.
CDC Split Type:
Write-up: Started 11/14 with numbness and Tingling in toes and fingers. Progressed to waist and then on Saturday, Nov 12, developed a Bell''s Palsy and ataxia.

VAERS ID:	443658 (history)	**Vaccinated:**	2011-11-08
Form:	Version 1.0	**Onset:**	2011-11-14
Age:	50.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2011-11-16
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-11-22
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	N57117 / UNK	UN / IM

Administered by: Other **Purchased by:** Public
Symptoms: Chills, Diarrhoea, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Gabapentin; Paroxetine; Lisinopril; bupropion; DEXILANT; Hydroxyzine; Nitrostat; Metoprolol
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 6 days after vaccine patient developed fever, chills, vomiting & diarrhea.

VAERS ID:	443733 (history)	**Vaccinated:**	2011-11-15
Form:	Version 1.0	**Onset:**	2011-11-15
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-11-16
Location:	Vermont	**Days after onset:**	1
		Entered:	2011-11-22
		Days after submission:	6

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT4197B / 7+	LA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0692AA / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4008AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Chest discomfort, Dyspnoea, Rash erythematous, Rash pruritic, Sensory loss
SMQs:, Anaphylactic reaction (narrow), Peripheral neuropathy (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FLOVENT; PRO-AIR; SINGULAIR
Current Illness: Physical
Preexisting Conditions: Asthma; Seasonal allergies
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Had below imms on 11/15/11. That eve - red, itchy rash bil hands. Then chest tight. Took to ER - given BENADRYL. They thought possibly viral. Slept well. Next AM SOB, chest tight, no feeling (R) hand. Rash continues. On BENADRYL and her albuterol (has asthma). Site of injection WNL, no erythema, no edema.

VAERS ID:	443877 (history)	**Vaccinated:**	2011-11-18
Form:	Version 1.0	**Onset:**	2011-11-19
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2011-11-23
Location:	Vermont	**Days after onset:**	4
		Entered:	2011-11-28
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT414CA / 4	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Arthralgia, Erythema nodosum, Myalgia

SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Erythema nodosum, myalgia, arthralgias started 48 hours after immunization.

VAERS ID:	443916 (history)	**Vaccinated:**	2011-11-24
Form:	Version 1.0	**Onset:**	2011-11-24
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-11-24
Location:	Vermont	**Days after onset:**	0
		Entered:	2011-11-28
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH462AC / 1	AR / IM

Administered by: Other **Purchased by:** Other
Symptoms: Dizziness, Seizure like phenomena, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: None
Current Illness: end stage cold symptoms
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheadedness, with seizure like symptoms, then fainting, lasted approx 10 sec 911 called; I laid her down on floor with feet raised, the 911 techs took over, ambulance & tech took her from store.

VAERS ID:	443958 (history)	**Vaccinated:**	2011-10-27
Form:	Version 1.0	**Onset:**	2011-10-27
Age:	76.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2011-11-17
Location:	Vermont	**Days after onset:**	21
		Entered:	2011-11-30
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B070BA / UNK	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Abdominal discomfort, Activities of daily living impaired, Chills, Diarrhoea, Dyspepsia, Fatigue, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Pseudomembranous colitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Allergy: Statin (intolerance); Medical conditions: HTN; Hyperlipidemia; DM; BPH; Peripheral neuropathy
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: I am requesting that your office file this Vaccine Adverse Event Report. Here is my experience regarding Tdap vaccine. Prior tetanus shots (alone and with other vaccines) in the military and locally provided no adverse reactions. 10/27 9:30am. Vaccine administered. 12 noon Had lunch. 2pm Felt tightness in upper digestive tract. 5pm Could not eat supper. Upper tract still blocking digestion. 6pm Went to bed. Slept the night with poor digestion. Had chills and then fever. Did not take temperature. 10/28 Stayed in bed all day and night. Had continuing diarrhea and headache. Very tired not wanting to accomplish anything. No pains or redness at site of vaccination. 10/29 Continuing diarrhea. No headache. Tired, not wanting to accomplish anything. 10/30 Better, still some stomach discomfort. I have checked all symptoms experienced on the yellow sheet attached. This was supposed to be just a tetanus booster. I accepted that Tdap was appropriate. My concern is that this process was just part of a trial for the combined vaccine. Why would it be administered to a 76 year old? Your feedback will be appreciated and that the report was filed. 10/31/11 Call placed to pt, pt feeling better. He would like his symptoms reported.

VAERS ID:	444699 (history)	**Vaccinated:**	2011-05-12
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	38.0	**Submitted:**	2011-11-04
Sex:	Female	**Entered:**	2011-12-06
Location:	Vermont	**Days after submission:**	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPAB: HEP A + HEP B (TWINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHABB208AA / 2	LA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3490AA / UNK	UN / UN

Administered by: Private **Purchased by:** Public
Symptoms: Maternal exposure during pregnancy, Pelvic pain
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tuberculin PPD

Current Illness: Unknown
Preexisting Conditions: The subject has no known relevant medical history and no known history of adverse events following previous vaccinations.
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: A0930139A
Write-up: This prospective pregnancy case was reported by a healthcare professional and described the occurrence of vaccine exposure during pregnancy in a 38-year-old female subject who was vaccinated with TWINRIX adult (GlaxoSmithKline) while pregnant. Concurrent vaccination included ADACEL (Sanofi Pasteur) and PPD given 12 May 2011. On 12 May 2011 at 09:30 and 12 April 2011 at 14:00 the subject received 2nd dose and 1st dose of TWINRIX adult (1 ml, unknown, left deltoid). The subject experienced vaccine exposure during pregnancy. It was reported that the subject visited the emergency room presenting with pelvic pain, but was not admitted to the hospital. At that time, it was determined that the subject was 6 weeks pregnant. Her date of last menstrual period and estimated date of delivery were not known. The pregnancy was ongoing at the time of reporting.

VAERS ID:	444950 (history)	**Vaccinated:**	2011-12-02
Form:	Version 1.0	**Onset:**	2011-12-03
Age:	7.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2011-12-08
Location:	Vermont	**Days after onset:**	5
		Entered:	2011-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH476AD / UNK	LA / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Autopsy, Culture negative, Death, Dyspnoea, Influenza like illness, Lethargy, Microscopy, Pain, Pyrexia, Resuscitation, Unresponsive to stimuli
SMQs:, Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2011-12-06
Days after onset: 3
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: None
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: Gross Autopsy negative. Preliminary cultures negative Pending Microscopic examination
CDC Split Type:
Write-up: Went for well child check 12/2 no issues flu vaccination given. Next day developed flu like illness with fever 102.3, body aches lethargy, treated with Tylenol and Motrin, symptoms waxed and waned got significantly worse Tuesday 12/6/11 with dyspnea. Patient went unresponsive on way to pediatrician emergent resuscitation and died 12/6/11.

VAERS ID:	445335 (history)	**Vaccinated:**	2011-11-16
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	26.0	**Submitted:**	2011-12-07
Sex:	Female	**Entered:**	2011-12-13
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B066AA / UNK	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: No adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PPD
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: TDAP administered subcutaneously on 11-16-2011. Site evaluated 11-19-2011 in follow-up and no problems noted. Pt contacted 12-2-2011 in follow-up, she reports no long-term

effects.

VAERS ID:	445387 (history)	**Vaccinated:**	2011-12-01
Form:	Version 1.0	**Onset:**	2011-12-03
Age:	11.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2011-12-14
Location:	Vermont	**Days after onset:**	11
		Entered:	2011-12-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	E008344 / 1	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Chest X-ray abnormal, Cough, Dizziness, Fatigue, Lobar pneumonia, Pneumonitis, Productive cough, Pyrexia
SMQs:, Anaphylactic reaction (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (narrow), Vestibular disorders (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Lactose Intolerant
Allergies:
Diagnostic Lab Data: Dec. 9-Chest X-ray
CDC Split Type:
Write-up: Dec 3 & 4-felt tired, slight cough, dizzy. Dec. 5-fever 103 F, productive cough. Dec. 6-MD diagnosed pneumonitis Dec. 9-chest x-ray RLL pneumonia

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VAERS ID:	445440 (history)	**Vaccinated:**	2011-11-17
Form:	Version 1.0	**Onset:**	2011-12-08
Age:	52.0	**Days after vaccination:**	21
Sex:	Male	**Submitted:**	2011-12-14
Location:	Vermont	**Days after onset:**	6
		Entered:	2011-12-14

Vaccination / Manufacturer	Lot / Dose	Site /

		Route
HEPAB: HEP A + HEP B (TWINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHABB208AA / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Acute hepatic failure, Alanine aminotransferase increased, Analgesic drug level therapeutic, Aspartate aminotransferase increased, Computerised tomogram abnormal, Hepatic steatosis, Hepatitis C antibody positive, International normalised ratio increased, Terminal state, White blood cell count increased
SMQs:, Liver related investigations, signs and symptoms (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Liver-related coagulation and bleeding disturbances (narrow), Liver infections (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? Yes
Birth Defect? No
Died? Yes
Date died: 2011-12-16
Days after onset: 8
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 8 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: none that we are aware of
Preexisting Conditions: medical history unremarkable aside from psychiatric disorder
Allergies:
Diagnostic Lab Data: As of 12/14 death is imminent. Hep C IgM positive. On admission: WBC 10,200, INR 10.1, SGOT 7209, SGPT 11359, acetaminophen <10, CT shows diffuse fatty infiltrates.
CDC Split Type:
Write-up: Acute hepatic failure, question etiology, r/o relationship to recent Hepatitis A and Hepatits B vaccinations.

VAERS ID:	445675 (history)	**Vaccinated:**	2011-12-02
Form:	Version 1.0	**Onset:**	2011-12-10
Age:	1.6	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	2011-12-12
Location:	Vermont	**Days after onset:**	2
		Entered:	2011-12-16
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B136BB / 4	LL / UN

VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0827AA / 1	LL / UN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site induration, Injection site pain, Injection site warmth, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left thigh, red, hard, hot area - increased in size past 24 hours, painful, fever. Started on ABX TMP/SMZ.

VAERS ID:	446077 (history)	**Vaccinated:**	2011-12-15
Form:	Version 1.0	**Onset:**	2011-12-15
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2011-12-20
Location:	Vermont	**Days after onset:**	5
		Entered:	2011-12-22
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1100701 / 1	LA / UN
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1138AA / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site reaction, Injection site swelling, Rash macular
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red blotchy area on upper arm where injection was given with slight swelling.

VAERS ID:	446529 (history)	**Vaccinated:**	2011-12-23
Form:	Version 1.0	**Onset:**	2011-12-24
Age:	68.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2011-12-30
Location:	Vermont	**Days after onset:**	6
		Entered:	2011-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0751AA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Back pain, Pain in extremity, Radicular pain
SMQs:, Retroperitoneal fibrosis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left lumbar left leg radicular pain.

VAERS ID:	447037 (history)	**Vaccinated:**	2011-10-24
Form:	Version 1.0	**Onset:**	2011-10-24
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-01-02
Location:	Vermont	**Days after onset:**	70
		Entered:	2012-01-09
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	501105P / 2	NS / IN
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0692AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Adverse reaction, Hypoaesthesia, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Paresthesias - numbness, tingling involving both upper and lower extremities - Sx come and go but started on day of vaccine. Then more sx 2 wks later then again 2 wks later. Episodes last upwards of 1 hr - no known HA at time of attacks.

VAERS ID:	447082 (history)	**Vaccinated:**	2012-01-04
Form:	Version 1.0	**Onset:**	2012-01-06
Age:	1.13	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2012-01-09
Location:	Vermont	**Days after onset:**	3
		Entered:	2012-01-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT4159CA / 1	UN / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0853AA / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0605AA / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Recent amox for AOM - completed 12/24
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 3 immunizations given 1/4/11. On 1/6 developed diffuse urticarial appearing rash without symptoms. No target lesions or purpura. No joint swelling. Minimal response to 1.2 mg/kg dose of BENADRYL given multiple times. Resolved nearly completely by 1/9/11.

VAERS ID:	447284 (history)	**Vaccinated:**	2012-01-03
Form:	Version 1.0	**Onset:**	2012-01-04
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-01-12
Location:	Vermont	**Days after onset:**	8
		Entered:	2012-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route

TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B078AA / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Breast pain, Breast swelling, Fatigue, Flank pain, Headache, Local swelling, Malaise, Nausea, Neck pain, Oedema peripheral, Pain in extremity, Pyrexia, Vomiting
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Lipodystrophy (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Same reaction as to Tdap~Influenza (Seasonal) (no brand name)~1~55.67~Patient
Other Medications: Augmentin
Current Illness: Pt did have a recent dog bite and was taking Augmentin.
Preexisting Conditions: Celiac Disease
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 12 hours of receiving vaccine pt was feeling ill: nausea, vomiting, severe headache. On 01/07/12 pt developed pain and swelling on underside of right arm, on right side of body, right breast and into the neck. Pt states she felt extremely fatigued and feverish. Today, 1/12/12 swelling is resolving as well as nausea and headache but still experiencing fatigue.

VAERS ID:	447490 (history)	**Vaccinated:**	2011-10-17
Form:	Version 1.0	**Onset:**	2011-10-31
Age:	43.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	2012-01-17
Location:	Vermont	**Days after onset:**	78
		Entered:	2012-01-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	C3539AAND / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abasia, CSF protein increased, Guillain-Barre syndrome, Hypoaesthesia, Immunoglobulin therapy, Intensive care, Lumbar puncture abnormal, Pain in extremity, Paraesthesia
SMQs:, Peripheral neuropathy (narrow), Anticholinergic syndrome (broad), Dystonia (broad), Guillain-Barre syndrome (narrow), Demyelination (narrow), Tendinopathies and ligament disorders

(broad), Immune-mediated/autoimmune disorders (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 8 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Spinal tap showing high protein level.
CDC Split Type:
Write-up: Guillain-Barre Syndrome, pain, numbness, tingling in feet and legs, inability to walk, numbness in fingers. Hospitalized in ICU and rehab, treated with IVIG, pain medication, muscle relaxants.

VAERS ID:	447795 (history)	**Vaccinated:**	2012-01-03
Form:	Version 1.0	**Onset:**	2012-01-04
Age:	75.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-01-06
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-01-23
		Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1266AA / 1	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Rash generalised, Rash pruritic, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itchy rash over body diagnosed as allergic urticaria.

VAERS ID:	447886 (history)	**Vaccinated:**	2011-12-12
Form:	Version 1.0	**Onset:**	2011-12-12
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-01-24
Location:	Vermont	**Days after onset:**	43
		Entered:	2012-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B171CA / 1	RL / IM
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA614BA / 5	LL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Chills, Pain in extremity, Pyrexia, Tremor, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Began with a fever at 4pm-ish. Woke up at 12:00 AM shaking with chills and fever of 101. Vomited once. Leg hurt. Fever spiked to 103.4 at 12:15AM. 12:30AM fever at 104.0. Motrin given at 12:30 so we waited to see if it came down. Fever at 103 at 1:00AM. Fever at 101.3 at 1:30 AM. Put him to bed. He maintained a low grade 100 degree fever which lowered slowly over the next few days. Visited the doctor to check him out with fever on 12/14 or 12/15/2011. They

said to watch him and come back if fever worsened. His fever went away the next day and we have had no further issues.

VAERS ID:	448230 (history)	**Vaccinated:**	2012-01-24
Form:	Version 1.0	**Onset:**	2012-01-25
Age:	49.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-01-27
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4023AA / 1	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pain, Injection site warmth, Nausea, Pruritus, Pyrexia
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1/24/12 - vaccination given. 1/25/12 - warmness, pain of (L) deltoid, fever in the evening. 1/26/12 - itching, nausea, increased redness, increased pain of (L) deltoid. 1/27/12 - same as above.

VAERS ID: 448802 (history)		**Vaccinated:**	2012-02-01
Form:	Version 1.0	**Onset:**	2012-02-01
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-02-03
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1270AA / 1	LA / SC

Administered by: Other **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: no
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: Patient was diagnosed with possible cellulitis or exorbitant immune reaction to vaccine. Patient was started on 500mg of Keflex qid for 7 days.
CDC Split Type:
Write-up: Patient reported, erythema, prurtitis, swelling, and warmth around injection site with a 3in radius.

VAERS ID: 449147 (history)		**Vaccinated:**	2012-02-02
Form:	Version 1.0	**Onset:**	2012-02-02
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-02-03
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-02-08
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB481BB / 1	LA / IM

Administered by: Private **Purchased by:** Public

Symptoms: Hypoaesthesia, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: About 30 min after vaccine given pt developed some tingling and numbness in hand on same side. Pt examined and does have sensation to hand but decreased ability to tell one vs two point contact. Symptoms consistent with small nerve being affected, should recover on its own will monitor. Motor intact.

VAERS ID:	449484 (history)	**Vaccinated:**	2012-02-03
Form:	Version 1.0	**Onset:**	2012-02-03
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-02-13
Location:	Vermont	**Days after onset:**	10
		Entered:	2012-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 7+	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 7+	RA / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Injection site pain, Oedema, Pruritus, Skin discolouration
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin, fish oil, folate
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Soreness at injection site; edema (size of a palm/hand); itchy; skin discoloration.

VAERS ID:	449723 (history)	**Vaccinated:**	2012-02-10
Form:	Version 1.0	**Onset:**	2012-02-11
Age:	0.52	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-02-16
Location:	Vermont	**Days after onset:**	5
		Entered:	2012-02-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C4045AA / 3	RL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT4149CA / 1	RL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVC022DA / 3	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	F17155 / 3	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TRIVISOL po daily
Current Illness: None
Preexisting Conditions: None

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red raised rash on both thighs, has happened before at 6 wk vaccines & 4 month vaccines. Same shots given except flu given 2-10-12 her first time.

VAERS ID:	450173 (history)	**Vaccinated:**	2011-11-22
Form:	Version 1.0	**Onset:**	2012-01-02
Age:	17.0	**Days after vaccination:**	41
Sex:	Male	**Submitted:**	2012-02-15
Location:	Vermont	**Days after onset:**	44
		Entered:	2012-02-23
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0690AA / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3837AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Endoscopy gastrointestinal
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Completion GI eval including endoscopy
CDC Split Type:
Write-up: Chronic abd pain.

VAERS ID:	450372 (history)	**Vaccinated:**	2012-02-20
Form:	Version 1.0	**Onset:**	2012-02-21
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-02-23
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-02-27
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	11070AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Band neutrophil percentage increased, C-reactive protein increased, Erythema, Feeling hot, Headache, Myalgia, Neutrophil percentage increased, Oedema peripheral, Pain, Pyrexia, Swelling, White blood cell count increased
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Asthma; Allergic rhinitis; Hypotension
Allergies:
Diagnostic Lab Data: WBC - 11.1; 82% poly; 7% bands; CRP = 92.5
CDC Split Type:
Write-up: Fever - headache - body aches - red - hot swollen arm. Administered 2/20/12 went to ER 2/22/12 seen in MD office 2/23/12. Reaction started 2/21 - swelling, pain, redness, then fever, myalgias, HA.

VAERS ID:	451376 (history)	**Vaccinated:**	2011-11-11
Form:	Version 1.0	**Onset:**	2011-11-11
Age:	0.32	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-03-02
Location:	Vermont	**Days after onset:**	112
		Entered:	2012-03-09
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B280DA / 2	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH241AA / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	915186 / 2	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Swelling, Vaccination site inflammation
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Infant TYLENOL
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Baseball size inflammation at vaccination site (L) thigh. Reaction occurred 3-4 hours post vaccination. Relief from swelling and redness 30 minutes after BENADRYL was administered.

VAERS ID:	453784 (history)	**Vaccinated:**	2012-04-05
Form:	Version 1.0	**Onset:**	2012-04-14
Age:	1.08	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	2012-04-16
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB522AA / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1003AA / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1410AA / 1	RL / SC

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Pyrexia, Rash, Rash papular
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TriViSol drops
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, erythema & swelling at injection site on (L) thigh developed 8 days post vaccination with fine papular rash developing on trunk day 8-9. Child otherwise well.

VAERS ID:	454508 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	15.0	**Submitted:**	2012-04-26
Sex:	Female	**Entered:**	2012-04-27
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 2	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Activities of daily living impaired, Amnesia, Conversion disorder, Convulsion, Headache, Injury, Loss of consciousness, Musculoskeletal chest pain, Nuclear magnetic resonance imaging brain abnormal, Paraesthesia, Vision blurred
SMQs:, Torsade de pointes/QT prolongation (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hostility/aggression (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Magnetic resonance, Brain: Conversion
CDC Split Type: WAES1204**USA**02620
Write-up: Information has been received from a consumer concerning currently 15 year old female patient with no pertinent medical history and no drug reactions/allergies who on an unspecified date, was vaccinated with the second dose of GARDASIL (lot # and route not reported) 0.5 ml. There was no concomitant medication. Consumer reported that on an unspecified date, minutes after getting her second GARDASIL dose, the patient had a seizure and was taken to the emergency room (ER) of an unspecified hospital. They did a magnetic resonance imaging (MRI) of her brain and the diagnosis was a conversion, which was a misfiring of the electrons in her brain due to traumatic bodily injury. Since this happened, she had had headaches, passed out all the time. she had tingling in her hands and feet, blurry vision, pain in her rib area, and a loss of memory of the last three years. She went to an unspecified neurologist, who could not pin it to the vaccine. She had missed 55 days of school since the event started. The patient''s mother said that physician dismissed the idea that it was due to the vaccine, so she switched to an unspecified doctor in the same practice. The consumer had been to the emergency room (ER) multiple times. It was reported that the events occurred after reintroduction. It was also reported that these events were a significant disability. It was not know if the days of school the consumer missed were consecutive and if the patient was ever admitted to the hospital. At the time of the report, the patient''s outcome was unknown. Therapy with GARDASIL was discontinued after the events happened. Additional information has been requested.

VAERS ID:	455011 (history)	**Vaccinated:**	2012-05-01
Form:	Version 1.0	**Onset:**	2012-05-03
Age:	17.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2012-05-04
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1433AA / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Hypersensitivity, Local reaction
SMQs:, Angioedema (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized allergic reaction.

VAERS ID:	455048 (history)	**Vaccinated:**	2011-06-27
Form:	Version 1.0	**Onset:**	2011-07-04
Age:	16.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	2012-05-06
Location:	Vermont	**Days after onset:**	307
		Entered:	2012-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (PRIORIX) / GLAXOSMITHKLINE BIOLOGICALS	UNKNOWN / 1	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Headache, Insomnia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:

Write-up: Insomnia, headache.

VAERS ID:	455133 (history)	**Vaccinated:**	2012-04-25
Form:	Version 1.0	**Onset:**	2012-04-26
Age:	1.08	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-05-02
Location:	Vermont	**Days after onset:**	6
		Entered:	2012-05-07
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0403AA / 2	LL / SC
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	917243 / 4	RL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0977AA / 2	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Incorrect dose administered, Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FLUORITAB QD 0.25mg
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. was given a duplicate dose of MMR vaccine & Varicella vaccine. No adverse event with exception of site redness.

VAERS ID: 455178 (history)		**Vaccinated:**	2012-05-03
Form:	Version 1.0	**Onset:**	2012-05-04
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-05-07
Location:	Vermont	**Days after onset:**	3
		Entered:	2012-05-08
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B187AA / 1	RA / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB513AA / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site vesicles
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Redness developed (R) arm 5/4 - blistered area 5/5.

VAERS ID: 456135 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	67.0	**Submitted:**	2012-05-20
Sex:	Male	**Entered:**	2012-05-24
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0241AE / 1	LA / SYR

Administered by: Other **Purchased by:** Military
Symptoms: Erythema, Skin warm, Swelling

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Simvastatin 50 mg
Current Illness: None
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: A day after injection was given, patient had reaction of swelling & redness. Day 3 after reaction, was still swollen and red & puffy & warm to the touch.

VAERS ID:	456255 (history)	**Vaccinated:**	2012-05-19
Form:	Version 1.0	**Onset:**	2012-05-21
Age:	62.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2012-05-27
Location:	Vermont	**Days after onset:**	6
		Entered:	2012-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1198AA / 1	LA / SC

Administered by: Public **Purchased by:** Private
Symptoms: Chills, Headache, Oedema peripheral, Pyrexia, Stomatitis, Throat tightness, Tremor, Vomiting
SMQs:, Cardiac failure (broad), Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lyrica, Janumet, Citalopram, Ibuprofen, Atorvastatin. Methocarbamol, Nortriptyline, Fluticasone
Current Illness: none
Preexisting Conditions: diabetes, allergy to eggs
Allergies:
Diagnostic Lab Data: Unknown, patient reports physician gave her an injection of something, she doesn''t know what on 5/24/2012 at the office visit.
CDC Split Type:
Write-up: Felt fine after getting the vaccine, and the day after but on 5/21/2012 patient reports vomiting, fever, chills, shaking sores on tongue, tight throat, headaches, swollen feet. Reports feeling better on 5/23/12 then vomiting again on 5/24/12 which prompted a doctors visit.

VAERS ID:	456678 (history)	**Vaccinated:**	2012-01-01
Form:	Version 1.0	**Onset:**	2012-06-01
Age:	64.0	**Days after vaccination:**	152
Sex:	Female	**Submitted:**	2012-06-01
Location:	Vermont	**Days after onset:**	0
		Entered:	2012-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LA / -

Administered by: Private **Purchased by:** Unknown
Symptoms: Local reaction, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: AODM
Allergies:
Diagnostic Lab Data: NA
CDC Split Type:

Write-up: Extensive local reaction with swelling of approx half the Left arm.

VAERS ID:	456827 (history)	**Vaccinated:**	2012-05-16
Form:	Version 1.0	**Onset:**	2012-05-18
Age:	64.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2012-06-05
Location:	Vermont	**Days after onset:**	18
		Entered:	2012-06-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1254AA / 1	RA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Flank pain, Pain in extremity, Radicular pain, Rash vesicular
SMQs:, Retroperitoneal fibrosis (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aciphex
Current Illness: None
Preexisting Conditions: Hypothyroid
Allergies:
Diagnostic Lab Data: Still having symptoms rash
CDC Split Type:
Write-up: Radicular pain right leg then zoster rash on 05/31/2012 right flank.

VAERS ID:	457872 (history)	**Vaccinated:**	2012-06-16
Form:	Version 1.0	**Onset:**	2012-06-16
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-06-20
Location:	Vermont	**Days after onset:**	4
		Entered:	2012-06-21
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0168AE / 1	RA / SC

Administered by: Other **Purchased by:** Private

Symptoms: Blister, Erythema, Pain, Pruritus, Swelling
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LASIX; Omeprazole; Doxycycline; Simvastatin; Lisinopril; Potassium citrate; ZYRTEC; Vit B12; LYRICA; ADVAIR; Melatonin; Oxygen; Miscontin; DYMISTA
Current Illness: No acute illness
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Showed MD 6/19; See MD 6/21 to culture per advise by MSD
CDC Split Type:
Write-up: Sat night - red/swelling. Sun am - itching. Sun pm - little blisters. Wednes - still blistering/itching/pain.

VAERS ID:	458012 (history)	**Vaccinated:**	2012-06-12
Form:	Version 1.0	**Onset:**	2012-06-12
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-06-14
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-06-25
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1853AA / 2	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Chills, Headache, Oedema peripheral, Pain in extremity
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, severe pain & swelling in arm (that was injected) treated with NSAIDS, chills.

VAERS ID:	458247 (history)	**Vaccinated:**	2012-06-23
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	67.0	**Submitted:**	2012-06-26
Sex:	Female	**Entered:**	2012-06-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0168AE / 1	LA / SC

Administered by: Unknown **Purchased by:** Private
Symptoms: Injection site erythema, Injection site induration, Injection site mass
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tramadol; Trazodone; Alprazolam; HUMALOG; LANTUS; LIDODERM patch
Current Illness: None
Preexisting Conditions: Diabetes; previous "heat attack" as reported by patient
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness and hard egg size lump at injection site.

VAERS ID: 458542 (history)		**Vaccinated:**	2012-06-29
Form:	Version 1.0	**Onset:**	2012-06-29
Age:	34.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-07-02
Location:	Vermont	**Days after onset:**	3
		Entered:	2012-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
YF: YELLOW FEVER (YF-VAX) / SANOFI PASTEUR	UH277AA / 2	LA / SC

Administered by: Military **Purchased by:** Military
Symptoms: Injection site erythema, Injection site pruritus, Vaccination site pain, Vaccination site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: PCN allergies
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pain and itching at vaccine site with redness swelling.

VAERS ID: 459733 (history)		**Vaccinated:**	2009-08-12
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	1.5	**Submitted:**	2012-07-17
Sex:	Female	**Entered:**	2012-07-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0803Y / 2	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Coxsackie viral infection, Coxsackie virus test positive, Pyrexia, Rash generalised, Varicella post vaccine
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: 2012, Body temperature, 102F; 2012, Coxsackie virus test, positive
CDC Split Type: WAES1207**USA**001659
Write-up: This spontaneous report was given from a Nurse Practitioner concerning her 4 year old granddaughter with no pertinent medical history or drug reactions/allergies who on 13-MAY-2009 was vaccinated with the first dose of VARIVAX (Merck) (dose and route not provided) (lot# 663819/0336Y, expiration date on 13-MAR-2011) and on 12-AUG-2009 received the second dose of VARIVAX (Merck) (dose and route not provided) (VARIVAX) (lot # 0803Y). There were no concomitant medications. The nurse reported that "early last week" on approximately 25-JUN-2012 her granddaughter was diagnosed with severe widespread chickenpox. The patient developed a fever of 102. The nurse indicated that the chickenpox rashes were "everywhere" on her granddaughter, including between toes and around genitalia. She was treated with CALADRYL lotion to the lesions and a topical mixture of MYLANTA and BENADRYL to the oral lesions. No laboratory test were performed. At the time of the report, the patient had not recovered from the event. The patient sought medical attention at the physician''s office. Additional information received from the nurse practitioner revealed that her granddaughter was tested and it turns out that she had "coxsackie virus". The patient''s outcome for "coxsackie virus" was not provided. It was noted that the nurse practitioner daughter also developed lesions and was tested and it turns out that she had "coxsackie virus" too. This is one of several reports received from the same source. Additional information has been requested.

VAERS ID:	459766 (history)	**Vaccinated:**	2012-05-09
Form:	Version 1.0	**Onset:**	2012-05-09
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-07-13
Location:	Vermont	**Days after onset:**	65
		Entered:	2012-07-17
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0239AE / 1	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pruritus, Injection site rash, Injection site swelling

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1205**USA**02381
Write-up: Information has been received from a registered pharmacist concerning a 66 year old female who on 09-MAY-2012 was vaccinated subcutaneously with ZOSTAVAX (Merck) (Lot #: 672868/0239AE). The pharmacist stated that on 09-MAY-2012 the patient experienced a 4 inch rash at the injection site with swelling. 50 mg BENADRYL had been given for AE. The patient did not seek medical attention. At the time of reporting, the patient was recovering. Follow up information was received from a registered pharmacist concerning 66 year old mother patient who on 09-MAY-2012 at p.m., was vaccinated with the first dose of ZOSTAVAX (lot #672868/0239AE) at pharmacy. It was reported that on 20-MAY-2012 at a.m., the patient experienced itching and redness extending beyond injection site by 4 inches all around. No serious illness noted from vaccine. At the time of the report, the patient''s outcome regarding itching and redness extending beyond injection site by 4 inches all around was unknown. The patient did not seek medical attention. The relatedness for itching and redness extending beyond injection site by 4 inches all around was unknown for ZOSTAVAX. Additional information has been requested.

VAERS ID:	459795 (history)	**Vaccinated:**	2012-06-09
Form:	Version 1.0	**Onset:**	2012-06-09
Age:	19.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-07-13
Location:	Vermont	**Days after onset:**	34
		Entered:	2012-07-17
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0131AE / UNK	UN / UN
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3906AA / 2	UN / UN

Administered by: Private **Purchased by:** Other

Symptoms: Immediate post-injection reaction, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: 06/09/2012, Heart rate, 60; 06/09/2012, Diagnostic, 100/60; 06/09/2012, Diagnostic, 112/73
CDC Split Type: WAES1206**USA**04036
Write-up: Information has been received from a licensed practice nurse concerning a 19 year old male patient with no pre-existing allergies and no medical conditions who on 09-JUN-2012 was vaccinated into left arm with a dose of GARDASIL (lot # 672834/0131AE). Concomitant therapy included a second dose of MENACTRA (lot # U3906AA, into left arm) given on the same day. No other concomitant therapy. On 09-JUN-2012 the patient fainted within 1 minute after administration with vaccine. Head and feet were elevated. Ice pack was applied. Ammonia inhalant was used to bring patient aware. Blood pressure was 100/60 and pulse was 60 at AM 8:55. Patient escorted to exam room and monitored with head and feet elevated for additional 20 minutes. Blood pressure was 112/73 at 9:15 AM, patient was examined by doctor. Then patient was OK to leave facility without complaints of discomfort. Patient stated he was OK. Patient called office when he arrived home. This is one of several reports received from the same source. Additional information has been requested.

VAERS ID:	459966 (history)	**Vaccinated:**	2012-07-06
Form:	Version 1.0	**Onset:**	2012-07-12
Age:	62.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2012-07-23
Location:	Vermont	**Days after onset:**	11
		Entered:	2012-07-24
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0239AE / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Herpes zoster, Local swelling, Rash
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions

and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Hyperlipidemia; GERD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Given ZOSTAVAX 7/6 in (L) arm. Developed swelling & rash under axilla on breast & (L) side of back. Seen 7/18 with shingles. I examined her- classic shingles along T4 dermatome.

VAERS ID:	460351 (history)	**Vaccinated:**	2012-07-26
Form:	Version 1.0	**Onset:**	2012-07-26
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-07-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2012-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB492BA / 2	LA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1696AA / 2	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1062AA / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: No additional tests, required
CDC Split Type:
Write-up: Patient came in for 2nd Hepatitis A, 2nd HPV & 2nd Varicella, Hep A, Varicella given left deltoid, HPV given (R) deltoid. Within 15 minutes of vaccination; patient was having systemic hive reaction. Pt given 25 mg 2 ml BENADRYL when pt discharged was much improved.

VAERS ID:	460961 (history)	**Vaccinated:**	2012-07-30
Form:	Version 1.0	**Onset:**	2012-08-01
Age:	60.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2012-08-02
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-08-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	U4046AB / 1	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Chills, Erythema, Headache, Myalgia, Rash, Skin warm
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Hypertension; No known allergies
Allergies:
Diagnostic Lab Data: Monitoring
CDC Split Type:
Write-up: Day 2 post vaccine (8/1) reported sore muscle, chills, aches, headache, told normal reaction. On 8/2 a.m. reported with rash on chest & back - red, nonitchy but feels warm to the touch. Improving by 5 pm.

VAERS ID:	461504 (history)	**Vaccinated:**	2012-07-31
Form:	Version 1.0	**Onset:**	2012-08-02
Age:	54.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2012-08-09
Location:	Vermont	**Days after onset:**	7
		Entered:	2012-08-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0412AE / UNK	LA / SC

Administered by: Unknown **Purchased by:** Private
Symptoms: Fatigue, Feeling hot, Hypersomnia, Lymphadenopathy, Odynophagia, Oropharyngeal pain
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Reports "rare" use of: Lorazepam 0.5mg Percocet 325 Ibuprofen 600-800mg
Current Illness: None reported
Preexisting Conditions: RIF Arthritis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: No recollection of going to bed, woke up very fatigued and hot. Four hrs later developed painful swallowing. Too fatigued to get out of bed to take Tylenol, etc. Slept until 4pm the next day. Continued with severe sore throat, swollen neck glands and a high fever (but didn''t take temp. Reports cervical glands still swollen on 8/6/12. Pt called to report these sx on 8/6/12, was not evaluated prior to this. Was not in NH where vaccine when she called to report her sx.

VAERS ID:	461597 (history)	**Vaccinated:**	2012-08-07
Form:	Version 1.0	**Onset:**	2012-08-08
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-08-10
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4244AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Malaise, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: fever~Pertussis (no brand name)~4~0.58~Patient
Other Medications: None
Current Illness: No
Preexisting Conditions: Allergic reaction to pertussis vaccine
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: General malaise, fever greater than 101.6.

VAERS ID:	461651 (history)	**Vaccinated:**	2012-08-06
Form:	Version 1.0	**Onset:**	2012-08-07
Age:	62.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2012-08-11
Location:	Vermont	**Days after onset:**	4
		Entered:	2012-08-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Other
Symptoms: Asthenia, Pain
SMQs:, Guillain-Barre syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Was on ibuprofen 800 MG twice a day before appointment I am taking Metoprolol 100 mg once a day as well as 1000 IU Vitamin D
Current Illness: Some bowel discomfort
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Achy, totally drained of energy.

VAERS ID:	461913 (history)	**Vaccinated:**	2012-08-02
Form:	Version 1.0	**Onset:**	2012-08-02
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-08-09
Location:	Vermont	**Days after onset:**	7
		Entered:	2012-08-14
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B080DA / UNK	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Dehydration, Headache, Leukopenia, Liver function test abnormal, Pain, Pyrexia, Serum sickness, Vomiting
SMQs:, Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (broad), Haematopoietic leukopenia (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: See attached
CDC Split Type:
Write-up: Likely serum sickness. Fever, body aches, headache vomiting, dehydration, leukopenia, elevated liver function tests.

VAERS ID:	461979 (history)	**Vaccinated:**	2012-07-20
Form:	Version 1.0	**Onset:**	2012-07-20
Age:	76.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-08-14
Location:	Vermont	**Days after onset:**	25
		Entered:	2012-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0599AE / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site swelling, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: See separate page
Current Illness:
Preexisting Conditions: See other meds sheet
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling and redness at site of injection and pain and soreness in entire arm.

VAERS ID: 462214 (history)		**Vaccinated:**	2011-10-03
Form:	Version 1.0	**Onset:**	2012-08-15
Age:	0.53	**Days after vaccination:**	317
Sex:	Female	**Submitted:**	2012-08-16
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 3	- / -

Administered by: Private **Purchased by:** Other
Symptoms: Pertussis, Polymerase chain reaction
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Received 3 vaccinations of DTap
Allergies:
Diagnostic Lab Data: Nasal swab PCR
CDC Split Type:
Write-up: Co-worker called to state that child was diagnosed with whooping cough. Both mother and child placed on Zithromax and a nasal swab was done of child on 08/15/2012.

VAERS ID: 467444 (history)		**Vaccinated:**	2012-04-12
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	13.0	**Submitted:**	2012-08-24
Sex:	Female	**Entered:**	2012-08-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 3	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Alopecia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions: Convulsion, one seizure as a child
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1208**USA**004035
Write-up: This spontaneous report was received from a physician refers to a 14 years old female patient with a history of one seizure as a child, who on 07-OCT-2011, 08-DEC-2011 and on 12-APR-2012, was vaccinated with the first, second and third dose of GARDASIL respectively (doses, routes and lot numbers not reported). No other co-suspects were reported. No concomitant medications were reported. The physician reported that about a month ago, in approximately July 2012, the patient developed unexplained alopecia after completion of the GARDASIL series. No treatment was given for the experience. No lab diagnostics studies were performed. At the time of the report, the patient had not recovered. The relatedness for the patient had developed unexplained alopecia after completion of the GARDASIL series was unknown for GARDASIL. This is one of several reports from the same source. Additional information has been requested.

VAERS ID:	467592 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2012-08-24
Sex:	Female	**Entered:**	2012-08-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Alopecia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1208**USA**005085
Write-up: This spontaneous report was received from a physician refers to a physician''s daughter''s friend of unknown age, who in an unknown date was vaccinated with a dose of GARDASIL (dose, route and lot number not reported). No other co-suspects were reported. No concomitant medications were reported. The physician reported that on an unknown date, the patient developed hair loss after receiving GARDASIL. At the time of the report, the patient''s outcome was unknown. It was unspecified if the patient sought medical attention. This is one of several reports from the same source. Additional information has been requested.

VAERS ID:	463421 (history)	**Vaccinated:**	2012-08-20
Form:	Version 1.0	**Onset:**	2012-08-20
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-08-24
Location:	Vermont	**Days after onset:**	4
		Entered:	2012-08-28
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0414AE / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Induration, Skin warm, Tenderness
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Asthma; Allergy to Amox. BENADRYL
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Erythema 14cm x 8cm, induration, tender and hot to touch. Treated with BENADRYL.

VAERS ID: 463464 (history)		**Vaccinated:**	2012-08-26
Form:	Version 1.0	**Onset:**	2012-08-27
Age:	77.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-08-28
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH715AA / UNK	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Erythema, Skin warm, Tenderness
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized redness on left arm. Pt states area is warm and tender.

VAERS ID: 463915 (history)		**Vaccinated:**	2012-08-27
Form:	Version 1.0	**Onset:**	2012-08-28
Age:	70.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-08-30
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-09-03
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	0239AC / 1	LA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Erythema, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Reddened area ~3"-4" long ~2" wide warm to touch.

VAERS ID:	465521 (history)	**Vaccinated:**	2012-09-14
Form:	Version 1.0	**Onset:**	2012-09-14
Age:	22.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-09-14
Location:	Vermont	**Days after onset:**	0
		Entered:	2012-09-18
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B081BA / UNK	RA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Hypoaesthesia, Neck pain, Pruritus, Vertigo
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Vestibular disorders (narrow), Hypersensitivity (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OCELLA
Current Illness:

Preexisting Conditions: Celiac; Exercised induced anaphylaxis
Allergies:
Diagnostic Lab Data: BP - sitting - 100/70 - Standing 100/70
CDC Split Type:
Write-up: Numb (like fell asleep) in Rt leg and both arms. Repeated vertigo & sharp pain in neck. Itchy left palm.

VAERS ID:	465725 (history)	**Vaccinated:**	2012-09-18
Form:	Version 1.0	**Onset:**	2012-09-18
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-09-18
Location:	Vermont	**Days after onset:**	0
		Entered:	2012-09-20
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	P58406 / UNK	LA / SYR

Administered by: Other **Purchased by:** Private
Symptoms: Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline; Trazodone; Lithium; LOW-OGESTREL
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 10 min. of having the shot, her face went numb on her cheek just below her left eye down to her neck.

VAERS ID:	465762 (history)	**Vaccinated:**	2012-09-17
Form:	Version 1.0	**Onset:**	2012-09-18
Age:	12.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2012-09-20
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	- / 1	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown; Student''s father reports that the redness on the student''s deltoids are showing signs of improvement.
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Student sent to Health Office at school; this nurse observed student''s left deltoid where he received Meningoccal vaccine; significant redness measured 10cm x 4.5cm in size; right deltoid where he received the Tdap vaccine; significant redness measured 6.0cm x 5.5 cm in size. Student reported slight itching in right deltoid, but denied any other symptoms.

VAERS ID:	465774 (history)	**Vaccinated:**	2012-09-18
Form:	Version 1.0	**Onset:**	2012-09-19
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-09-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Chills, Influenza like illness, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Klonopin (.25 milligrams/day); Multivitamin
Current Illness: None
Preexisting Conditions: Mal de Debarquement
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Flu like symptoms (chills, body aches) lowgrade fever without respiratory distress.

VAERS ID:	465985 (history)	**Vaccinated:**	2012-09-20
Form:	Version 1.0	**Onset:**	2012-09-21
Age:	23.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-09-21
Location:	Vermont	**Days after onset:**	0
		Entered:	2012-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	D58507 / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Headache, Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ORTHO TRI CYCLEN LO; Citalopram
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: About 7 hours after administration patient had high fever (103.5), shaking and headache. Was examined, treated & released from medical center after about 1 hour & told to rest for 2 days.

VAERS ID:	466774 (history)	**Vaccinated:**	2012-09-19
Form:	Version 1.0	**Onset:**	2012-09-19
Age:	89.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2012-09-27
Location:	Vermont	**Days after onset:**	8
		Entered:	2012-09-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4490AA / UNK	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Balance disorder, Chills, Feeling cold, Nausea, Nervousness
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BENICAR; CRESTOR
Current Illness: None
Preexisting Conditions: High cholesterol & high blood pressure
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Appx 6 hours after vaccination, patient felt nausea, had shivers & cold chills, felt shaky, unsteady. Feelings persisted until next morning.

VAERS ID:	467627 (history)	**Vaccinated:**	2012-09-28
Form:	Version 1.0	**Onset:**	2012-09-29
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2012-10-04
Location:	Vermont	**Days after onset:**	5
		Entered:	2012-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B187AA / UNK	UN / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U4483AA / 7+	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0497AE / 2	UN / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	H010853 / 2	UN / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site swelling, Lethargy, Pyrexia, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Asthma
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: High fever & lethargy 24 hrs after. Urticaria 5 days after. Swollen IZ site.

VAERS ID:	468520 (history)	**Vaccinated:**	2012-10-04
Form:	Version 1.0	**Onset:**	2012-10-04
Age:	38.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-10-09
Location:	Vermont	**Days after onset:**	5
		Entered:	2012-10-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1203901 / UNK	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	H010515 / UNK	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Axillary pain, Diarrhoea, Erythema, Injection site streaking
SMQs:, Anaphylactic reaction (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: H/O Asthma
Preexisting Conditions: H/O Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain in the armpit, red streaking ascending the left arm into the armpit and around the collar bone. Also experienceing diarrhea.

VAERS ID:	469829 (history)	**Vaccinated:**	2012-09-17
Form:	Version 1.0	**Onset:**	2012-10-04
Age:	68.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	2012-10-12
Location:	Vermont	**Days after onset:**	8
		Entered:	2012-10-15
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4499AA / UNK	AR / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injected limb mobility decreased, Tenderness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient described original "tenderness" after shot then that went away. Approx. 2 to 3 weeks later pt felt that the arm where the shot was given became lame and had some restriction of mobility but experienced NO tenderness. Since fully resolved over the next 2 days. NO tenderness, redness, rash, or trouble breathing reported.

VAERS ID:	469833 (history)	**Vaccinated:**	2012-09-17
Form:	Version 1.0	**Onset:**	2012-10-04
Age:	71.0	**Days after vaccination:**	17
Sex:	Male	**Submitted:**	2012-10-12
Location:	Vermont	**Days after onset:**	8
		Entered:	2012-10-15
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4499AA / UNK	AR / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injected limb mobility decreased, Injection site reaction, Tenderness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient described original "tenderness" after shot, then went away. Approx. 2-3 weeks later pt felt that arm where shot was given was lame and had decreased mobility but without tenderness. Resolved all symptoms over the next 2 days. No tenderness, redness, rash or trouble breathing reported.

VAERS ID:	469802 (history)	**Vaccinated:**	2012-10-11
Form:	Version 1.0	**Onset:**	2012-10-14
Age:	48.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2012-10-16
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	06749211A / UNK	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	C4136BA / UNK	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ProAir, Azithromycin, Robitussin AC
Current Illness: Community Acquired Pneumonia
Preexisting Conditions: Allergies to PCN, Sulfa, Iodine and Fish
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Cellulitis at injection site; Treated with Keflex.

VAERS ID:	470048 (history)	**Vaccinated:**	2012-10-08
Form:	Version 1.0	**Onset:**	2012-10-11
Age:	78.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2012-10-15
Location:	Vermont	**Days after onset:**	4
		Entered:	2012-10-16
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLLA739AA / UNK	RA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4034AA / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Erythema, Local reaction, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Venlafexine; Naproxen; LOTREL; LIPITOR; Atenolol; Omeprazole; NAMENDA; Donepezil; Clonazepam
Current Illness: None
Preexisting Conditions: HTN; Hyperlipidemia; Depression; Anxiety
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local reaction - erythema, swelling, itching. Treatment - ibuprofen, BENADRYL, cold packs.

VAERS ID:	473532 (history)	**Vaccinated:**	2011-12-07
Form:	Version 1.0	**Onset:**	2011-12-07
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-09-21
Location:	Vermont	**Days after onset:**	288
		Entered:	2012-10-17
		Days after submission:	26

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1150Z / UNK	UN / UN
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B078BA / UNK	RA / UN

Administered by: Private **Purchased by:** Other
Symptoms: Limb discomfort, Muscular weakness
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aspirin; Multivitamin
Current Illness: Unknown
Preexisting Conditions: The subject had no known drug allergies. There was no history of previous flu shots and; therefore, no history of adverse reactions following previous flu shots.
Allergies:
Diagnostic Lab Data: UNK
CDC Split Type: A0961037A
Write-up: This case was reported by a healthcare professional and described the occurrence of arm discomfort in a 67-year-old male subject who was vaccinated with BOOSTRIX (GlaxoSmithKline). Concurrent vaccination included PNEUMOVAX 23 (Merck) given on 7 December 2011. Concurrent medications included aspirin and multivitamins. On 7 December 2011 at 15:30 the subject received a dose of BOOSTRIX at 0.5 ml in the right deltoid. On 7 December 2011, less than one day after vaccination with BOOSTRIX, the subject experienced arm discomfort and arm weakness. At the time of reporting the events were unresolved. It was reported that the subject was due for a doctor''s visit soon and an assessment would be made at that time.

VAERS ID:	471558 (history)	**Vaccinated:**	2012-10-18
Form:	Version 1.0	**Onset:**	2012-10-18
Age:	71.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-10-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-10-24
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4525AA / 1	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Asthenia, Dizziness, Dyspnoea, Heart rate increased
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Labored breathing, weak, fast heart rate, dizziness lasting about 1 min at 9PM night after receiving shot. No treatment needed.

VAERS ID:	471525 (history)	**Vaccinated:**	2011-09-23
Form:	Version 1.0	**Onset:**	2011-09-23
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-10-25
Location:	Vermont	**Days after onset:**	398
		Entered:	2012-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1101001 / UNK	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Injection site pain, Nerve injury, Pain in extremity
SMQs:, Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNKNOWN what medications patient takes.
Current Illness: No
Preexisting Conditions: Rheumatoid arthritis
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient received a flu shot last year and developed pain down the left arm soon after which has lasted to this day. There was soreness at the site after vaccine was given in 2011, then pain down the arm and it has still not gone away. Patient''s physician said there may be some nerve damage. No treatment done.

VAERS ID:	471722 (history)	**Vaccinated:**	2012-10-23
Form:	Version 1.0	**Onset:**	2012-10-23
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-10-27
Location:	Vermont	**Days after onset:**	4
		Entered:	2012-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / SYR

Administered by: Private **Purchased by:** Private
Symptoms: Dizziness, Dyspnoea, Fatigue, Injection site erythema, Injection site haematoma, Injection site pruritus, Injection site rash, Musculoskeletal pain
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Haemorrhage terms

(excl laboratory terms) (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Toprol XL 100mg, Hyzaar 100/25 No other different meds or vaccines for months.
Current Illness: None.
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness first evening. Next morning woke with shoulder pain, trouble breathing and fatigue. Used heating pad on shoulder still having trouble breathing. Rested all day. Felt relief next day. Then had a large 2-3" itchy, red blotchy area at injection site. Itchiness lasted 3 days. Still have a bruise type area remaining but itching is gone. I have had many flu shots and NEVER had any reaction whatsoever. This is a complete mystery.

VAERS ID:	472207 (history)	**Vaccinated:**	2012-10-15
Form:	Version 1.0	**Onset:**	2012-10-15
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-10-30
Location:	Vermont	**Days after onset:**	15
		Entered:	2012-10-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1138AA / 2	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Site became red, swollen and painful several hours after injection. It also itched. No fever, SOB, throat closing, pain decreased by next day. Applied ice & antihistamine. By 18 no improvement scheduled OV with physician.

VAERS ID:	472420 (history)	**Vaccinated:**	2012-10-24
Form:	Version 1.0	**Onset:**	2012-10-24
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-10-31
Location:	Vermont	**Days after onset:**	7
		Entered:	2012-10-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Public **Purchased by:** Unknown
Symptoms: Asthenia, Body temperature decreased, Dyspnoea, Haemorrhage subcutaneous, Injection site haematoma, Oedema peripheral, Rash, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data: TBD
CDC Split Type:
Write-up: Fainting, weakness, difficulty breathing, entire arm swollen to the point of dimpling flesh, rash around throat and chest, shocky low body temperature for 36 hours. Gradual decrease over $g3 days. Massive bruise at administration site appeared after 24 hours, doubled in size each day for three days; evidence of fresh subcutaneous bleeding continues to develop more than one week later.

VAERS ID:	473645 (history)	**Vaccinated:**	2011-09-26
Form:	Version 1.0	**Onset:**	2011-09-26
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-11-06
Location:	Vermont	**Days after onset:**	407
		Entered:	2012-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH452AC / UNK	RA / SYR
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	0454AA / UNK	RA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Malaise, Nausea, Syncope, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: HTN; Hyperlipidemia; Obesity
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The night of vaccine given, patient had nausea, vomiting, syncope and then malaise for a couple days.

VAERS ID:	476728 (history)	**Vaccinated:**	2012-11-06
Form:	Version 1.0	**Onset:**	2012-11-09
Age:	35.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2012-11-13
Location:	Vermont	**Days after onset:**	4
		Entered:	2012-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4278AA / 1	UN / IM

Administered by: Public **Purchased by:** Private
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness, ring around injection site, warm to touch, swelling.

VAERS ID:	474479 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	66.0	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2012-11-14
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4490AA / 1	UN / IM

Administered by: Other **Purchased by:** Private
Symptoms: Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan-HCTZ
Current Illness: None
Preexisting Conditions: Hypertension
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reports muscle aches for 2 weeks after flu shot.

VAERS ID:	474540 (history)	**Vaccinated:**	2012-11-07
Form:	Version 1.0	**Onset:**	2012-11-08
Age:	4.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2012-11-09
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-11-14
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B204AA / UNK	LA / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U4483AA / 4	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0683AE / 1	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	H015137 / 1	LA / SC

Administered by: Other **Purchased by:** Public
Symptoms: Injection site erythema, Injection site mass, Injection site pain, Injection site swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Amoxicillin
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: (L) arm red/swollen/painful. Lump at site of KINRIX. Fever 103 degrees.

VAERS ID:	474263 (history)	**Vaccinated:**	2012-11-01
Form:	Version 1.0	**Onset:**	2012-11-02
Age:	35.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2012-11-15
Location:	Vermont	**Days after onset:**	13
		Entered:	2012-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4034AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Band neutrophil count decreased, Blood culture negative, Chills, Malaise, Nausea, White blood cell count decreased
SMQs:, Acute pancreatitis (broad), Haematopoietic leukopenia (narrow), Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: CBC with WBC 3.9 and 19 bands. 4 of 4 negative blood cultures
CDC Split Type:
Write-up: Rigors, malaise, nausea.

VAERS ID: 475126 (history)		**Vaccinated:**	2012-11-20
Form:	Version 1.0	**Onset:**	2012-11-21
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-11-23
Location:	Vermont	**Days after onset:**	2
		Entered:	2012-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	H016765 / UNK	RA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Penicillin
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itching, welt at injection site.

VAERS ID: 475381 (history)		**Vaccinated:**	2012-11-14
Form:	Version 1.0	**Onset:**	2012-11-15
Age:	46.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2012-11-27
Location:	Vermont	**Days after onset:**	12
		Entered:	2012-11-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1205301 / 2	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia

and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None reported
Current Illness: None reported
Preexisting Conditions: None reported
Allergies:
Diagnostic Lab Data: Patient contacted MD. Clinician has left several follow up messages to see outcome. Pt has not returned calls to date.
CDC Split Type:
Write-up: Rash developed in the middle of pts back. By days end the rash had spread across the back with some spots on shoulders and arms. No other symptoms.

VAERS ID:	475542 (history)	**Vaccinated:**	2012-11-25
Form:	Version 1.0	**Onset:**	2012-11-26
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-11-27
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-11-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	P50708 / UNK	LA / IM
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	H011332 / 1	LA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered on Sun 11/25/12. Patient contacted pharmacy at 8 am on 11/27/12 to say she had a red, round area around vaccination site about the size of a silver dollar.

VAERS ID:	476487 (history)	**Vaccinated:**	2012-11-19
Form:	Version 1.0	**Onset:**	2012-11-19
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-11-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-12-04
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0009AE / 2	UN / SC

Administered by: Public **Purchased by:** Other
Symptoms: Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID
Current Illness: None
Preexisting Conditions: Allergies: Penicillin; Codeine; Sulfa
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash (red, raised, small) started 4 hours after administration. On abdomen & legs, buttocks. Took BENADRYL that night. Rash on legs & buttocks resolved next AM but several on left elbow & still on abdomen 11/21/12 spread to her back & very itchy.

VAERS ID:	477167 (history)	**Vaccinated:**	2012-11-09
Form:	Version 1.0	**Onset:**	2012-11-16
Age:	2.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	2012-12-08
Location:	Vermont	**Days after onset:**	22
		Entered:	2012-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U4482BA / UNK	UN / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB523AA / 2	LL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Blood test normal, Electroencephalogram abnormal, Epilepsy, Fear, Grand mal convulsion, Nuclear magnetic resonance imaging abnormal, Pyrexia, Screaming, Staring
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Azithromycin for a sinus infection.
Current Illness: Yes, he was on medicine for a sinus infection.
Preexisting Conditions: He was diagnosed with epilepsy on November 22, 2012. He was born with full body petechiae.
Allergies:
Diagnostic Lab Data: He was tested for leukodystrophy among many other things, but all of his blood tests came back okay. He had an MRI and an EEG which confirmed epilepsy.
CDC Split Type:
Write-up: He starting running a fever on November 16th, that night he woke up screaming several times, his eyes were all glazed over, and he was petrified. I thought they were just nightmares. The morning of November 18th, he was taken by ambulance to the hospital following a grand mal seizure. He went on to have multiple seizures at the hospital, and was transferred to another facility. At first they were calling them febrile seizures until they diagnosed him with epilepsy. The cause of his fever is still unknown, but I believe the vaccines he had on Nov.9 may have caused the fever, and brought on the seizures.

VAERS ID:	477393 (history)	**Vaccinated:**	2012-11-20
Form:	Version 1.0	**Onset:**	2012-11-21
Age:	29.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2012-12-10
Location:	Vermont	**Days after onset:**	19
		Entered:	2012-12-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	RA / SYR
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / 1	LA / SYR

Administered by: Public **Purchased by:** Other
Symptoms: Asthenia, Blood test abnormal, Chills, Decreased appetite, Feeling of body temperature change, Infection, Influenza virus test negative, Injection site erythema, Injection site pain, Injection site rash, Injection site warmth, Malaise, Nausea, Pyrexia, Somnolence, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: acetaminophen (TYLENOL) 500 mg tablet; aspirin 325 mg EC tablet; multivitamin Iron-Ca-FA-Min (THERAPEUTIC-M) 27-0.4 mg tablet; senna-docusate; (ICOLACE) 8.6-50 mg per tablet; HYDROmorphone (DILAUDID) 2 mg tablet; modafinil (PROVIGIL) 200 m
Current Illness:
Preexisting Conditions: Had knee realignment surgery on 11/19/2012. Hypertension.
Allergies:
Diagnostic Lab Data: Flu shot: negative; Blood work for infection: positive
CDC Split Type:
Write-up: On 11/21/2012 woke up with 101.5 temperature. I was able take Tylenol to bring it down, but the fever kept fluctuating between normal and fever. Had nausea, uncontrollable chills, was cold and hot, very sleepy, vomiting, weakness also had loss of appetite. I had had knee surgery on 11/19/2012 for knee realignment. PNEUMOVAX was given to me on 11/20/2012 in my left shoulder. Also Influenza Split injection was given in my right shoulder. I had a rash on my left shoulder that grew from the injection site to the elbow and shoulder that was very sore, red and hot. Started as small and grew. I kept getting worse and On 11/23/2012 woke up with 102.5 temperature and was really sick I was able to get the temperature down with Tylenol but my Dr

advised me to go to the to the emergency room. The ER did test for the flu and came back negative. The Dr also checked my leg for infection and did not see any sign on the incision of infection and said looked really good. Also did blood tests found that came back as had infection somewhere. The ER Dr said she thought I had a infection in my left arm near the injection site and put me on antibiotic. My temperature and side effects went away on 11/25/2012 but the rash remained for another week or so.

VAERS ID:	478104 (history)	**Vaccinated:**	2012-11-29
Form:	Version 1.0	**Onset:**	2012-11-29
Age:	78.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-12-07
Location:	Vermont	**Days after onset:**	8
		Entered:	2012-12-14
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4499AA / UNK	UN / IM

Administered by: Other **Purchased by:** Public
Symptoms: Chills, Cough, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Cough, fever, chills for about 24 hours then pt was fine, started a few hours after administration.

VAERS ID: 478206 (history)		**Vaccinated:**	2012-12-12
Form:	Version 1.0	**Onset:**	2012-12-15
Age:	61.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2012-12-15
Location:	Vermont	**Days after onset:**	0
		Entered:	2012-12-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: I got vaccine for free at walk-in service at Medical Center.
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sudden onset of nausea and vertigo. Worst with bodily movement or bending. Continuing at time of this report. Reviewed forum posting. Apparently this is being reported by others.

VAERS ID: 478589 (history)		**Vaccinated:**	2012-12-18
Form:	Version 1.0	**Onset:**	2012-12-18
Age:	63.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2012-12-18
Location:	Vermont	**Days after onset:**	0
		Entered:	2012-12-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLU707AA / UNK	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Chills
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acetaminophen PO, ASA, cefazolin, chlorthalidone, docusate, gabapentin, glipizide, metformin, metoprolol, oxycodone, rosuvastatin, sitagliptin, NS IV fluids
Current Illness: None
Preexisting Conditions: Diabetes, hypertension, atherosclerosis, hyperlipidemia, recent L4-5 fusion (12/17)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt had onset of rigors about 1 hr after administration of vaccine.

VAERS ID:	478874 (history)	**Vaccinated:**	2012-12-19
Form:	Version 1.0	**Onset:**	2012-12-19
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-12-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	33332001201 / 1	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Chills, Musculoskeletal pain, Neck pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None
Preexisting Conditions: Allergic to PCN & Sulfa drugs
Allergies:
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: My arm began to get very sore about an hour after the shot and then my neck on the same side as the shot started to hurt all the way through my shoulder about an hour an a half after the shot. I went to bed around 9 p.m. and then got the chills and shivers. I took Advil and Tylenol, threw on another blanket and turned up the heat and went to sleep. I did not have a fever. When I got up this morning, all symptoms were gone, except the sore arm.

VAERS ID:	479364 (history)	**Vaccinated:**	2012-12-19
Form:	Version 1.0	**Onset:**	2012-12-20
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-12-21
Location:	Vermont	**Days after onset:**	1
		Entered:	2012-12-27
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4167AA / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Burning sensation, Erythema, Feeling hot, Injection site erythema, Injection site mass, Injection site pain, Oedema peripheral, Pain in extremity
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No; Only occasional TYLENOL
Current Illness: None
Preexisting Conditions: Lots of allergies to medications: PCN, Morphine, Antibiotics
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Dose given 130 PM 12/19. 3 A 12/20 woke to sore, achy, burning at injection site. 12/20 Later noticed lump at inj. site, achy, burning, red, getting overall burning hot body feeling and took TYLENOL with relief. 12/21 9 AM Reported to me. Arm very sore, red and swollen.

VAERS ID:	479458 (history)	**Vaccinated:**	2012-12-19
Form:	Version 1.0	**Onset:**	2012-12-19
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2012-12-19
Location:	Vermont	**Days after onset:**	0
		Entered:	2012-12-27
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4169AA / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1443 Patient reported feeling dizzy and nausea. 1445 Report to staff. Snack at 1446, reported feeling zero symptoms at 1455. Observed for an additional 10 mins. Pt. left at 1505 on her own accord.

VAERS ID:	480013 (history)	**Vaccinated:**	2012-11-09
Form:	Version 1.0	**Onset:**	2012-11-10
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2012-12-31
Location:	Vermont	**Days after onset:**	51
		Entered:	2012-12-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	P50808 / 1	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Chills, Cough, Diarrhoea, Pain, Pyrexia, Respiratory tract congestion
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 1993~Influenza (Seasonal) (no brand name)~UN~0.00~Patient
Other Medications: See attached
Current Illness: None
Preexisting Conditions: See attached
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was ill with body aches, cough, diarrhea, fever/chills, chest congestion. Pt receives a split dose vaccine #1 given 11/9/12 #2 on 11/29/12.

VAERS ID:	480254 (history)	**Vaccinated:**	2005-07-08
Form:	Version 1.0	**Onset:**	2005-08-01
Age:	9.0	**Days after vaccination:**	24
Sex:	Female	**Submitted:**	2013-01-04
Location:	Vermont	**Days after onset:**	2713
		Entered:	2013-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	U1259AA / UNK	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Depression, Hyperhidrosis, Laboratory test abnormal, Methylenetetrahydrofolate reductase deficiency
SMQs:, Neuroleptic malignant syndrome (broad), Congenital, familial and genetic disorders (narrow), Depression (excl suicide and self injury) (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: MTHFR Mutation A1298C AB Heterozygous, tested positive on 11/09/2012. We have been trying to figure out the depression and hyperhidrosis for 7 years. This test is what linked it to the vaccine for me.
CDC Split Type:
Write-up: Patient got hyperhidrosis of the hands and feet after the vaccine and also depression, neither of which she had had before. We asked for just the tetanus vaccine, but was administered DTaP.

VAERS ID:	480617 (history)	**Vaccinated:**	2012-12-20
Form:	Version 1.0	**Onset:**	2012-12-20
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-01-02
Location:	Vermont	**Days after onset:**	13
		Entered:	2013-01-08
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH746AC / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Burning sensation, Cough, Erythema, Lacrimation increased, Pruritus
SMQs:, Anaphylactic reaction (narrow), Peripheral neuropathy (broad), Lacrimal disorders (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Extremely red, itchy, burning, water eyes, cough (annoying).

VAERS ID:	481789 (history)	**Vaccinated:**	2013-01-12
Form:	Version 1.0	**Onset:**	2013-01-13
Age:	38.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-01-17
Location:	Vermont	**Days after onset:**	4
		Entered:	2013-01-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE INTRADERMAL) / SANOFI PASTEUR	UT4470BA / UNK	UN / ID

Administered by: Other **Purchased by:** Other
Symptoms: Infection, Injection site erythema, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Rizatriptan; citalopram; Zolpidem; clonazepam; amlodipine
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed large, raised red area at site of injection. She consulted her physician who placed her on antibiotics for suspicion of infection.

VAERS ID:	481997 (history)	**Vaccinated:**	2013-01-02
Form:	Version 1.0	**Onset:**	2013-01-02
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-01-20
Location:	Vermont	**Days after onset:**	18
		Entered:	2013-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH746AC / UNK	AR / IM

Administered by: Other **Purchased by:** Other
Symptoms: Cough, Oral pain, Oropharyngeal pain
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown -$g answered no on survey
Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approx 4 hours post vaccine patient reports coughing for 30-60 minutes followed by a sore throat and mouth that lasted for approx 3-4 hours. Was not bad enough to keep her from falling asleep that night. By the next morning all signs and symptoms had fully resolved.

VAERS ID:	482065 (history)	**Vaccinated:**	2013-01-10
Form:	Version 1.0	**Onset:**	2013-01-13
Age:	60.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2013-01-14
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-01-22
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	H020001 / 1	UN / SC

Administered by: Private **Purchased by:** Private
Symptoms: Neuralgia, Rash

SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Cyclobenzaprine 5 mgn; LEVOXYL 88 mcg; Triamcinolone injection
Current Illness: Headache; Afebrile
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 48 hours of administration of ZOSTAVAX pt developed a rash & neuropathic pain.

VAERS ID:	483324 (history)	**Vaccinated:**	2012-10-19
Form:	Version 1.0	**Onset:**	2012-10-28
Age:	78.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	2012-11-06
Location:	Vermont	**Days after onset:**	9
		Entered:	2013-02-04
		Days after submission:	90

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	- / 1	LA / UN
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / 1	LA / UN

Administered by: Other **Purchased by:** Private
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Dx shingles
CDC Split Type:
Write-up: Rec"d shingles vaccine 10/19/2012 came down with shingles 9 days later on 10/28/2012.

VAERS ID:	484416 (history)	**Vaccinated:**	2013-02-01
Form:	Version 1.0	**Onset:**	2013-02-11
Age:	32.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	2013-02-13
Location:	Vermont	**Days after onset:**	2
		Entered:	2013-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
ANTH: ANTHRAX (BIOTHRAX) / EMERGENT BIOSOLUTIONS	FAV309 / 1	RA / IM
SMALL: SMALLPOX (ACAM2000) / EMERGENT BIOSOLUTIONS	VV04003A / 1	LA / OT
TYP: TYPHOID VI POLYSACCHARIDE (TYPHIM VI) / SANOFI PASTEUR	H1482 / 3	RA / IM

Administered by: Military **Purchased by:** Military
Symptoms: Macule, Rash erythematous, Rash pustular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown.
Current Illness: None.
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Patient woke in AM of 12 Feb 13 finding "red spots" on chest and back. As of 13 Feb 13, "red spots" have started to resolve. Smallpox site itself is within normal limits. Exam showed multiple (50-100) 2-3 mm in diameter, faint macules on chest and back. Less than 10 showed tiny

pustule without discharge. Patient reports macules are resolving.

VAERS ID:	484492 (history)	**Vaccinated:**	2013-02-11
Form:	Version 1.0	**Onset:**	2013-02-11
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-02-14
Location:	Vermont	**Days after onset:**	3
		Entered:	2013-02-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / SYR

Administered by: Unknown **Purchased by:** Other
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Dorzolomide HCl/Timolol Maleate Opthalmic Solution; Lumigan 0.01% eye drops; Calcium carbonate 500 mg; Vitamin D 2000 iu bid; glucosamine sulfate 1500 mg bid; Micanoazole Nitrate 2%
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Dizzy spell lasting about 40 minutes -- debilitating enough so I had to sit/lie down immediately. Second event 02/12/2013 lasted approx 5 minutes and also required me to sit down until it passed.

VAERS ID:	484824 (history)	**Vaccinated:**	2013-02-14
Form:	Version 1.0	**Onset:**	2013-02-14
Age:	72.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-02-18
Location:	Vermont	**Days after onset:**	4
		Entered:	2013-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	H019092 / 1	AR / SC

Administered by: Other **Purchased by:** Other
Symptoms: Pain, Rash erythematous, Skin irritation
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metformin; Carisoprodol; Levothyroxine; Simvastatin
Current Illness: None
Preexisting Conditions: Dr stated his rxn to neonycin is a local rash & would be a low risk situation for getting ZOSTAVAX
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Symptoms started same day as vaccine.Patient called Saturday, Feb. 16, 2013 to state he was a red, irritated rash that was painful to the touch. Pt, had no trouble breathing or swallowing. He was told to use a marker around the rash & use a cold compress and consider an oral antihistamine. Pharmacist and doctor had the same recommendations. Has not called back since Sat. morning.

VAERS ID:	485359 (history)	**Vaccinated:**	2013-02-14
Form:	Version 1.0	**Onset:**	2013-02-15
Age:	64.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2013-02-22
Location:	Vermont	**Days after onset:**	7
		Entered:	2013-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVC095CA / 5	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Joint swelling, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OMEPREAZOL 40 MG QD; SIMVASTATIN 40 MG QD; FENOFIDRATE 54 MG QD; TRIAMTERINE-HCTZ 37.5-25 MG QD; MEGA COQ10 100 MG QD; L-CARNITINE 855 MGBID; ASPIRIN 81 MG QD
Current Illness: None
Preexisting Conditions: None known
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Developed rash on arms, legs, trunk, knees swollen, c/o itchiness. Per advise of his physician, he took OTC antihistimine as treatement of symptoms.

VAERS ID:	486025 (history)	**Vaccinated:**	2013-02-26
Form:	Version 1.0	**Onset:**	2013-02-27
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-03-04
Location:	Vermont	**Days after onset:**	5
		Entered:	2013-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / SYR

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Diarrhoea, Headache, Injection site erythema, Injection site pain, Injection site rash, Pain, Vomiting
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: I was being treated for a superficial blood clot in my right leg with 105 mg of Lovanox shots. I had given birth to my third son recently 1/31/13.
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Woke up in the middle of the night with vomiting, diarrhea, and headache. The injection site was red, raised and extremely sore to move at all.

VAERS ID:	486467 (history)	**Vaccinated:**	2013-03-06
Form:	Version 1.0	**Onset:**	2013-03-06
Age:	30.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-03-07
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	H018944 / 1	LA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Body temperature increased, Injection site erythema, Injection site induration, Injection site pain, Injection site swelling
SMQs:, Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Dx"s at 3/6/13 OV- VITRAM; NAPROSYN; Doxycycline
Current Illness: Upper resp illness 1-2 wks sinus infection
Preexisting Conditions: Atopic dermatitis; TBI secondary MVA; No known allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt sts 4-5 hours after injection developed pain, redness, swelling at site, T max 102. Pt presents to office no fever, 5 inch diam erythema to post upper (L) arm w/ 1 inch center hard area. Provider advised ibuprofen prn.

VAERS ID: 487749 (history)		**Vaccinated:**	2013-03-06
Form:	Version 1.0	**Onset:**	2013-03-09
Age:	60.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2013-03-25
Location:	Vermont	**Days after onset:**	15
		Entered:	2013-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	H019038 / 1	LA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Erythema, Pain in extremity, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Her arm became sore, red and very swollen near site of injection. The redness and swelling went away after 24 hours and soreness after 48 hours.

VAERS ID: 488433 (history)		**Vaccinated:**	2013-02-18
Form:	Version 1.0	**Onset:**	2013-02-19
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-03-08
Location:	Vermont	**Days after onset:**	17
		Entered:	2013-04-03
		Days after submission:	25

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4137AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Fatigue, Oedema mouth

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit D; C; B12; Lysine; Calcium; PRN VALTREX
Current Illness: None
Preexisting Conditions: Hives with amoxicillin; Leg cramps with alendronate
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Mouth swelling 12 hours after the shot. The patient called us today (3/8/13) to report this happened. She also felt fatigued.

VAERS ID:	489547 (history)	**Vaccinated:**	2013-04-08
Form:	Version 1.0	**Onset:**	2013-04-08
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-04-10
Location:	Vermont	**Days after onset:**	2
		Entered:	2013-04-18
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	H021291 / 1	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~Influenza (Seasonal) (no brand name)~UN~0.00~Patient
Other Medications: Levothyroxine; Glipizide

Current Illness:
Preexisting Conditions: DM II; Hypothyroidism; Hyperlipidemia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt presents after injection with pain, redness, swelling at site. T - 99.1 degrees, P - 68, R - 16, BP - 158/72. 2 inch diameter, erythema to post. Upper (R) arm (center hard core.) MD advised and recommended ice, ibuprofen, BENADRYL. MD did not see pt. Pt scheduled OV today but canceled. Will f/u with clinic staff.

VAERS ID:	489565 (history)	**Vaccinated:**	2013-03-25
Form:	Version 1.0	**Onset:**	2013-04-04
Age:	1.08	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	2013-04-18
Location:	Vermont	**Days after onset:**	14
		Entered:	2013-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	H011885 / 1	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Pyrexia, Rash erythematous, Rash maculo-papular
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1304**USA**003875
Write-up: This spontaneous report as received from a physician via a nurse refers to a 13 month old male patient. There was no relevant medical history and no concomitant medication was taken. On 25-MAR-2013 the patient was vaccinated with M-M-R II lot # H011885 dose 1, 0.5 ml, subcutaneous. On 02-APR-2013, the patient experienced fever. On 04-APR-2013, the patient experienced erythema maculopapular rash. The outcome of erythema maculopapular rash and fever was unknown. The action taken regarding M-M-R II was unknown. The reporter causality

was unknown. Additional information is not expected.

VAERS ID:	489607 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2013-04-19
Sex:	Unknown	**Entered:**	2013-04-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	UN / UN
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1304**USA**008788
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patient had received ZOSTAVAX (lot number not provided) and VARIVAX (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. Additional information has been requested.

VAERS ID:	490377 (history)	**Vaccinated:**	2013-04-29
Form:	Version 1.0	**Onset:**	2013-04-29
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-04-30
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route

TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4034AA / UNK	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Dizziness, Pallor, Posture abnormal
SMQs:, Anticholinergic syndrome (broad), Dystonia (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient became pale after receiving shot. She stood up and pitched forward and was caught by her dad and lower to the floor. She was responsive. Her pulse was strong and steady. After 10 minutes we helped her to the chair where she sat for another 5 minutes then said she was feeling woozy again so we laid her on the floor for another 20 minutes. After sitting for about 5 min she was ready to leave. I cautioned dad to hold on to her as they exited. He refused a call to 911.

VAERS ID:	490445 (history)	**Vaccinated:**	2013-04-24
Form:	Version 1.0	**Onset:**	2013-04-25
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-04-30
Location:	Vermont	**Days after onset:**	5
		Entered:	2013-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	H022153 / UNK	LA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram 10mg daily. Omeprazole 20 mg daily.
Current Illness: None reported.
Preexisting Conditions: None recorded.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After injection patient reports red, warm, painful area at injection site. Warmth in area increased over the next three days, as did the size of the red area (approx 2 inches). Patient attempted to use ice/cold water to relieve warmth, and also tried Benadryl oral with no relief. Patient reported seeing nurse at doctor''s office 04/29/13 and was advised that this reaction was within normal for injection. Patient reports that symptoms have improved dramatically since they started last week.

VAERS ID:	491521 (history)	**Vaccinated:**	2013-05-08
Form:	Version 1.0	**Onset:**	2013-05-09
Age:	34.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2013-05-13
Location:	Vermont	**Days after onset:**	4
		Entered:	2013-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / -

Administered by: Public **Purchased by:** Other
Symptoms: Asthenia, Bed rest, Fatigue, Motor dysfunction, Pyrexia
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 48 hours of high fever; persistent fatigue and weakness after fever; awkward motor

skills. Full bed rest, lots of fluids. Fever broke after 48 hours.

VAERS ID:	492022 (history)	**Vaccinated:**	2013-05-09
Form:	Version 1.0	**Onset:**	2013-05-09
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-05-14
Location:	Vermont	**Days after onset:**	5
		Entered:	2013-05-20
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J000434 / 1	LA / SC

Administered by: Unknown **Purchased by:** Private
Symptoms: Injection site pain, Injection site reaction, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram; Loratadine; Metformin; Metoprolol ER; Montelukast; SAVELLA; Carbmazepine
Current Illness: None
Preexisting Conditions: Asthma; COPD; Epilepsy; Penicillin allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Painful red rash at injection site. Was painful since the vaccine was administered - unknown when the rash developed - notivied 5/14/13.

VAERS ID:	492801 (history)	**Vaccinated:**	2013-05-20
Form:	Version 1.0	**Onset:**	2013-05-22
Age:	5.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2013-05-24
Location:	Vermont	**Days after onset:**	2
		Entered:	2013-05-29
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B204AA / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Injection site reaction, Local reaction, Tenderness
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Telephone call from mother 5/23/13 reports significant local reaction to left arm at injection site of KINRIX (Dtap-UPV). Mom reports area oval shape approx 2" x 3", no fever; arm red, slightly tender, offered appt. Mom decided to wait, apply cold compresses, call with additional concerns.

VAERS ID:	492855 (history)	**Vaccinated:**	2013-05-25
Form:	Version 1.0	**Onset:**	2013-05-26
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-05-30
Location:	Vermont	**Days after onset:**	4
		Entered:	2013-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J000853 / 1	RA / SC

Administered by: Public **Purchased by:** Unknown
Symptoms: Burning sensation, Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluticasone propionate, Premarin, methylphenidate
Current Illness: No illnesses known
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Burning rash with hive like spots on left torso.

VAERS ID:	493128 (history)	**Vaccinated:**	2013-05-30
Form:	Version 1.0	**Onset:**	2013-05-30
Age:	1.28	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-05-31
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B151AA / 4	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH770AA / 4	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G31937 / 4	RL / IM

Administered by: Public **Purchased by:** Public
Symptoms: Erythema, Oedema peripheral, Rash generalised, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: In-utero methadone exposure; Exotropia (R) eye; Sacral dimple Ankyoglossia; Reactive airway disease
Allergies:
Diagnostic Lab Data: None

CDC Split Type:
Write-up: Per foster mother about 1 1/2 hours after his vaccinations he had a lacy rash over most of his body and a few hives including one on his face and puffy, red feet.

VAERS ID:	494133 (history)	**Vaccinated:**	2013-06-10
Form:	Version 1.0	**Onset:**	2013-06-13
Age:	75.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2013-06-14
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J000853 / 1	LA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lovastatin, ProAir, triamcinolone nasal spray, lorazepam, Advair 100/50
Current Illness: None Reported
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Intense itch, wheal the size of 2 silver dollars.

VAERS ID:	494964 (history)	**Vaccinated:**	2013-06-03
Form:	Version 1.0	**Onset:**	2013-06-11
Age:	1.01	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	2013-06-24
Location:	Vermont	**Days after onset:**	13
		Entered:	2013-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB355AA / 1	LL / IM

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	H011885 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	H018790 / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Endotracheal intubation, Pyrexia, Respiratory distress
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: Runny nose; Congestion
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 8 dys after 12 month imms. pt experienced high fever (104 degrees) and seizure, with respiratory distress. Due to respiratory distress pt. intubated and hospitalized.

VAERS ID:	495458 (history)	**Vaccinated:**	2013-06-26
Form:	Version 1.0	**Onset:**	2013-06-26
Age:	0.52	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-06-28
Location:	Vermont	**Days after onset:**	2
		Entered:	2013-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LG / SYR
HIBV: HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LG / SYR
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LG / SYR

Administered by: Private **Purchased by:** Other
Symptoms: Decreased appetite, Fatigue, Hypersomnia, Injection site discomfort, Irritability,

Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Still sleeping excessively, fussy.
CDC Split Type:
Write-up: Feverish, discomfort at injection site. Next morning she was fatigued, slept excessively, very fussy. Poor appetite.

VAERS ID:	495475 (history)	**Vaccinated:**	2013-06-28
Form:	Version 1.0	**Onset:**	2013-06-28
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-06-28
Location:	Vermont	**Days after onset:**	0
		Entered:	2013-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J001006 / 1	LA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Chest discomfort, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness: No
Preexisting Conditions: Patient reports sulfa allergy
Allergies:
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Patient reports slight tightness in throat radiating to chest. Symptoms resolved spontaneously within the hour.

VAERS ID:	496549 (history)	**Vaccinated:**	2013-07-10
Form:	Version 1.0	**Onset:**	2013-07-10
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-07-12
Location:	Vermont	**Days after onset:**	2
		Entered:	2013-07-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J004058 / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Injection site erythema, Local swelling, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: HTN; COPD; Fibromyalgia; Splenectomy; Allergies: PCN; Sulfa
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient called on 7-11-13 complaining of arm pain and swelling. The swelling per patient went 2/3 down her arm, some redness around injection site. Patient to come in for us to measure. Said swelling was on the inside and outside of he arm.

VAERS ID: 497381 (history)		**Vaccinated:**	2012-09-29
Form:	Version 1.0	**Onset:**	2012-09-29
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2013-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH718AA / UNK	AR / IM

Administered by: Other **Purchased by:** Private
Symptoms: Incorrect route of drug administration, Rotator cuff syndrome
SMQs:, Drug abuse and dependence (broad), Tendinopathies and ligament disorders (narrow), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: July 10, 2013 my doc. said "I have tendinitis/cuff and thickening of acromion, but no way to tell if it"s life, or improper vaccination. Received flu" shot 9/2012 into my shoulder top, instead of muscle. Enclosed copy or signature and date at pharmacy. Please notify fellow to stop administering vaccinations this way! Thank you!

VAERS ID: 498318 (history)		**Vaccinated:**	2013-07-24
Form:	Version 1.0	**Onset:**	2013-07-26
Age:	5.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2013-07-27
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-08-02
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B225BA / UNK	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Erythema, Local reaction, Mobility decreased, Skin warm
SMQs:, Anaphylactic reaction (broad), Parkinson-like events (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Rash with amoxicillin
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: KINRIX administered on 7/24/13 noted by parent"s localized reaction 7/26/13. Would not use shoulder or arm, red, warm to touch in office visit 7/27/13, using arm today. Approx area 15 cm x 17 cm involved, still red.

VAERS ID:	498669 (history)	**Vaccinated:**	2013-08-05
Form:	Version 1.0	**Onset:**	2013-08-05
Age:	60.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-08-06
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-08-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4196AA / 1	LA / IM
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J002241 / 1	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Dysphonia
SMQs:, Parkinson-like events (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Lisinopril; Simvastatin; Cod liver
Current Illness: No
Preexisting Conditions: Depression; Hyperlipidemia; Hypertension; No known drug allergies
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Yesterday evening patient reported hoarseness. Patient told by on-call MD to take BENADRYL which relieved pt"s hoarseness.

VAERS ID:	499174 (history)	**Vaccinated:**	2013-07-27
Form:	Version 1.0	**Onset:**	2013-07-27
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-08-12
Location:	Vermont	**Days after onset:**	16
		Entered:	2013-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Public **Purchased by:** Private
Symptoms: Cognitive disorder, Dissociation, Dry mouth, Energy increased, Feeling abnormal, Flat affect, Gait disturbance, Lethargy, Mood swings, Muscular weakness
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Nasalcrom; Lisinopril; Carisiprodol; Tylenol #2
Current Illness: No
Preexisting Conditions: Allergies to mold, chemicals, latex.
Allergies:
Diagnostic Lab Data: I plan on recovering. I got the last shot on 8-10-13 and am still experiencing those symptoms. They went away prior to each subsequent shot before, so I am assuming they will again.
CDC Split Type:
Write-up: Reaction from this and subsequent shots at facility: flat affect, disassociation with body, trouble walking, "rubbery boned", feeling like I was shaking when I was not, surges of energy both

horizontally and vertically in my arms and legs, cognitive dullness, mood swings, dry mouth, extreme lethargy.

VAERS ID:	500197 (history)	**Vaccinated:**	2013-08-12
Form:	Version 1.0	**Onset:**	2013-08-12
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2013-08-20
Location:	Vermont	**Days after onset:**	8
		Entered:	2013-08-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Expired drug administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1308**USA**005609
Write-up: This spontaneous report was received from a pharmacist refers to a patient of unknown age and gender. No medical history or drug allergies/reactions were reported. On 12-AUG-2013, the patient was vaccinated with an expired dose of ZOSTAVAX, 0.65 ml, subcutaneous (lot number 0660AA is an invalid lot number for ZOSTAVAX; exp. date 04-AUG-2012). No adverse effect reported. Additional information has been requested.

VAERS ID: 500433 (history)		**Vaccinated:**	2013-08-16
Form:	Version 1.0	**Onset:**	2013-08-17
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-08-23
Location:	Vermont	**Days after onset:**	6
		Entered:	2013-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B204AA / UNK	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	H017435 / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J001179 / 2	RA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Rash macular
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 8/16/13 --$g exam 8/19/13. (L) arm circumference = 8 1/2" (vs 7" on (R)) - swelling, redness, itching 8 1/2 length 5" width erythematous patch upper arm --$g forearm. Blotchy erythema with serpiginous border volar surface forearm --$g wrist

VAERS ID: 500646 (history)		**Vaccinated:**	2013-08-20
Form:	Version 1.0	**Onset:**	2013-08-21
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-08-23
Location:	Vermont	**Days after onset:**	2
		Entered:	2013-08-27
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J001697 / 1	RA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Cellulitis surrounding injection site. Treated with cephalexin.

VAERS ID: 501086 (history)		**Vaccinated:**	2013-08-28
Form:	Version 1.0	**Onset:**	2013-08-28
Age:	86.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-08-29
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-08-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4713AA / UNK	LA / SYR

Administered by: Other **Purchased by:** Public
Symptoms: Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic

oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling at the injection site and severe pain.

VAERS ID:	501688 (history)	**Vaccinated:**	2013-08-19
Form:	Version 1.0	**Onset:**	2013-08-19
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2013-09-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4713AA / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Dizziness, Injection site pruritus, Lip swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Blood pressure
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 5 mins after administering the shot patient had itching around the injection site and after few minutes she had dizziness and her lips started swelling. She went to the ER right away where she got prednisone shot and she is fine after that.

VAERS ID:	504262 (history)	**Vaccinated:**	2013-09-23
Form:	Version 1.0	**Onset:**	2013-09-26
Age:	59.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2013-09-26
Location:	Vermont	**Days after onset:**	0
		Entered:	2013-09-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J003798 / UNK	RA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None on file with us
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shingles like rash at injection site. No treatment.

VAERS ID:	504744 (history)	**Vaccinated:**	2013-09-18
Form:	Version 1.0	**Onset:**	2013-09-18
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-09-19
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-09-30
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4713AA / 1	LA / UN
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	H016283 / 2	LA / UN

Administered by: Other **Purchased by:** Private
Symptoms: Nausea, Pyrexia, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Hypothyroidism; Penicillin allergy; High BP
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Evening of shots, extreme nausea from 8:00 to 10:00 PM. Then uncontrollable violent shaking, cont "d thru night, around 1:00 AM 99.8 fever, 5:00 AM 99.3 fever, still shakes, 8:00 AM 98.6 fever and ok.

VAERS ID:	505403 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2013-10-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4762BA / UNK	UN / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Cellulitis.

VAERS ID:	505410 (history)	**Vaccinated:**	2013-09-24
Form:	Version 1.0	**Onset:**	2013-09-24
Age:	87.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-10-02
Location:	Vermont	**Days after onset:**	8
		Entered:	2013-10-03
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4781AA / 2	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Convulsion, Local swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Atorvastatin; PAXIL; FLONASE; NAMENDA; SEROQUEL; COZAAR; Hydralazine; Lisinopril; Metformin; Atenolol; CLARINEX; Z-PAK
Current Illness: Finished ZPAK - 500mg 1 day prior to shot
Preexisting Conditions: NKA; Dementia; High blood pressure; High cholesterol (All that I know)
Allergies:
Diagnostic Lab Data: At pharmacy
CDC Split Type:
Write-up: Patient"s caregiver came to the pharmacy 8 days after patient received flu shot, explaining how she was rushed to the emergency room about 3 hours after the flu shot. The patient was having a seizure (caregiver could not say which kind), and stayed in the hospital for 4 days. Patient also has some leg swelling that has not gone away, she has a follow-up for Wed.

VAERS ID:	505994 (history)	**Vaccinated:**	2013-09-25
Form:	Version 1.0	**Onset:**	2013-09-27
Age:	78.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2013-10-05
Location:	Vermont	**Days after onset:**	8
		Entered:	2013-10-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4781AA / UNK	LA / UN

Administered by: Other **Purchased by:** Private
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 9/27/13: raised, warm and red at site; 9/28/13: pt saw doctor prior to travel to foreign country, did not feel it was infected; cold compress and Benadryl. Advised to have next yr flu shot at doctor office.

VAERS ID:	506108 (history)	**Vaccinated:**	2013-09-30
Form:	Version 1.0	**Onset:**	2013-09-30
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-10-02
Location:	Vermont	**Days after onset:**	2
		Entered:	2013-10-07
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	45BL3 / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J004064 / 2	RA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Blood calcium, Blood creatinine, Blood electrolytes, Blood folate, Blood glucose, Blood urea, Differential white blood cell count, Erythema, Full blood count, Hepatitis A virus test, Hepatitis B virus test, Hepatitis C virus test, Liver function test normal, Pain in extremity, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LASIX; KCl; CARDIZEM; ASA; thiamine; PROTONIX; Mg; folic acid; SPIRIVA

Current Illness: None acute
Preexisting Conditions: HTN; emphysema; ETOH abuse/cirrhosis; polycythemia; increased cholesterol; mult episodes cellulitis; PVD; Afib
Allergies:
Diagnostic Lab Data: 9/30 OV - LFTs, BUN/Cr, Ca++, CBC diff, lytes, folate, glu, hepatitis screen
CDC Split Type:
Write-up: A few hrs after vaccination pt noted redness, pain, itching to both arms - spreading. (R) arm area distal and proximal to injection site approximately 3 in diam. (L) arm area distal to injection site approximately 3 1/2 in diam BENADRYL 25-50mg every 4h-6hr PRN - treatment.

VAERS ID:	506441 (history)	**Vaccinated:**	2013-09-29
Form:	Version 1.0	**Onset:**	2013-09-29
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-10-03
Location:	Vermont	**Days after onset:**	4
		Entered:	2013-10-08
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH908AA / UNK	LA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	U4617AA / UNK	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Contusion, Erythema, Local swelling, Nausea, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Temperature and BP - WNL
CDC Split Type:
Write-up: 9-29-13 in evening had a swollen and sore arm. On Mon. 9-30-13 in the AM there was a large bruise (quarter size) continued to swell and hurt. Went to urgent care on 10/2/13

temperature and BP were OK. Was given Cephalexin 500mg for 1 week. Continues to have nausea, but the redness and swelling are decreasing.

VAERS ID:	506776 (history)	**Vaccinated:**	2013-10-09
Form:	Version 1.0	**Onset:**	2013-10-09
Age:	79.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-10-09
Location:	Vermont	**Days after onset:**	0
		Entered:	2013-10-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U42628A / UNK	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Malaise, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered at approx. 10h30AM. Call from daughter at approx. 4h10PM reporting patient vomiting and unwell. Patient referred to MD or hospital ER.

VAERS ID:	506881 (history)	**Vaccinated:**	2013-10-07
Form:	Version 1.0	**Onset:**	2013-10-08
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-10-10
Location:	Vermont	**Days after onset:**	2
		Entered:	2013-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J001694 / UNK	RA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Injection site reaction, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Celexa 40mg, Atorvastatin 10mg
Current Illness: No
Preexisting Conditions: Codeine Allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: A welt at injection site. Told Patient to take Benadryl and call the Doctor if area became larger.

VAERS ID:	507690 (history)	**Vaccinated:**	2013-10-07
Form:	Version 1.0	**Onset:**	2013-10-07
Age:	96.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-10-13
Location:	Vermont	**Days after onset:**	6
		Entered:	2013-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4764AA / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Dizziness, Fall, Feeling cold
SMQs:, Anticholinergic syndrome (broad), Accidents and injuries (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Atenolol; HCTZ
Current Illness: Unknown
Preexisting Conditions: Unknown, patient said none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: That evening after the shot, the patient felt very cold, dizzy, and ended up falling at her home. No hospitalization reported and no other symptoms since.

VAERS ID:	507289 (history)	**Vaccinated:**	2013-09-20
Form:	Version 1.0	**Onset:**	2013-09-22
Age:	67.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2013-10-10
Location:	Vermont	**Days after onset:**	18
		Entered:	2013-10-15
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	R55208 / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Arthritis bacterial, Blood culture negative, Chills, Full blood count, Incisional drainage, Influenza virus test negative, Injection site bruising, Injection site haematoma, Injection site joint movement impairment, Injection site pain, Injection site swelling, Joint injury, Laboratory test normal, Nuclear magnetic resonance imaging abnormal, Pain in extremity, Red blood cell sedimentation rate increased, Tremor, Urine analysis normal, White blood cell count increased
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 3 days

Extended hospital stay? No
Previous Vaccinations:
Other Medications: Metoprolol; Omeprazole; Simvastatin; Aspirin; CELEBREX; Glucosamine; Acetaminophen
Current Illness: No
Preexisting Conditions: Diabetes; Joint pain; Hypertension; Hyperlipidemia
Allergies:
Diagnostic Lab Data: 9/29 Chest neg, Flu swab neg, U/A NL, WBC 13.4, ESR 9. Bld cult neg after 5 days; 9/30 WBC - 20.5, ESR 77; 10/2 MRI - lg fluid collection
CDC Split Type: NH1010201317
Write-up: 9/24 ER visit w/ c/o shoulder injury, bruise over (L) deltoid site of injection, has hematoma. 9/29 Return to ER w/ chills, persistent arm pain. 9/30 pt called MD office - shaking, chills. Advised to go to ER CBC and ESR repeated, decreased ROM, pain and swelling (L) shoulder. Discharged to see Ortho MD today (later in day) ER MD spoke to Ortho surgeon. Sent home. Returned on 10/5 to Ortho surg and admitted to hospital w septic arthritis. I and D x 2.

VAERS ID:	508340 (history)	**Vaccinated:**	2013-10-16
Form:	Version 1.0	**Onset:**	2013-10-17
Age:	73.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-10-20
Location:	Vermont	**Days after onset:**	3
		Entered:	2013-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	R54407 / UNK	LA / UN

Administered by: Other **Purchased by:** Private
Symptoms: Asthenia, Dizziness, Dyskinesia, Fatigue, Grip strength decreased
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Temazepam; Pravastatin; ZYRTEC; Cyproheptadine; Levothyroxine; Tuminifen; ACIPHEX
Current Illness: None
Preexisting Conditions: CIDP-Chronic Inflammatory Demyelinating Peripheral Neuropathy; Left mastectomy
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Pt awoke with light headedness and fatigue. Experienced "jerking" in trunk area, had to rest on floor several time on way to kitchen. Was very weak and dropped two glasses while trying to get a drink. Had to rest on floor several times while returning to bed. Pt went back to sleep and felt better in afternoon. Felt fully recovered by following morning.

VAERS ID:	508495 (history)	**Vaccinated:**	2013-10-14
Form:	Version 1.0	**Onset:**	2013-10-15
Age:	8.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2013-10-18
Location:	Vermont	**Days after onset:**	3
		Entered:	2013-10-21
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH900AC / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Vomiting
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Fever~Influenza (H1N1) (H1N1 (MONOVALENT) (UNKNOWN))~2~5.00~Patient
Other Medications: Symbicort
Current Illness: None
Preexisting Conditions: Asthma; Probable ibuprofen allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe abdominal pain, persistent vomiting in middle of night (3AM) until mid am after imm given late after noon (5:00 pm) imm given. Stopped vomiting at noon next day.

VAERS ID:	509324 (history)	**Vaccinated:**	2013-08-05
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2013-10-23
Sex:	Unknown	**Entered:**	2013-10-23
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009679
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 05-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). Additional information has been requested.

VAERS ID:	509325 (history)	**Vaccinated:**	2013-08-06
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-23
Sex:	Unknown	**Entered:**	2013-10-23
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009680
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 06-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). Additional information has been requested.

VAERS ID:	509327 (history)	**Vaccinated:**	2013-08-08
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	61.0	**Submitted:**	2013-10-23
Sex:	Unknown	**Entered:**	2013-10-23
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009681
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines had been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 08-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). Additional information has been requested.

VAERS ID:	509328 (history)	**Vaccinated:**	2013-08-08
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-23
Sex:	Unknown	**Entered:**	2013-10-24
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009682
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX

(lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccine have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 08-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). Additional information has been requested.

VAERS ID:	509500 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	73.0	**Submitted:**	2013-10-25
Sex:	Male	**Entered:**	2013-10-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	AR / UN
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	AR / UN

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain, Injection site swelling, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Drug hypersensitivity
Preexisting Conditions: Heparin
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**008104
Write-up: This spontaneous report as received from a consumer refers to a 73 year old male patient with no pertinent medical history. On 22-SEP-2013 the patient was vaccinated with a dose of PNEUMOVAX23 and a dose of influenza virus vaccine (manufacture unknown) in the same arm (dose number, dose, frequency, route and lot# not reported). On the same day, the patient

received his allergy shots (manufacture unknown) in his other arm (dose number, dose, frequency, route and lot# not reported). After receiving PNEUMOVAX23 and influenza virus vaccine (manufacture unknown) in the same arm, on an unknown date in 2013 the patient experienced pain and swelling at the injection site. The patient also experienced some itching after receiving allergy shots (manufacture unknown). The patient did not receive any treatment and any lab diagnostic studies. The patient also did not seek any medical attention. On an unspecified date, the outcome of all events was reported as recovered on therapy. The patient was not reintroduced. The patient reported TYLENOL, OXYCONTIN and oxycodone did not work for him and he was allergic to them. The patient was also allergic to heparin. Additional information has been requested.

VAERS ID:	509787 (history)	**Vaccinated:**	2013-08-23
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-26
Sex:	Unknown	**Entered:**	2013-10-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009689
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (Lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 23-AUG-2013 the patient was vaccinated with a dose of improperly

stored ZOSTAVAX (lot #, expiration date and route not reported). This report is one of the several reports received from the same source. Additional information has been requested.

VAERS ID:	509789 (history)	**Vaccinated:**	2013-08-20
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	75.0	**Submitted:**	2013-10-26
Sex:	Unknown	**Entered:**	2013-10-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009690
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (Lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 20-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). This report is one of the several reports received from the same source. Additional information has been requested.

VAERS ID:	509790 (history)	**Vaccinated:**	2013-08-27
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-27
Sex:	Unknown	**Entered:**	2013-10-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009697
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (Lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 27-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). This report is one of the several reports received from the same source. Additional information has been requested.

VAERS ID:	509791 (history)	**Vaccinated:**	2013-08-27
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2013-10-27
Sex:	Unknown	**Entered:**	2013-10-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009696
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (Lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 27-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). This report is one of the several reports received from the same source. Additional information has been requested.

VAERS ID:	509793 (history)	**Vaccinated:**	2013-08-26
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	61.0	**Submitted:**	2013-10-27
Sex:	Unknown	**Entered:**	2013-10-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009692
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 26-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	509794 (history)	**Vaccinated:**	2013-08-27
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	63.0	**Submitted:**	2013-10-27
Sex:	Unknown	**Entered:**	2013-10-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications

Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009695
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (Lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 27-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). This report is one of the several reports received from the same source. Additional information has been requested.

VAERS ID:	509796 (history)	**Vaccinated:**	2013-08-23
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	61.0	**Submitted:**	2013-10-27
Sex:	Unknown	**Entered:**	2013-10-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009691
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX

(lot number not provided) and VARIVAX (Merck) (Lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 23-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). This report is one of the several reports received from the same source. Additional information has been requested.

VAERS ID:	509819 (history)	**Vaccinated:**	2013-08-27
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2013-10-27
Sex:	Unknown	**Entered:**	2013-10-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009694
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (Lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 27-AUG-2013 the patient was vaccinated with a dose of improperly

stored ZOSTAVAX (lot #, expiration date and route not reported). This report is one of the several reports received from the same source. Additional information has been requested.

VAERS ID:	509835 (history)	**Vaccinated:**	2013-08-27
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-27
Sex:	Unknown	**Entered:**	2013-10-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009693
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 27-AUG-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	509853 (history)	**Vaccinated:**	2013-09-04
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-27
Sex:	Unknown	**Entered:**	2013-10-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009698
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 04-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). Additional information has been requested.

VAERS ID:	510088 (history)	**Vaccinated:**	2013-09-10
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2013-10-29
Sex:	Unknown	**Entered:**	2013-10-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009701
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (lot number not provided) doses which were exposed to -6.8 for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines had been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 10-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510090 (history)	**Vaccinated:**	2013-09-10
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2013-10-29
Sex:	Unknown	**Entered:**	2013-10-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009703
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient''s information was updated. On 10-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510100 (history)	**Vaccinated:**	2013-09-10
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2013-10-29
Sex:	Unknown	**Entered:**	2013-10-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications

Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009702
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient''s information was updated. On 10-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510129 (history)	**Vaccinated:**	2013-09-11
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	63.0	**Submitted:**	2013-10-29
Sex:	Unknown	**Entered:**	2013-10-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009704
Write-up: This spontaneous report as received from a healthcare worker refers to unknown

number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient''s information was updated. On 11-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510274 (history)	**Vaccinated:**	2013-09-21
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-30
Sex:	Unknown	**Entered:**	2013-10-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009706
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient

information was updated. On 21-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). Additional information has been requested.

VAERS ID:	510275 (history)	**Vaccinated:**	2013-09-12
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2013-10-30
Sex:	Unknown	**Entered:**	2013-10-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009707
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 12-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510287 (history)	**Vaccinated:**	2013-09-12
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	64.0	**Submitted:**	2013-10-30
Sex:	Unknown	**Entered:**	2013-10-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009708
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 12-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510616 (history)	**Vaccinated:**	2013-09-16
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2013-10-31
Sex:	Unknown	**Entered:**	2013-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009710
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received form the healthcare worker. Patient information was updated. On 16-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). Additional information has been requested.

VAERS ID:	510660 (history)	**Vaccinated:**	2013-09-13
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-31
Sex:	Unknown	**Entered:**	2013-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009709
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown umber of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 13-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510663 (history)	**Vaccinated:**	2013-09-17
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	2013-10-31
Sex:	Unknown	**Entered:**	2013-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009711
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown umber of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 17-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot #, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510715 (history)	**Vaccinated:**	2013-09-27
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	63.0	**Submitted:**	2013-10-31
Sex:	Unknown	**Entered:**	2013-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009713

Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 27-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510722 (history)	**Vaccinated:**	2013-09-30
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	61.0	**Submitted:**	2013-10-31
Sex:	Unknown	**Entered:**	2013-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009715
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a

proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 30-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510735 (history)	**Vaccinated:**	2013-09-06
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-31
Sex:	Unknown	**Entered:**	2013-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009712
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 06-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510744 (history)	**Vaccinated:**	2013-10-01
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2013-10-31
Sex:	Unknown	**Entered:**	2013-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009716
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 01-OCT-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510746 (history)	**Vaccinated:**	2013-09-30
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	64.0	**Submitted:**	2013-10-31
Sex:	Unknown	**Entered:**	2013-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009714
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received ZOSTAVAX (lot number not provided) and VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.4 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. Follow-up information received from the healthcare worker. Patient information was updated. On 30-SEP-2013 the patient was vaccinated with a dose of improperly stored ZOSTAVAX (lot#, expiration date and route not reported). This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510772 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2013-11-01
Sex:	Unknown	**Entered:**	2013-11-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1310**USA**009718
Write-up: This spontaneous report as received from a healthcare worker refers to unknown number of patients of unknown age. The unknown number of patients had received VARIVAX (Merck) (lot number not provided) doses which were exposed to -6.8C for 1.5 hours every 24 hours due to defrost cycle every day. No adverse effect reported. It was unspecified if the patients had sought medical attention. The health care professional contacted during telephone follow-up did not remember which patient might have received these vaccines and could not supply the following information: patient name, date of birth, dates of vaccination, or lot number. She also stated that the vaccines have been moved to a proper storage unit. This is one of the several reports from the same source. Additional information has been requested.

VAERS ID:	510907 (history)	**Vaccinated:**	2013-09-30
Form:	Version 1.0	**Onset:**	2013-10-13
Age:	80.0	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	2013-10-26
Location:	Vermont	**Days after onset:**	13
		Entered:	2013-11-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J007600 / UNK	UN / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The events which precipitated this report were a shingles vaccine administered on September 30, 2013 followed by the 2013 flu vaccine administered 10 days later on Friday October 11, 2013. The shingles vaccine resulted in absolutely no immediate after effects, as was also true of the flu shot. However, on the evening three days after the flu shot, I became seriously itchy, primarily around the beltline, not like the typical shingle symptoms which I understand are generally on one side of the body. Resorted to hydrocortisone ointment which I had on hand which calmed the itch down enough to enable sleep. The itch persisted from Sunday evening until Tuesday morning and on Monday evening there was a distinct rash on front of the upper right thigh. I continued with the hydrocortisone through this roughly 36 hour period. To my amazement and relief, upon awakening Tuesday morning, the itch and the rash were gone and there have been no further problems to date. Was the itch and rash following the flu shot caused by an interaction between and should a longer period of time been allowed to pass between to the two vaccinations?

VAERS ID:	511148 (history)	**Vaccinated:**	2013-10-28
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	74.0	**Submitted:**	2013-10-31
Sex:	Female	**Entered:**	2013-11-04
Location:	Vermont	**Days after submission:**	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J004332 / 2	LA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Axillary pain, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hurting underneath her arm by her armpit and in the back of her arm.

VAERS ID:	511477 (history)	**Vaccinated:**	2013-10-15
Form:	Version 1.0	**Onset:**	2013-10-15
Age:	56.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-11-05
Location:	Vermont	**Days after onset:**	21
		Entered:	2013-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4332BA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Hypoaesthesia, Injection site anaesthesia, Myelitis transverse, Pruritus
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Demyelination (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 6 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: According to the patient this report may have been submitted by MD seen at time of adverse event. It was reported that the client began to develop itchiness after the immunization was given. Soon after numbness began to develop in the left shoulder and continued down the arm. Client reports that the numbness was on the left side down to his waist. Client reported having been seen at another facility where he was diagnosed with transverse myelitis and given

IV Solumedrol during hospital stay. Client reports having improved with only numbness in the left fingertips as of today. Client states he was sent home with a prescription for steroids PO. Follow-up scheduled.

VAERS ID:	511654 (history)	**Vaccinated:**	2013-10-24
Form:	Version 1.0	**Onset:**	2013-10-24
Age:	65.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-11-06
Location:	Vermont	**Days after onset:**	13
		Entered:	2013-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	- / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / 1	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Activities of daily living impaired, Headache, Injection site reaction, Malaise, Pyrexia, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Notes: This was the first dose of Pneumovax I have received. The reaction was much stronger than past flu vaccines.
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 101.7 fever for two days (in bed-malaise). Red rash around Pneumococcal vaccine injection site. Mild headaches for about 10 days.

VAERS ID:	511823 (history)	**Vaccinated:**	2012-11-15
Form:	Version 1.0	**Onset:**	2012-12-10
Age:	28.0	**Days after vaccination:**	25
Sex:	Female	**Submitted:**	2013-11-07
Location:	Vermont	**Days after onset:**	332
		Entered:	2013-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA715BA / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Asthenia, Electromyogram, Exposure during pregnancy, Hypoaesthesia, Lumbar puncture, Paraesthesia, Tremor
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 7 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Multivitamins
Current Illness: Pregnancy
Preexisting Conditions: Pregnancy
Allergies:
Diagnostic Lab Data: Electromyography, Spinal tap
CDC Split Type:
Write-up: Tingling, numbness and loss of strength involving fingers and toes. Tremors around eyes.

VAERS ID:	512711 (history)	**Vaccinated:**	2013-10-12
Form:	Version 1.0	**Onset:**	2013-10-21
Age:	57.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	2013-11-13
Location:	Vermont	**Days after onset:**	23
		Entered:	2013-11-13

Vaccination / Manufacturer	Lot / Dose	Site /

		Route
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	00006496341 / 2	LA / SYR

Administered by: Other **Purchased by:** Private
Symptoms: Computerised tomogram, Electrocardiogram, Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: I have had an EKG, CT-scan and am about to have an MRI
CDC Split Type:
Write-up: Sudden onset of numbness on right side - arm, torso, hip area - as of date of submission of this report, numbness still present.

VAERS ID:	513336 (history)	**Vaccinated:**	2013-10-20
Form:	Version 1.0	**Onset:**	2013-10-20
Age:	87.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-11-01
Location:	Vermont	**Days after onset:**	12
		Entered:	2013-11-15
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4764AA / UNK	UN / IM

Administered by: Other **Purchased by:** Public
Symptoms: Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin; Lisinopril; Amlodipine
Current Illness: No
Preexisting Conditions: Hypertension; High cholesterol
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Site of vaccination still sore 26 days after administration.

VAERS ID:	513457 (history)	**Vaccinated:**	2013-11-01
Form:	Version 1.0	**Onset:**	2013-11-08
Age:	1.2	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	2013-11-15
Location:	Vermont	**Days after onset:**	7
		Entered:	2013-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U4692BA / 3	LL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB641AA / 1	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J002866 / 1	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J006114 / 1	LL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Convulsion, Febrile convulsion, Postictal state, Pyrexia, Tachycardia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: TYLENOL PRN
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient had a fever 11-8-13. Later in day had a 5 minute seizure at dinner. EMS called, went to ED. Vomited once, febrile 39.3, tachycardic given 150 mg TYLENOL, observed. Short post-ictal period. No further seizure, dx: Febrile seizure, time of admit to ED 18:02, time of discharge to home 20:56.

VAERS ID:	513680 (history)	**Vaccinated:**	2013-11-04
Form:	Version 1.0	**Onset:**	2013-11-04
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-11-18
Location:	Vermont	**Days after onset:**	14
		Entered:	2013-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J004064 / UNK	UN / IM

Administered by: Private **Purchased by:** Public
Symptoms: Fatigue, Pain, Pyrexia, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Painful, swollen, fever, achy, fatigue. Patient has been out of work for 2 weeks.

VAERS ID:	513684 (history)	**Vaccinated:**	2013-11-11
Form:	Version 1.0	**Onset:**	2013-11-11
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-11-18
Location:	Vermont	**Days after onset:**	7
		Entered:	2013-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J004064 / UNK	AR / IM

Administered by: Private **Purchased by:** Public
Symptoms: Fatigue, Pain, Pyrexia, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Painful, swollen, fever, achy, fatigue. ER visit x 2 with antibiotics administered.

VAERS ID:	513769 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	7.0	**Submitted:**	2013-11-18
Sex:	Female	**Entered:**	2013-11-19
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Death, Headache, Laboratory test, Pyrexia, Respiratory arrest
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic

syndrome (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? Yes
Birth Defect? No
Died? Yes
Date died: 0000-00-00
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: UNK
Preexisting Conditions: No pre-existing health conditions and was a very healthy child
Allergies:
Diagnostic Lab Data: Lab tests unknown
CDC Split Type: 2013SA118114
Write-up: Initial report was received on 07 November 2013 from a non-health care provider from an unverified internet source. The reporter for this case is the same as case number 2013SA114788. A 7 year-old female patient (date of birth not reported) had received an Influenza vaccine (manufacturer, lot number, route, site and date of administration not reported) at her annual checkup. The patient was reported to have no pre-existing health conditions and was a very healthy child. The patient developed a severe headache and fever one day after vaccination. Three days later, the patient stopped breathing and died without warning in her mother''s arm. Diagnostic and laboratory testing were not reported. No further details were available at the time of the report. The patient''s outcome was fatal. Documents held by sender: None.

VAERS ID:	513837 (history)	**Vaccinated:**	2013-11-06
Form:	Version 1.0	**Onset:**	2013-11-06
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-11-19
Location:	Vermont	**Days after onset:**	13
		Entered:	2013-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4784AA / UNK	UN / IM

Administered by: Other **Purchased by:** Private
Symptoms: Body temperature decreased, Dizziness, Malaise
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tamsulosin; Bupropion SR
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reports feeling ill since he got flu shot on 11/06/13. He has been feeling dizzy, has low temperature 95 degrees.

VAERS ID:	513843 (history)	**Vaccinated:**	2013-10-21
Form:	Version 1.0	**Onset:**	2013-10-21
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2013-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	39TFS / UNK	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: C-reactive protein, Differential white blood cell count, Full blood count, Incorrect route of drug administration, Injected limb mobility decreased, Injection site joint pain, Laboratory test, Red blood cell sedimentation rate, X-ray
SMQs:, Drug abuse and dependence (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Endometriosis; hyperinsulinemia; reactive hypoglycemia
Allergies:
Diagnostic Lab Data: CBC with diff; ESR; CRP
CDC Split Type:

Write-up: Vaccine was injected into my left shoulder joint instead of deltoid muscle. Now having severe joint pain and decreased mobility. Have had labs, x-rays, MD appointments and now seeing orthopedics.

VAERS ID:	514284 (history)	**Vaccinated:**	2013-11-07
Form:	Version 1.0	**Onset:**	2013-11-07
Age:	66.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-11-21
Location:	Vermont	**Days after onset:**	14
		Entered:	2013-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4784AA / UNK	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Hyperhidrosis, Malaise
SMQs:, Neuroleptic malignant syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Info not available to me
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient described excessive perspiration and general malaise after flu shot and for 1-2 days after.

VAERS ID:	514433 (history)	**Vaccinated:**	2013-11-20
Form:	Version 1.0	**Onset:**	2013-11-21
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-11-22
Location:	Vermont	**Days after onset:**	1
		Entered:	2013-11-22

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH917AB / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: Patient received influenza vaccine on 11/20/13 at a flu clinic for employees staffed by nurses from another facility. Patient called facility the next morning to report that she woke up with an "itchy rash" on her chest and face. She denied any difficulty breathing or shortness of breath. Patient was encouraged to take a Benadryl and contact her PCP. The Lead RN contacted the patient x 2 on 11/21/13. Pt. reported that she was at work and that the symptoms had not worsened and she had not taken any Benadryl. She had contacted her PCP and was awaiting a return phone call. She continued to deny shortness of breath/difficulty breathing and no emergent care was deemed to be necessary.

VAERS ID:	514803 (history)	**Vaccinated:**	2013-11-21
Form:	Version 1.0	**Onset:**	2013-11-21
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-11-26
Location:	Vermont	**Days after onset:**	5
		Entered:	2013-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	T3959 / UNK	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Arthralgia, Dizziness, Headache, Myalgia, Oropharyngeal pain, Productive cough, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad),

Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Low-grade fever, dizziness, muscle/joint aches, productive cough, sore throat, headache. Started with dizziness < 6 hours after vaccination. Has never been vaccinated for influenza before.

VAERS ID:	514848 (history)	**Vaccinated:**	2013-10-25
Form:	Version 1.0	**Onset:**	2013-10-25
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-11-26
Location:	Vermont	**Days after onset:**	32
		Entered:	2013-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4717AA / UNK	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Asthenia, Bedridden, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: COPD
Preexisting Conditions: COPD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Over the course of 24 hours developed fever, muscle pain and weakness that resulted in her being bedridden. Lasted 24 hours.

VAERS ID:	515025 (history)	**Vaccinated:**	2013-10-28
Form:	Version 1.0	**Onset:**	2013-10-29
Age:	43.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2013-11-27
Location:	Vermont	**Days after onset:**	29
		Entered:	2013-11-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	13443P / UNK	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injected limb mobility decreased, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1 month of pain close to injection site, with reduced ROM, tenderness to palpation.

VAERS ID: 515155 (history)		**Vaccinated:**	2013-11-19
Form:	Version 1.0	**Onset:**	2013-11-19
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2013-11-27
Location:	Vermont	**Days after onset:**	8
		Entered:	2013-11-29
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	HZ5EX / UNK	NS / IN

Administered by: Public **Purchased by:** Public
Symptoms: Incorrect route of drug administration, No adverse event
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt was given FLUARIX (IM form of influenza) nasally to left nare - nurses made error thinking it was FLUMIST. No ill effect no adverse symptoms occurred. Mother was with child. Error caught minutes after pt left. Parent notified, state, and appropriate forms filled out.

VAERS ID: 515253 (history)		**Vaccinated:**	2013-10-17
Form:	Version 1.0	**Onset:**	2013-10-17
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2013-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	FJ94N / UNK	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Feeling abnormal, Flushing, Injection site erythema, Injection site rash, Injection site warmth, Malaise, Vision blurred
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None known
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt c/o IM site became very hot flush to face rash and redness at IM site size of baseball pt describes rush feeling not feeling well sl blurred vision denied SOB B/P 120/80 HR 78 remains talking no SE of anaphylaxis applied cool compress to site IM inc increased fluids observed 15 min symptoms slowly dissipated.

VAERS ID:	515356 (history)	**Vaccinated:**	2013-11-08
Form:	Version 1.0	**Onset:**	2013-11-09
Age:	73.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2013-12-02
Location:	Vermont	**Days after onset:**	23
		Entered:	2013-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4784AA / UNK	RA / IM
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J006827 / UNK	LA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Enalapril; HCTZ; Simvastatin
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sore arm for weeks after shot, still having a sore arm, no swelling or redness (right arm).

VAERS ID:	516309 (history)	**Vaccinated:**	2013-11-24
Form:	Version 1.0	**Onset:**	2013-11-24
Age:	0.01	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2013-12-11
Location:	Vermont	**Days after onset:**	17
		Entered:	2013-12-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	- / UN

Administered by: Public **Purchased by:** Other
Symptoms: Blood test, Cyanosis, Depressed level of consciousness, Dysphonia, Dyspnoea, Somnolence, X-ray
SMQs:, Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? Yes
Previous Vaccinations:
Other Medications: NONE, 2 DAY OLD BABY!
Current Illness: 2 DAY OLD NEWBORN LEAVING HOSPITAL AFTER TERM PREGNACY AND NORMAL DELIVERY. PERFECTLY HEALTHY BEFORE.

Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: WAS GIVEN THE HEP B VACCINE AT 2 DAYS. BACK TO HOSPITAL A FEW HOURS LATER. XRAY AND BLOODWORK DONE. MONITORED HER FOR 2 DAYS.
CDC Split Type:
Write-up: 2 DAY OLD BABY WAS GIVEN VACINE AT 2PM AND WAS SENT HOME. AT 5:30 SHE COULD NOT WAKE UP, WAS TURNING BLUE, HAD DIFFICULTLY BREATHING AND HAD HOARSE VOICE. RUSHED HER BACK TO HOSPITAL.

VAERS ID:	516730 (history)	**Vaccinated:**	2013-11-05
Form:	Version 1.0	**Onset:**	2013-11-26
Age:	79.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	2013-12-09
Location:	Vermont	**Days after onset:**	13
		Entered:	2013-12-16
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J004600 / 1	UN / SC

Administered by: Unknown **Purchased by:** Private
Symptoms: Ophthalmic herpes zoster
SMQs:, Ocular infections (narrow), Opportunistic infections (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None; Rheumatoid arthritis
Preexisting Conditions: Penicillin allergy
Allergies:
Diagnostic Lab Data: Ophthalmic varicella zoster left eye
CDC Split Type:
Write-up: Was diagnosed with shingles in eye 11/26/13.

VAERS ID: 516811 (history)		**Vaccinated:**	2012-11-14
Form:	Version 1.0	**Onset:**	2013-11-17
Age:	85.0	**Days after vaccination:**	368
Sex:	Female	**Submitted:**	2013-12-17
Location:	Vermont	**Days after onset:**	30
		Entered:	2013-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J007211 / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Herpes zoster, Papule
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine, nifedipine XL, Diovan-hct, Aleve, docusate, aspirin, senna, occuvite preservation oral
Current Illness: No
Preexisting Conditions: Hypothyroidism, hypertension
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Herpes zoster rash which fully erupted on 11/17/13; there were a few skin papules present the day after vaccine.

VAERS ID: 517544 (history)		**Vaccinated:**	2013-12-11
Form:	Version 1.0	**Onset:**	2013-12-13
Age:	48.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2013-12-23
Location:	Vermont	**Days after onset:**	10
		Entered:	2013-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH894AB / 7+	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Fatigue, Headache, Muscle fatigue, Pain
SMQs:, Rhabdomyolysis/myopathy (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme fatigue onset, headache next am and continued fatigue x approx. 32 hours then body aches head to toe and muscle fatigue that continued for approx 6 more days with intermittent headaches.

VAERS ID:	517580 (history)	**Vaccinated:**	2013-12-10
Form:	Version 1.0	**Onset:**	2013-12-12
Age:	62.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2013-12-24
Location:	Vermont	**Days after onset:**	12
		Entered:	2013-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	13471P / UNK	UN / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Injection site erythema, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYMBICORT; PROAIR; SINGULAIR; SPIRIVA
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data: None (negative)
CDC Split Type:
Write-up: Local site reaction, redness 1 cm above injection site.

VAERS ID:	518643 (history)	**Vaccinated:**	2014-01-07
Form:	Version 1.0	**Onset:**	2014-01-07
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-01-07
Location:	Vermont	**Days after onset:**	0
		Entered:	2014-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	TK5ME / 1	RA / SYR

Administered by: Other **Purchased by:** Private
Symptoms: Angioedema, Idiopathic angioedema, Local reaction, Swollen tongue, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt having angioedema (rear of tongue), complained of tightness in throat. Pt has had idiopathic angioedema in past. The patient came back approximately 10 minutes after I gave her the shot and said she was having angioedema (specifically tongue swelling toward the back of tongue) and that she felt like her throat was closing. She did not have swelling, redness or warmth at site of injection. She said she had had angioedema in the past and said that her doctor said when she had it to use an epipen but did not have one. She stated that last year she got a localized reaction last year when she got a flu shot but attributed that to "the person giving the

shot" I administered epinephrine 0.3 mg into the muscle of right thigh. Pt said she thought swelling had gone down and was feeling better. Pt stayed in area with me for approximately 20 minutes so I could assess whether or not shot working. Declined ambulance/ driving her home. Epipen lot 2mg670 exp 5/14.

VAERS ID:	518825 (history)	**Vaccinated:**	2014-01-03
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.54	**Submitted:**	2014-01-09
Sex:	Female	**Entered:**	2014-01-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	5A5T5 / 3	LL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	J1406 / 3	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G66539 / 3	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt in for a well child exam, provider wrote for a PEDIARIX, IPV and PREVNAR to be given, nurse did not realize that PEDIARIX had IPV in it, Pt received 2 IPV vaccines.

VAERS ID:	518941 (history)	**Vaccinated:**	2014-01-05
Form:	Version 1.0	**Onset:**	2014-01-05
Age:	28.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2014-01-05
Location:	Vermont	**Days after onset:**	0
		Entered:	2014-01-10
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	T3959 / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Head injury, Loss of consciousness, Myalgia, Pallor, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None listed consent form
Preexisting Conditions: None listed on consent form
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given vaccination, was fine after the vaccination, then complained of muscle soreness. Patient then went pale and fainted, hitting his head on pharmacy counter. Regained consciousness and was A and O x 3. Left with paramedics for precautionary reasons.

VAERS ID: 518998 (history)		**Vaccinated:**	2014-01-11
Form:	Version 1.0	**Onset:**	2014-01-12
Age:	39.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-01-12
Location:	Vermont	**Days after onset:**	0
		Entered:	2014-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH895AA / 1	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None known or apparent
Preexisting Conditions: Hot pepper allergy and sulfa drugs
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt HAD HIVES ON LEGS STOMACH AND BACK AFTER WAKING 14 HOURS AFTER FLUSHOT. I INSTRUCTED HER TO TAKE BENADRYL AND WATCH FOR FURTHER SIGNS OF ANAPHYLAXIS AND TO TREAT AS AN EMERGENCY IF SIGNS WORSEN. I ALSO ASKED IF THERE MAY BE ANYTHING ELSE COINCIDENTAL THAT MAY HAVE TRIGGERED, SHE WOULD THINK ABOPUT AND LET US KNOW...

VAERS ID: 519992 (history)		**Vaccinated:**	2014-01-10
Form:	Version 1.0	**Onset:**	2014-01-10
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-01-13
Location:	Vermont	**Days after onset:**	3
		Entered:	2014-01-21
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH888AA / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Diabetes
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness, swelling, itching, warmth on arm at site of injection beginning within hours after injection. Applied diphenhydramine cream and symptoms have decreased.

VAERS ID:	521891 (history)	**Vaccinated:**	2013-11-05
Form:	Version 1.0	**Onset:**	2013-11-06
Age:	1.01	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-01-28
Location:	Vermont	**Days after onset:**	83
		Entered:	2014-02-05
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH811AA / 4	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G49716 / 4	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Inflammation, Injection site induration, Pain
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: (R) thigh firm area under injection site. Size of lime per mom redness advised cool compress, ibuprofen for pain and inflammation.

VAERS ID:	524735 (history)	**Vaccinated:**	2014-02-25
Form:	Version 1.0	**Onset:**	2014-02-25
Age:	20.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2014-03-05
Location:	Vermont	**Days after onset:**	8
		Entered:	2014-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	13228002 / 1	MO / PO

Administered by: Other **Purchased by:** Unknown
Symptoms: Chest discomfort, Chills, Dizziness, Feeling abnormal, Throat irritation, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None vital signs at urgent care 100/58 pulse 92 resp rate 16 temp 99.2
CDC Split Type:
Write-up: Patient felt dizzy, lite headed with chills, tingly-spicy throat, shaking, spacy, tight upper chest, denied SOB, hives or rash...transported to urgent care.

VAERS ID: 525324 (history)		**Vaccinated:**	2013-08-07
Form:	Version 1.0	**Onset:**	2013-08-07
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2014-03-07
Location:	Vermont	**Days after onset:**	212
		Entered:	2014-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	H012650 / UNK	UN / SYR

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1403**USA**001193
Write-up: This spontaneous report as received from a physician refers to a patient of unknown age. On 07-AUG-2013 the patient was vaccinated with a doe of PNEUMOVAX 23 (lot # H012650, expiration date: 27-FEB-2014) (dose, route unknown) which was improperly stored. No adverse event reported. This is one of several reports (1403USA000875; 1403USA001194; 1403USA001195) from the same reporter. Additional information is not expected.

VAERS ID: 525325 (history)		**Vaccinated:**	2013-10-01
Form:	Version 1.0	**Onset:**	2013-10-01
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2014-03-07
Location:	Vermont	**Days after onset:**	157
		Entered:	2014-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J001180 / UNK	UN / UN

Administered by: Other **Purchased by:** Other

Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1403**USA**001194
Write-up: This spontaneous report as received from a physician refers to a patient of unknown age. On 01-OCT-2013, the patient was vaccinated with a dose of PNEUMOVAX 23 (lot # J001180, expiration date: 18-AUG-2014) (dose, route unknown) which was improperly stored. No adverse event reported. This is one of several reports (1403USA000875; 1403USA001193; 1403USA001195) from the same reporter. Additional information is not expected.

VAERS ID:	525326 (history)	**Vaccinated:**	2013-08-05
Form:	Version 1.0	**Onset:**	2013-08-05
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2014-03-07
Location:	Vermont	**Days after onset:**	214
		Entered:	2014-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	H012650 / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1403**USA**000875
Write-up: This spontaneous report as received from a physician refers to a patient of unknown age. On 05-AUG-2013 the patient was vaccinated with a dose of PNEUMOVAX 23 (lot # H012650, expiration date: 27-FEB-2014) (dose, route unknown) which was improperly stored. No adverse event reported. This is one of several reports (1403USA001193; 1403USA001194; 1403USA001195) from the same reporter. Additonal information is not expected.

VAERS ID:	525327 (history)	**Vaccinated:**	2013-10-30
Form:	Version 1.0	**Onset:**	2013-10-30
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2014-03-07
Location:	Vermont	**Days after onset:**	128
		Entered:	2014-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J001180 / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect storage of drug, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1403**USA**001195
Write-up: This spontaneous report as received from a physician refers to a patient of unknown age. On 30-OCT-2013 the patient was vaccinated with a dose of PNEUMOVAX 23 (lot # HJ001180, expiration date: 18-AUG-2014) (dose, route unknown) which was improperly stored. No adverse event reported. This is one of several reports (1403USA000875; 1403USA001193;

1403USA001194) from the same reporter. Additional information is not expected.

VAERS ID:	526706 (history)	**Vaccinated:**	2014-02-12
Form:	Version 1.0	**Onset:**	2014-02-13
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-03-25
Location:	Vermont	**Days after onset:**	39
		Entered:	2014-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4430AA / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Hypoaesthesia, Mobility decreased, Pain
SMQs:, Peripheral neuropathy (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt received Tdap to (L) deltoid on 2/12/14. Pt called to report pain at 5 days had not subsided. Reported numbness on radial aspect of (L) hand. Pain w/ sleeping. Decreased functionality of (L) hand. Pt see by FNP on 2/19 and prescribed Abx for ? of abscess (7 day) pt stopped treatment on day 4 "not working". Referred to neurology/PT/ ok"d for acupuncture. Still having decreased function/numbness/pain.

VAERS ID:	526925 (history)	**Vaccinated:**	2014-02-21
Form:	Version 1.0	**Onset:**	2014-03-16
Age:	17.0	**Days after vaccination:**	23
Sex:	Female	**Submitted:**	2014-03-27
Location:	Vermont	**Days after onset:**	11
		Entered:	2014-03-28
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	J008423 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Anti-ganglioside antibody negative, Areflexia, Diplopia, Electromyogram abnormal, Facial paresis, Immunoglobulin therapy, Laboratory test, Lumbar puncture normal, Metabolic function test, Miller Fisher syndrome, Muscular weakness, Paraesthesia, Sensory disturbance, VIIth nerve paralysis
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hearing impairment (broad), Ocular motility disorders (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: EMG c/w GBS; metabolic panel; Neg LP; neg ganglioside panel; some studies still pending
CDC Split Type:
Write-up: Teen presented 3/18 with facial weakness, diplopia, and tingly progressed with a descending weakness areflexia felt consistent with Miller Fisher syndrome - a Guillain Barre variant. Received IVIG x 5 days with improvement in facial palsies, but persistent weakness, sensory changes.

VAERS ID:	527204 (history)	**Vaccinated:**	2014-03-26
Form:	Version 1.0	**Onset:**	2014-03-28
Age:	60.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2014-04-01
Location:	Vermont	**Days after onset:**	4
		Entered:	2014-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J013450 / 1	RA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Pain, Pyrexia, Swelling, Tenderness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome

(broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline, zolpidem, ibuprofen
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Soreness of the area, swelling and tenderness, slight fever.

VAERS ID:	527605 (history)	**Vaccinated:**	2014-04-02
Form:	Version 1.0	**Onset:**	2014-04-02
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-04-04
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / SYR
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / SYR

Administered by: Private **Purchased by:** Other
Symptoms: Fatigue, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paroxetine HCL 10 MG; Clonazepam 0.5 MG; Loperamide 2 MG
Current Illness: No

Preexisting Conditions: Myotonic Muscular Dystrophy Type 1
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe pain where the shot was given lasting several days, tiredness.

VAERS ID:	527709 (history)	**Vaccinated:**	2014-03-21
Form:	Version 1.0	**Onset:**	2014-03-21
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-03-30
Location:	Vermont	**Days after onset:**	9
		Entered:	2014-04-07
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J008435 / 1	RA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Dysstasia, Hypoaesthesia, Muscular weakness, Tremor
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol; PLAVIX; Lisinopril; CRESTOR
Current Illness: None
Preexisting Conditions: Mesenteric carotid arteries (heart)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient tolerated vaccination well for approximately 20 minutes after admin. Upon returning to pharmacy area to pay and sign, became weak in legs (could not stand, had to be seated). Very shaky hands, numbness in cheeks/face. Given water and seated, called ambulance and stayed w/ pt until medics arrived.

VAERS ID: 528405 (history)		**Vaccinated:**	2014-04-04
Form:	Version 1.0	**Onset:**	2014-04-05
Age:	24.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-04-07
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-04-14
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4347AA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Chest discomfort, Dyspnoea, Headache, Pain, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Cellulitis of leg
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt reports high fever - general body aches headache and difficulty breathing - denies feeling of throat closing - chest tight.

VAERS ID: 530111 (history)		**Vaccinated:**	2014-04-03
Form:	Version 1.0	**Onset:**	2014-04-17
Age:	66.0	**Days after vaccination:**	14
Sex:	Male	**Submitted:**	2014-05-05
Location:	Vermont	**Days after onset:**	18
		Entered:	2014-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown

Symptoms: Feeling abnormal, Herpes zoster, Impaired work ability
SMQs:, Dementia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed severe herpes zoster on right lower back. Was ill for 8 days (missed 6 days of work). Did not receive any antivirals. (Pt. works at Health Dept and reported this in conversation, dates may not be correct. He''ll ask his physician to submit a full VAERS)

VAERS ID:	530340 (history)	**Vaccinated:**	2014-04-28
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	1.01	**Submitted:**	2014-05-07
Sex:	Male	**Entered:**	2014-05-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	N4341 / UNK	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J005846 / UNK	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J008980 / UNK	LL / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID:	530714 (history)	**Vaccinated:**	2014-03-18
Form:	Version 1.0	**Onset:**	2014-03-18
Age:	1.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-04-28
Location:	Vermont	**Days after onset:**	41
		Entered:	2014-05-12
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G95397 / 2	UN / SYR

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site swelling, Injection site urticaria, Malaise, Pneumonia
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Leg swelling~Pneumo (no brand name)~1~1.00~Patient
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received PCV vaccine on 12/17/13 and 3/18/14. Patient had 2 inch wide red swollen spot at injection site after both. But, after 3/18/14 injection, swelling and "wheal" came back on 4/4/14, 4/10/14, and 4/18/14 (one month later). She also developed Pneumonia 4 days after vaccine, diagnosed 3/23/14 and was very sick for a month.

VAERS ID:	530733 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	33.0	**Submitted:**	2014-05-12
Sex:	Female	**Entered:**	2014-05-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4456AA / UNK	RA / ID

Administered by: Private **Purchased by:** Unknown
Symptoms: Abdominal pain upper, Body temperature increased, Nausea, Pain in extremity, Urticaria
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Hay fever
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Stomach ache, nausea, moderate arm pain, 102 degree F, urticaria on chest.

VAERS ID:	531131 (history)	**Vaccinated:**	2014-05-13
Form:	Version 1.0	**Onset:**	2014-05-15
Age:		**Days after vaccination:**	2
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2014-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	K000727 / 1	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red swelling around the injection site. Dr. marked around the swelling the swelling was more than the area marked next day. Dr. prescribed her BACTRIM. Area is hot.

VAERS ID:	531405 (history)	**Vaccinated:**	2014-05-14
Form:	Version 1.0	**Onset:**	2014-05-15
Age:	18.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-05-20
Location:	Vermont	**Days after onset:**	5
		Entered:	2014-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	3000740 / UNK	MO / PO

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: CVAE0222014
Write-up: Rash on stomach

VAERS ID:	532136 (history)	**Vaccinated:**	2014-04-30
Form:	Version 1.0	**Onset:**	2014-05-06
Age:	66.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2014-05-27
Location:	Vermont	**Days after onset:**	21
		Entered:	2014-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	J013133 / 1	UN / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Arthralgia, Neuralgia, Pain
SMQs:, Peripheral neuropathy (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximately 6 days after immunization nerve pain, sore trunk, organs. Pain in joints. Patient reported on 5/27/14.

VAERS ID:	532531 (history)	**Vaccinated:**	2014-05-27
Form:	Version 1.0	**Onset:**	2014-05-27
Age:	1.57	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-05-30
Location:	Vermont	**Days after onset:**	3
		Entered:	2014-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	H7E57 / 4	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J009732 / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Lump~Hib (no brand name)~3~1.20~Patient
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red warm lime size swelling at site of dtap vaccine (L) thigh.

VAERS ID:	534041 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2014-06-02
Sex:	Male	**Entered:**	2014-06-16
Location:	Vermont	**Days after submission:**	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPAB: HEP A + HEP B (TWINRIX) / GLAXOSMITHKLINE BIOLOGICALS	925P2 / 1	LL / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Wrong drug administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: (None reported) - wrong vaccine administered.

VAERS ID:	535300 (history)	**Vaccinated:**	2014-06-25
Form:	Version 1.0	**Onset:**	2014-06-25
Age:	73.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2014-06-27
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K005957 / 1	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Erythema, Injection site erythema, Swelling, Tenderness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FLEXIRIL; ASA; Atenolol; LASIX; Lisinopril; Saliva thyroid
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Shot administered 6/25/14, local redness, tenderness $g redness RUE $g swelling RUE day 2-3 $g seen PM 6/27 decreased redness decreased swell decreased tenderness $g ice and ASA.

VAERS ID: 535702 (history) **Vaccinated:** 2014-07-01
Form: Version 1.0 **Onset:** 0000-00-00
Age: 1.06 **Submitted:** 2014-07-01
Sex: Female **Entered:** 2014-07-02
Location: Vermont **Days after submission:** 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	55D24 / 2	LL / UN
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH874AA / 4	LL / UN
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J005011 / 4	RL / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	H018237 / 1	RL / UN

Administered by: Private **Purchased by:** Other
Symptoms: Drug administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: None.

VAERS ID: 536514 (history) **Vaccinated:** 2014-07-01
Form: Version 1.0 **Onset:** 0000-00-00
Age: 0.35 **Submitted:** 2014-07-10
Sex: Male **Entered:** 2014-07-11
Location: Vermont **Days after submission:** 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	4M7GD / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI047AA / 2	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G20393 / 2	RL / IM
	A41FB416A	

RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	/ 2	MO / PO

Administered by: Public **Purchased by:** Other
Symptoms: Hypersensitivity, Rash erythematous, Rash generalised, Rash macular
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Allergic reaction, macular/patchy erythematous rash whole body 2 days after 4 month imms (PEDIARIX, PREVNAR, Rota and Hib) in absence of other viral symptoms.

VAERS ID:	536666 (history)	**Vaccinated:**	2014-06-03
Form:	Version 1.0	**Onset:**	2014-06-10
Age:	51.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	2014-07-10
Location:	Vermont	**Days after onset:**	30
		Entered:	2014-07-14
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4456AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Immediate post-injection reaction, Injected limb mobility decreased, Injection site inflammation, Injection site nodule, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VIAGRA; VOLTAREN gel
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Palpable nodular inflammation at left deltoid.
CDC Split Type:
Write-up: Immediate swelling and pain at injection site, followed by constant pain, difficulty using his arm due to pain. Pt seen twice - OV 7/9/14, walk in 6/10, pt called office 6/17.

VAERS ID:	537910 (history)	**Vaccinated:**	2014-07-17
Form:	Version 1.0	**Onset:**	2014-07-18
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-07-23
Location:	Vermont	**Days after onset:**	5
		Entered:	2014-07-28
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	N59M3 / 1	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Eye infection, Eye pruritus, Glossodynia, Swollen tongue, Tongue disorder
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Ocular infections (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Allergy to PCN and strawberries
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Both eyes itchy, tongue swollen and sore and white spots. Itched eyes, right eye infected, Antibiotic ordered. BENADRYL taken. Gets some reaction to strawberries.

VAERS ID:	537983 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	2014-07-03
Age:	70.0	**Submitted:**	2014-07-28
Sex:	Female	**Days after onset:**	25
Location:	Vermont	**Entered:**	2014-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	1559X / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Herpes zoster, Post herpetic neuralgia
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1407**USA**008915
Write-up: This spontaneous report as received from a physician refers to a 70 years old female patient. On an unknown date the patient was vaccinated with ZOSTAVAX (lot# was 662856/1559X, expiration date was 28-APR-2010) (dose and frequency were unknown) subcutaneous. On 03-JUL-2014 the patient experienced shingles and post herpetic neuralgia (PHN). The patient seek medical attention via an office visit. The outcome of shingles and PHN was reported as recovering/resolving. Additional information has been requested.

VAERS ID:	538406 (history)	**Vaccinated:**	2014-07-30
Form:	Version 1.0	**Onset:**	2014-07-30
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-07-31
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-07-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J005068 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Local swelling, Skin warm, Tenderness

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: No known allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received PNEUMOVAX in (L) arm as noted (10) around 1500 that afternoon, patient''s arm became tender, red, and warm to touch. Today 7/31/14, arm is swollen, red, and tender touch. Patient given BENADRYL and encouraged to elevate arm and ice as needed for comfort.

VAERS ID:	539728 (history)	**Vaccinated:**	2014-08-04
Form:	Version 1.0	**Onset:**	2014-08-05
Age:	18.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-08-11
Location:	Vermont	**Days after onset:**	6
		Entered:	2014-08-12
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	J009243 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4678AA / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Abdominal pain, Arthralgia, Asthenia, Blood iron, Body temperature increased, Condition aggravated, Epistaxis, Fatigue, Full blood count, Headache, Pain, Serum ferritin, Vitamin B12
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Chronic headaches
Preexisting Conditions: Epistaxis; Headaches
Allergies:
Diagnostic Lab Data: CBC, Vitamin B12, Ferritin, Iron - Drawn due to long term history of headache on 8/7/14
CDC Split Type:
Write-up: Starting on 8/5 pt experienced joint pain, weakness, aching, fatigue, abdominal pain, headaches. These symptoms lasted until 8/5-8/11. Had one more severe episode of epistaxis which she has weekly. Also had 6 days (six) of temp of 100. Concern of extreme fatigue this week.

VAERS ID:	540055 (history)	**Vaccinated:**	2014-07-30
Form:	Version 1.0	**Onset:**	2014-08-03
Age:	18.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2014-08-15
Location:	Vermont	**Days after onset:**	12
		Entered:	2014-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J015595 / 1	LA / UN
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4561AA / 1	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Malaise, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DEPO-PROVERA; IMITREX

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: on 8/3/14 - pt. reports not feeling well. 8/4/14 -$g 8/8/14 Pt. reports fever of 102.9 degrees F. 8/9/14 -$g 8/11/14 Pt. reports rash. 8/12/14 - Symptoms clear.

VAERS ID:	540240 (history)	**Vaccinated:**	2014-08-08
Form:	Version 1.0	**Onset:**	2014-08-09
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-08-11
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-08-18
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	K000329 / 1	LA / UN

Administered by: Public **Purchased by:** Private
Symptoms: Erythema, Swelling, Tenderness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness and swelling started morning after, along with some tenderness. Taking ibuprofen and BENADRYL to help.

VAERS ID: 542844 (history)		**Vaccinated:**	2014-08-19
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	70.0	**Submitted:**	2014-08-28
Sex:	Male	**Entered:**	2014-09-08
Location:	Vermont	**Days after submission:**	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4995AA / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Chills, Hyperaesthesia, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oxycodone; Chlorthalidone; Zolpidem; VYVANSE
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient complained of full body aches/chills and skin sensitivity which lasted a few days after receiving the vaccine.

VAERS ID: 543594 (history)		**Vaccinated:**	2014-09-08
Form:	Version 1.0	**Onset:**	2014-09-09
Age:	26.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-09-12
Location:	Vermont	**Days after onset:**	3
		Entered:	2014-09-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	4G7P2 / 1	RA / IM
MEN: MENINGOCOCCAL (MENOMUNE) / SANOFI PASTEUR	UH322AA / 1	RA / SC
TYP: TYPHOID VI POLYSACCHARIDE (TYPHIM VI) / SANOFI PASTEUR	J1201 / 1	LA / IM

YF: YELLOW FEVER (YF-VAX) / SANOFI PASTEUR	U1068AA / 1	LA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccines administered 9/8, onset 9/9 malaise, body ache, fever to 100.2.

VAERS ID:	543686 (history)	**Vaccinated:**	2014-09-11
Form:	Version 1.0	**Onset:**	2014-09-11
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-09-12
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-09-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U5019AA / 2	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site inflammation, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Latex
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme redness and inflammation originating at the site of injection. Area is hot to touch and slightly painful.

VAERS ID:	543711 (history)	**Vaccinated:**	2014-09-12
Form:	Version 1.0	**Onset:**	2014-09-12
Age:	83.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-09-13
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4995AA / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Allergy test, Erythema, Feeling hot, Pain
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Allergy
CDC Split Type:
Write-up: Redness/sore and hot. Had BENADRYL 25mg tab.

VAERS ID: 543974 (history)		**Vaccinated:**	2014-09-08
Form:	Version 1.0	**Onset:**	2014-09-10
Age:	21.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2014-09-16
Location:	Vermont	**Days after onset:**	6
		Entered:	2014-09-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	9M9AA / UNK	RA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None documented
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Right arm cellulitis treated with antibiotics (AUGMENTIN prescribed then BACTRIM).

VAERS ID: 544040 (history)		**Vaccinated:**	2014-09-15
Form:	Version 1.0	**Onset:**	2014-09-15
Age:	2.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2014-09-15
Location:	Vermont	**Days after onset:**	0
		Entered:	2014-09-17
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	CH2023 / 1	NS / IN
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	T9J3M / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Epistaxis, Underdose

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received 1/2 dose in (L) nostril, following 1/4 dose in (R) nostril began to bleed from (R) nostril. Dr examined and could not determine site of bleed.

VAERS ID:	544483 (history)	**Vaccinated:**	2014-09-12
Form:	Version 1.0	**Onset:**	2014-09-12
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-09-12
Location:	Vermont	**Days after onset:**	0
		Entered:	2014-09-19
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U5016AA / 1	UN / IM

Administered by: Other **Purchased by:** Private
Symptoms: Chills, Hypoaesthesia, Pyrexia, Tremor
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: ~Pneumo (Pneumovax)~1~0.00~Patient
Other Medications: LANTUS SOLOSTAR; Lorazepam; Levothyroxine; Gabapentin
Current Illness: None
Preexisting Conditions: Diabetes; Thyroid problem; Anxiety; Pain
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: Patient received flu shot (Hi dose) on 9-12-14 at about 9:23AM. She started having high fever (about 101.4 degrees F), shivering (shaking), numbness in fingers, chilling all at about 5:30 PM after she came back from work. Feeling better the next day.

VAERS ID:	544706 (history)	**Vaccinated:**	2014-09-18
Form:	Version 1.0	**Onset:**	2014-09-18
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-09-20
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	T57906 / 1	LL / UN

Administered by: Other **Purchased by:** Private
Symptoms: Hypoaesthesia, Immediate post-injection reaction, Muscle contractions involuntary, Muscular weakness, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Supraventricular tachycardia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Immediately upon injection the patient complained of a loss of muscle control and pain and numbness in left arm. Symptoms started to improve within minutes and within 24 hours the only remaining symptom was some muscle weakness. Patient has refused medical care.

VAERS ID:	544884 (history)	**Vaccinated:**	2014-09-05
Form:	Version 1.0	**Onset:**	2014-09-05
Age:	79.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-09-11
Location:	Vermont	**Days after onset:**	6
		Entered:	2014-09-23
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	K006438 / 1	LA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Aphasia, Confusional state, Dysstasia, Unresponsive to stimuli
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given SC ZOSTAVAX, appeared to be doing fine while sitting in waiting area for other prescriptions. After approximately 10 mins she came to pharmacy counter to pay for prescriptions. She suddenly became confused, then unable to talk or stand. With her son''s help she was lowered into a chair. She remained unresponsive but with visible and audible breathing for several minutes. During this time, 911 was called and an ambulance was activated. Eventually, patient was slowly able to regain consciousness and begin talking. She denied any signs of allergic reaction such as itchiness, facial swelling, or difficulty breathing. At that point, the patient and he son requested that the 911 call and ambulance be canceled. The son was comfortable with bringing her to her doctor''s office in his own car for her to be seen. Patient was helped out to her car. A follow up phone call to her home about a hour later found that she was doing okay with no recurrence of symptoms. She had discussed event with her doctor and made him aware.

VAERS ID:	545323 (history)	**Vaccinated:**	2014-09-23
Form:	Version 1.0	**Onset:**	2014-09-24
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-09-24
Location:	Vermont	**Days after onset:**	0
		Entered:	2014-09-26
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1411301 / 1	AR / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J004196 / 1	AR / IM

Administered by: Other **Purchased by:** Private
Symptoms: Chills, Injection site reaction, Rash macular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oxycodone; Ropinirole; Morphine ER; Perphenazine; Cyclobenzaprine; Ondansetron; Perphenazine
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Pt was seen at ER then discharfed home same day.
CDC Split Type:
Write-up: Patient"s husband reported that pat experienced chills and had a series of red blotches around the site where the injection occurred. Symptoms occurred approx 24 hrs after vaccine.

VAERS ID:	545828 (history)	**Vaccinated:**	2014-09-09
Form:	Version 1.0	**Onset:**	2014-09-17
Age:	1.25	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	2014-09-24
Location:	Vermont	**Days after onset:**	7
		Entered:	2014-09-26
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J010208 / 1	UN / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J009165 / 1	UN / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Chest X-ray normal, Culture urine, Differential white blood cell count, Electroencephalogram, Febrile convulsion, Full blood count, Liver function test, Pyrexia, Respiratory syncytial virus test negative
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Torticollis
Allergies:
Diagnostic Lab Data: EEG, pending; Hepatic Liver Panel, Urine Culture, CBC and Diff, RSV Antigen negative; Chest X-ray negative
CDC Split Type:
Write-up: Fever 103.1 - likely febrile seizure witnessed by grandmother. Child brought to primary care PNP and was sent to ER - Dx: Fever of unknown cause.

VAERS ID:	545874 (history)	**Vaccinated:**	2014-09-24
Form:	Version 1.0	**Onset:**	2014-09-25
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-09-26
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-09-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U5017AA / 1	LA / UN
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K009105 / 1	RA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Erythema, Injection site reaction, Local reaction, Pain
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local reaction at the injection site. Very very painful and redness.

VAERS ID:	545465 (history)	**Vaccinated:**	2014-09-12
Form:	Version 1.0	**Onset:**	2014-09-13
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-09-28
Location:	Vermont	**Days after onset:**	15
		Entered:	2014-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	145402 / 1	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Rash on vaccine arm (left) and underarm - lasted ~5 days given antihistamine by RPh.

VAERS ID:	546206 (history)	**Vaccinated:**	2014-09-18
Form:	Version 1.0	**Onset:**	2014-09-18
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-09-23
Location:	Vermont	**Days after onset:**	5
		Entered:	2014-09-30
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U5042AA / 1	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Influenza like illness, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Glipizide; Bupropion; Montelukast; Simvastatin; Omeprazole; Ferrous sulfate; LANTUS
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red rash; flu like symptoms for several hours.

VAERS ID: 546657 (history)		**Vaccinated:**	2014-09-25
Form:	Version 1.0	**Onset:**	2014-10-05
Age:	64.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	2014-10-06
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (TRIPEDIA) / SANOFI PASTEUR	C4496AA / 2	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J005068 / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flecanide; warfarin; metoprolol; multivitamin
Current Illness: No
Preexisting Conditions: Multiple Myeloma (in remission); Atrial fibrillation
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Significant swelling, erythema, warmth, pain over the injection site and most of upper arm.

VAERS ID: 547562 (history)		**Vaccinated:**	2014-10-01
Form:	Version 1.0	**Onset:**	2014-10-02
Age:	37.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-10-02
Location:	Vermont	**Days after onset:**	0
		Entered:	2014-10-06
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	T59106 / 2	RA / IM

Administered by: Private **Purchased by:** Private

Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan; Metoprolol; HCTZ; Iron; Tramadol; ATIVAN; Naproxen; Omeprazole; PEPCID
Current Illness: None
Preexisting Conditions: Environmental allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: A little itchy when went to bed 10/1/14. Woke up very, very itchy, on right side, right arm, arm pit, breast, shoulder, up neck and right side of scalp and ear. Took 25 mg of BENADRYL 9:30 am 10/2. T 99.1 - rx dr.

VAERS ID:	548155 (history)	**Vaccinated:**	2014-09-18
Form:	Version 1.0	**Onset:**	2014-09-21
Age:	74.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2014-09-28
Location:	Vermont	**Days after onset:**	7
		Entered:	2014-10-07
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4995AA / UNK	UN / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K007773 / UNK	UN / IM

Administered by: Other **Purchased by:** Private
Symptoms: Erythema, Pain, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, redness, pain, itching.

VAERS ID:	548211 (history)	**Vaccinated:**	2014-09-18
Form:	Version 1.0	**Onset:**	2014-09-21
Age:	68.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2014-09-25
Location:	Vermont	**Days after onset:**	4
		Entered:	2014-10-07
		Days after submission:	12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U4995AA / UNK	UN / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K007773 / UNK	UN / IM

Administered by: Other **Purchased by:** Private
Symptoms: Contusion, Pain, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, bruising, pain, itching.

VAERS ID:	550715 (history)	**Vaccinated:**	2014-10-09
Form:	Version 1.0	**Onset:**	2014-10-11
Age:	50.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2014-10-14
Location:	Vermont	**Days after onset:**	3
		Entered:	2014-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI169AA / 1	UN / IM

Administered by: Other **Purchased by:** Private
Symptoms: Injection site rash, Rash, Viral rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Triamterene/HCTZ; metoprolol; omeprazole
Current Illness: None
Preexisting Conditions: Hypertension; reflux
Allergies:
Diagnostic Lab Data: Patient was examined by dermatologist
CDC Split Type:
Write-up: Approximately 2 days after receiving vaccine, patient noticed generalized rash at site of injection as well as opposite arm and torso. Dermatologist diagnosed him with vaccine related "viral exanthem". Not allergic reaction. No hives, no urticaria.

VAERS ID: 550743 (history)		**Vaccinated:**	2014-08-17
Form:	Version 1.0	**Onset:**	2014-08-18
Age:	21.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-10-14
Location:	Vermont	**Days after onset:**	57
		Entered:	2014-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	T58706 / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Pain, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Shooting pain whenever I lifted my left arm. Severe for about 6 weeks. For the past 2 weeks it has been more minor pain with movement.

VAERS ID: 547966 (history)		**Vaccinated:**	2014-10-13
Form:	Version 1.0	**Onset:**	2014-10-13
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-10-15
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Injection site erythema, Injection site induration, Injection site pruritus, Injection site warmth

SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: similar but larger area~Influenza (Seasonal) (no brand name)~1~28.00~Patient
Other Medications: Depo provera, Sudafed, Vit B12, Glucophage, Singulair, Nasacort
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itching and redness around injection site. Redness continued to expand to 6 cm x 8cm over next few hours. Became hot and firm.

VAERS ID:	548217 (history)	**Vaccinated:**	2014-10-14
Form:	Version 1.0	**Onset:**	2014-10-15
Age:	1.72	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-10-16
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC7AG / 4	LL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5018BA / 3	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI11AA / 4	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	H65738 / 4	RL / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Dyskinesia, Irritability, Pyrexia, Staring, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: IRRITABILITY~ ()~~0.00~Patient
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: PARENTS REPORT IRRITABILITY, FEVER AND PROLONGED STARING SPELL WHILE PATIENT WAS SITTING UP. HER NECK HAD ABNORMAL MOVEMENTS - DESCRIBED AS SMALL AND INVOLUNTARY AND JERKING BY HER PARENTS. VOMITED THE MORNING ON 10/16/2014.

VAERS ID:	548322 (history)	**Vaccinated:**	2014-08-22
Form:	Version 1.0	**Onset:**	2014-08-31
Age:	3.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	2014-10-16
Location:	Vermont	**Days after onset:**	46
		Entered:	2014-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J002866 / 1	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Decreased appetite, Diarrhoea, Gastrointestinal disorder, Lethargy, Lymph node pain, Pruritus, Pyrexia, Rash, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No

Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever for 5 days with two days of temps reaching 104-105 degrees, vomited during high fever, rash/itchiness around neck and hairline, sore glands, loss of appetite, lethargic, diarrhea. GI was not back to normal for about 3 weeks.

VAERS ID:	549261 (history)	**Vaccinated:**	2014-10-10
Form:	Version 1.0	**Onset:**	2014-10-10
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2014-10-13
Location:	Vermont	**Days after onset:**	3
		Entered:	2014-10-21
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	CJ2105 / 2	NS / IN
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K001631 / 2	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Fall, Head injury, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Around 1520 patient was standing with brother against the wall waiting for mom to finish in bathroom. Both gave staff a high 5 and about 5 seconds later patient fell and hit his head on opposite wall. Patient was carried back to room 3 and Dr rushed in to exam him. Syncopal event shortly after receiving vaccines.

VAERS ID:	550037 (history)	**Vaccinated:**	2014-10-24
Form:	Version 1.0	**Onset:**	2014-10-25
Age:	59.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-10-26
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	33332-0014-1 / 1	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Dizziness, Dysphonia, Fatigue, Oropharyngeal pain, Sinus congestion
SMQs:, Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sore throat; hoarseness; mild dizziness; fatigue; sinus congestion.

VAERS ID:	550272 (history)	**Vaccinated:**	2014-10-22
Form:	Version 1.0	**Onset:**	2014-10-22
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2014-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	14625P / UNK	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hives on legs noted 5 hours after flu vaccination; resolved spontaneously after 1 hour.

VAERS ID:	553923 (history)	**Vaccinated:**	2014-09-29
Form:	Version 1.0	**Onset:**	2014-10-02
Age:	29.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2014-10-27
Location:	Vermont	**Days after onset:**	25
		Entered:	2014-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	4EK53 / 2	LA / UN

Administered by: Private **Purchased by:** Other
Symptoms: Exposure during pregnancy, Musculoskeletal pain, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BENADRYL; ZYRTEC; FLOVENT; NOVOLOG; LANTUS; NASONEX; ACIPHEX
Current Illness: None
Preexisting Conditions: Latex; amoxicillin; codeine; mold extracts; trazodone; diabetes; asthma
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Received Tdap 9.29.14, called on 10-6 to say that she had slight pain for a day. Then on 10-2-14 woke with severe shoulder pain. Better but still present. Has tried heat/cold/TYLENOL. Was 30+ wk preg.

VAERS ID:	550386 (history)	**Vaccinated:**	2014-09-22
Form:	Version 1.0	**Onset:**	2014-09-25
Age:	73.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2014-10-17
Location:	Vermont	**Days after onset:**	22
		Entered:	2014-10-28
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1412201 / 1	LA / UN

Administered by: Public **Purchased by:** Private
Symptoms: Chest X-ray abnormal, Death, Fungal test positive, Gun shot wound, Influenza A virus test negative, Influenza B virus test, Influenza virus test negative, Intensive care, Intentional self-injury, Pneumonia, Sputum abnormal, White blood cell count increased
SMQs:, Suicide/self-injury (narrow), Neuroleptic malignant syndrome (broad), Accidents and injuries (narrow), Hostility/aggression (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2014-09-26
Days after onset: 1
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Multiple see print out
Current Illness: None
Preexisting Conditions: SULFACET-R, Rash; ALEVE, unknown; Bee Sting, anaphylaxis
Allergies:
Diagnostic Lab Data: CXR showed multifocal pneumonia of (R) lung; Sputum light growth yeast;

Rapid flu negative for flu A and B; CBC, WBC 14.2
CDC Split Type:
Write-up: Patient ended up hospitalized 3 days later with severe pneumonia he was hospitalized on 9/25/14 and placed in ICU. He signed out AMA on 9/26/14 and died of self inflicted gun shot.

VAERS ID:	551051 (history)	**Vaccinated:**	2014-10-25
Form:	Version 1.0	**Onset:**	2014-10-26
Age:	20.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-10-28
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI171AC / UNK	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Axillary pain, Injection site erythema, Injection site swelling, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient had redness and swelling at site next day but then 2 days after injection also experienced soreness and pain under arm hurts to move arm. Patients PCP was consulted and did not advise treatment.

VAERS ID: 551924 (history)		**Vaccinated:**	2014-10-11
Form:	Version 1.0	**Onset:**	2014-10-11
Age:	18.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2014-10-28
Location:	Vermont	**Days after onset:**	17
		Entered:	2014-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI169AA / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Axillary pain, Injection site erythema, Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced redness and soreness at site but 3 days later developed pain under arm, it hurt to move arm. Pain lasted appx 24 hrs then resolved. Patient''s PCP was consulted, she did not advise treatment.

VAERS ID: 554094 (history)		**Vaccinated:**	2014-10-20
Form:	Version 1.0	**Onset:**	2014-10-21
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-10-23
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-10-28
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	K003603 / 1	LA / SC

Administered by: Other **Purchased by:** Private

Symptoms: Erythema, Injection site swelling, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: NKDA or health conditions
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. reported redness and swelling experienced 24-48 hours after vaccination. She described it being like "an egg", and the swelling was over an area of about 6 inches in diameter around the site of injection. At 72 hours - post-vaccine, swelling subsided.

VAERS ID:	550773 (history)	**Vaccinated:**	2014-10-24
Form:	Version 1.0	**Onset:**	2014-10-25
Age:	43.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-10-29
Location:	Vermont	**Days after onset:**	4
		Entered:	2014-10-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / SYR

Administered by: Other **Purchased by:** Other
Symptoms: Blister, Erythema
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin 20 mg tablet aspirin chewable 81 mg tablet metFORMIN 500 mg ER tablet lisinopril 10 mg tablet
Current Illness: No
Preexisting Conditions: Diabetes
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Blister a little smaller than a dime. Has since grown a little and gotten very red including a dark red ring around it.

VAERS ID:	550859 (history)	**Vaccinated:**	2014-10-13
Form:	Version 1.0	**Onset:**	2014-10-14
Age:	4.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-10-29
Location:	Vermont	**Days after onset:**	15
		Entered:	2014-10-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	23MJ7 / 1	RL / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Abnormal behaviour, Cough, Erythema, Lethargy, Nasal congestion, Nasopharyngitis, Pyrexia, Rhinorrhoea, Sneezing
SMQs:, Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None

Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: His preschool noticed he was not acting like his normal self, he started to look warm so they took his temperature and he had a 101 degree fever. For the next 2 days he was lethargic, red cheeked and had a fever between 101-103. He got a "cold" symptoms, stuffy/runny nose, sneezing, a few coughs for the week following.

VAERS ID:	551089 (history)	**Vaccinated:**	2014-10-26
Form:	Version 1.0	**Onset:**	2014-10-27
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-10-29
Location:	Vermont	**Days after onset:**	2
		Entered:	2014-10-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI171AC / UNK	AR / IM

Administered by: Other **Purchased by:** Private
Symptoms: Discomfort, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced a very sore arm even at rest, she was in discomfort.

VAERS ID:	551963 (history)	**Vaccinated:**	2014-10-18
Form:	Version 1.0	**Onset:**	2014-10-19
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-11-05
Location:	Vermont	**Days after onset:**	17
		Entered:	2014-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Other
Symptoms: Activities of daily living impaired, Axillary pain, Back pain, Impaired driving ability, Mobility decreased, Muscular weakness, Musculoskeletal pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None.
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Went to doctor and chiropractor
CDC Split Type:
Write-up: Arm and shoulder pain and weakness, radiating down arm, into armpit, into back. Very painful and movement & use impaired. Can''t lift arm. Trouble driving and daily routines such as dressing. Doctor said nerve may have been hit. Chiropractor said muscles involved too. Treatment is gentle exercises to maintain motion and NSAIDs. 18 days out, my left arm is still VERY PAINFUL, can''t be used properly, and symptoms continue to worsen.

VAERS ID:	552252 (history)	**Vaccinated:**	2014-09-29
Form:	Version 1.0	**Onset:**	2014-09-30
Age:	73.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-11-05
Location:	Vermont	**Days after onset:**	36
		Entered:	2014-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	65023BA / UNK	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Muscle spasms, Pain in extremity, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced a sore arm and tingling in his fingers and cramping in muscle. Symptoms began after receiving the vaccine and for 3-4 weeks.

VAERS ID:	552813 (history)	**Vaccinated:**	2014-11-03
Form:	Version 1.0	**Onset:**	2014-11-03
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-11-10
Location:	Vermont	**Days after onset:**	7
		Entered:	2014-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Private
Symptoms: Chills, Heart rate increased, Hypoaesthesia, Muscular weakness, Nausea, Tinnitus
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hearing impairment (narrow), Dehydration (broad), Sexual dysfunction (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No known illnesses at the time of vaccination.
Preexisting Conditions: No pre-existing conditions.
Allergies:
Diagnostic Lab Data: At a follow-up visit on 11/6/2014, no tests were given.
CDC Split Type:
Write-up: Nausea, limb weakness, ringing in ears, facial numbness, chills, rapid heart beat.

VAERS ID:	552893 (history)	**Vaccinated:**	2014-10-01
Form:	Version 1.0	**Onset:**	2014-10-05
Age:	55.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2014-11-10
Location:	Vermont	**Days after onset:**	36
		Entered:	2014-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	T58106 / 1	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Pain in extremity, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Vaccinated on 10.1.2014 Left arm. Approximately 2-3 days later felt pain in arm tingling to hand. Noticed after massage therapy and has not subsided. Used Ice and warm pack with no

relief. Had appointment with Chiropractor no relief. Called physician on 10.27.14 talked with Nurse. 11.4.14 Seen by physician and placed on prednisone. Feels better in morning but hurts toward evening. (As reported to me by patient)

VAERS ID:	552903 (history)	**Vaccinated:**	2014-11-05
Form:	Version 1.0	**Onset:**	2014-11-05
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-11-10
Location:	Vermont	**Days after onset:**	5
		Entered:	2014-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	T58106 / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Chills, Decreased appetite, Headache, Injection site pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Fever, Chills, Headache and no appeite lasting till 11.08.2014. Patient stated that she had slight head ache before vaccination. Arm at site remains tender.

VAERS ID:	553451 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	21.0	**Submitted:**	2014-11-12
Sex:	Female	**Entered:**	2014-11-13
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1414101 / UNK	RA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoxetine; SPRINTEC (BC)
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Patient responded to prednisone at ER.
CDC Split Type:
Write-up: Patient received Flu shot 9am and became very itchy hours later. A rash appeared on arm and neck on side where she got the shot. After taking BENADRYL 50 mg at 12 pm she was brought to the ER in town to get further care. Fine the next day.

VAERS ID:	556151 (history)	**Vaccinated:**	2014-11-10
Form:	Version 1.0	**Onset:**	2014-11-10
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2014-11-14
Location:	Vermont	**Days after onset:**	4
		Entered:	2014-11-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K007822 / UNK	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pain, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Epilepsy; Lung sarcoidosis
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Injection site reaction. Redness, sore arm, pain at injection site. Relieve by cold compress applied next day.

VAERS ID:	554082 (history)	**Vaccinated:**	2014-11-16
Form:	Version 1.0	**Onset:**	2014-11-17
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-11-17
Location:	Vermont	**Days after onset:**	0
		Entered:	2014-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	U5055AA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Lip swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/a
Current Illness: Cancer
Preexisting Conditions: Allergy to sulfa drugs
Allergies:
Diagnostic Lab Data: N/a
CDC Split Type:
Write-up: Lip swelling. Took Benadryl, symptoms resolved 15 minutes later.

VAERS ID:	554137 (history)	**Vaccinated:**	2014-10-29
Form:	Version 1.0	**Onset:**	2014-11-01
Age:	52.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2014-11-06
Location:	Vermont	**Days after onset:**	5
		Entered:	2014-11-17
		Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / SYR

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Herpes zoster, Immune system disorder, Induration, Local swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Aspirin; IMITREX; Theophylline; Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I reacted by my arm swelling up, getting really red and hard, Dr said it also attacked my immune system which triggered shingles. ER Dr said that.

VAERS ID:	554713 (history)	**Vaccinated:**	2014-11-10
Form:	Version 1.0	**Onset:**	2014-11-11
Age:	69.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2014-11-19
Location:	Vermont	**Days after onset:**	8
		Entered:	2014-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J011405 / 2	LA / IM

Administered by: Unknown **Purchased by:** Public
Symptoms: Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tadalafil; Lisinopril; Metformin; Aspirin
Current Illness: No
Preexisting Conditions: Sulfa
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling of arm lasting 36 hours.

VAERS ID:	555243 (history)	**Vaccinated:**	2014-10-31
Form:	Version 1.0	**Onset:**	2014-11-01
Age:	28.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-11-23
Location:	Vermont	**Days after onset:**	22
		Entered:	2014-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / SYR

Administered by: Private **Purchased by:** Private
Symptoms: Joint range of motion decreased, Musculoskeletal pain, Pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Arm pain~ ()~~0.00~Patient
Other Medications:
Current Illness: No

Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain in arm and shoulder lasting from date of vaccination to present; diminished range of motion in shoulder; throbbing pain throughout the day. 3+ weeks and counting. Unable to use arm without pain.

VAERS ID:	556265 (history)	**Vaccinated:**	2014-09-19
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	71.0	**Submitted:**	2014-12-01
Sex:	Male	**Entered:**	2014-12-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC3: INFLUENZA (SEASONAL) (FLUCELVAX) / NOVARTIS VACCINES AND DIAGNOSTICS	015021A / UNK	LA / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Infective tenosynovitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Customer states that a tendon became infected, resulting in cortisone injections.

VAERS ID: 558172 (history)		**Vaccinated:**	2014-11-24
Form:	Version 1.0	**Onset:**	2014-11-24
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-11-25
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-12-01
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J004387 / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pain, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Arm swollen red raised area painful to touch.

VAERS ID: 557396 (history)		**Vaccinated:**	2014-10-10
Form:	Version 1.0	**Onset:**	2014-10-11
Age:	77.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2014-12-09
Location:	Vermont	**Days after onset:**	59
		Entered:	2014-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC3: INFLUENZA (SEASONAL) (FLUCELVAX) / NOVARTIS VACCINES AND DIAGNOSTICS	014011A / UNK	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Death, Diarrhoea
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2014-10-22
Days after onset: 11
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lantus; Metformin; Citalopram; Lisinopril; Immodium; Gabapentin; Acetaminophen
Current Illness: None evident at time of vaccination, other than pre-existing conditions.
Preexisting Conditions: Diabetes, COPD, arthritis, depression
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. had diarrhea during nap. Increased Immodium, no other complaints following. Patient was found deceased 9:30 AM 10/22/2014. Was normal with no problems 5 PM previous evening.

VAERS ID:	557505 (history)	**Vaccinated:**	2014-12-03
Form:	Version 1.0	**Onset:**	2014-12-03
Age:	3.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-12-04
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-12-09
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C4642AA / 1	LA / IM
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	CK2057 / 1	NS / IN
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	H65738 / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site urticaria

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No known illness
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Parent reported small hives on area of arm at injection site. Possibly had a slight fever last evening.

VAERS ID:	558288 (history)	**Vaccinated:**	2014-12-11
Form:	Version 1.0	**Onset:**	2014-12-11
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-12-12
Location:	Vermont	**Days after onset:**	1
		Entered:	2014-12-15
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1411501 / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K004483 / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4565AA / 1	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Erythema, Local swelling, Lymphadenopathy, Malaise, Rash
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ZITHROMAX; FLAGYL; CHANTIX; SUBOXONE; CONCERTA; NEURONTIN; Albuterol MDI; IMITREX
Current Illness: None
Preexisting Conditions: Bilateral galactorrhea x 6+ mos. seen by gyn 12/15/14 -$g FLAGYL (+) BI on PAP; DJD; Pneumonia; ADHD; anxiety; opiates dependence; asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt became ill with malaise 12/11 evening, noticed in 12/12 AM rash at axillary (L), swollen (L) axillary nodes. Area is swollen and erythematous. Came to office at 2:30 pm with same rash sx, feeling better over in regard to malaise. Treated with azithromycin 250 mg tab (2 tabs x 1 day, then 1 tab x 4 days). Told to call with worsening sx.

VAERS ID:	559048 (history)	**Vaccinated:**	2014-08-21
Form:	Version 1.0	**Onset:**	2014-08-21
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-12-16
Location:	Vermont	**Days after onset:**	117
		Entered:	2014-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J006108 / 2	LA / SC

Administered by: Public **Purchased by:** Private
Symptoms: Medication error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: MMR given 8/1/14. Varicella given 8/21/14.

VAERS ID:	561382 (history)	**Vaccinated:**	2014-11-07
Form:	Version 1.0	**Onset:**	2014-11-08
Age:	33.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-01-13
Location:	Vermont	**Days after onset:**	66
		Entered:	2015-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	U499ODA / UNK	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Anxiety, Depression, Dizziness, Electromyogram, Headache, Hypoaesthesia, Malaise, Muscular weakness, Nuclear magnetic resonance imaging brain, Nuclear magnetic resonance imaging spinal, Paraesthesia
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (narrow), Vestibular disorders (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal multivitamin, vitamin C, vitamin D, Fish "More milk plus" (an herbal supplement for lactation).
Current Illness: No
Preexisting Conditions: 8 weeks postpartum, allergic to PCN and latex, Celiac disease.
Allergies:
Diagnostic Lab Data: EMG, MRI brain and C-spine.
CDC Split Type:
Write-up: Please see physician records; acute onset of headache, dizziness, general malaise followed by acute bilateral upper extremity paresthesias (numbness and tingling, mild component of weakness). Symptoms listed first were gone within 48 hours of the vaccine administration time. However, upper extremity paresthesias persisted- very intense for about 1-2 weeks with a gradual decrease in symptoms at 2-3 weeks and minimal symptoms after 3-4 weeks and nearly complete resolution of symptoms about 5-6 weeks later. Also caused anxiety and depression, secondary to symptoms.

VAERS ID:	561962 (history)	**Vaccinated:**	2014-10-14
Form:	Version 1.0	**Onset:**	2014-10-14
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2014-10-14
Location:	Vermont	**Days after onset:**	0
		Entered:	2015-01-21
		Days after submission:	99

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	- / 4	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Flushing, Paraesthesia
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: RA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tingling in finger tips. Flushed feeling. BP 138/88. F/U with primary care MD reported no action needed at time. Continued to monitor. Retake BP -$g 128/80. F/U with patient at 15:00. Denies any needs. Reports no symptoms. F/U on 10/16/14 -rpt no symptoms.

VAERS ID:	563351 (history)	**Vaccinated:**	2014-10-15
Form:	Version 1.0	**Onset:**	2014-10-15
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-01-29
Location:	Vermont	**Days after onset:**	106
		Entered:	2015-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE	9X3L3 /	

BIOLOGICALS	UNK	AR / UN

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions: Influenza vaccine, No reaction on previous exposure to drug
Allergies:
Diagnostic Lab Data:
CDC Split Type: US2014GSK033320
Write-up: This case was reported by a nurse and described the occurrence of injection site pain in a 48-year-old female patient who received FLULAVAL QUADRIVALENT (batch number 9X3L3, expiry date 30th June 2015). Previously administered products included flu vaccine with an associated reaction of no reaction to previous exposure to drug. On 15th October 2014, the patient received FLULAVAL QUADRIVALENT. On 15th October 2014, 0 min after receiving FLULAVAL QUADRIVALENT, the patient experienced injection site pain. On an unknown date, the outcome of the injection site pain was not recovered/not resolved. It was unknown if the reporter considered the injection site pain to be related to FLULAVAL QUADRIVALENT. Additional information received: Nurse reported that a patient complained about pain in her arm and where she received the vaccine.

VAERS ID:	566904 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2015-02-03
Sex:	Unknown	**Entered:**	2015-02-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B153AA / UNK	UN / UN
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	UN / UN
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other

Symptoms: Incorrect product storage
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US2014039484
Write-up: This case was reported by a nurse via call center representative and described the occurrence of incorrect storage of drug in a patient who received ENGERIX B (batch number 3B93H, expiry date 26th September 2015), (batch number AHBVC148BB, expiry date 8th September 2014) and (batch number FB3A3, expiry date 28th January 2016). Co-suspect products included HAVRIX (batch number N434L, expiry date 19th February 2016), (batch number 793JR, expiry date 15th February 2016) and (batch number PC527, expiry date 8th June 2015) and INFANRIX (batch number AC14B153AA, expiry date 18th September 2014). On an unknown date, the patient received ENGERIX B. On an unknown date, the dose was an unknown dose. On an unknown date, the dose was an unknown dose. On an unknown date, the patient received HAVRIX. On an unknown date, the dose was an unknown dose. On an unknown date, the dose was an unknown dose. On an unknown date, the patient received INFANRIX. On an unknown date, an unknown time after receiving ENGERIX B, HAVRIX and INFANRIX, the patient experienced incorrect storage of drug. On an unknown date, the outcome of the incorrect storage of drug was unknown. Additional information: Public Health Nurse called on behalf of office to find out the stability of INFANRIX, ENGERIX-B and HAVRIX after being exposed to temperatures above recommended storage range (up to10.2C) intermittently for 232 hours. Vaccine doses have been given to patients. HCP did not have information about these patients available.

VAERS ID:	568556 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2015-02-09
Sex:	Unknown	**Entered:**	2015-02-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1502**USA**003179
Write-up: Information has been received from a registered nurse referring to an unspecified amount of patients of unknown age and gender. The nurse reported that an unspecified amount of doses of GARDASIL (lot#, dose and route not reported) that underwent a temperature excursion was administered to the unspecified amount of patients on an unknown dates. No adverse effect was reported. Additional information has been requested.

VAERS ID:	566207 (history)	**Vaccinated:**	2015-02-17
Form:	Version 1.0	**Onset:**	2015-02-19
Age:	25.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2015-02-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-02-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K004483 / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Injection site induration, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Induration, pain and heat at site of administration.

VAERS ID:	570461 (history)	**Vaccinated:**	2015-01-30
Form:	Version 1.0	**Onset:**	2015-02-10
Age:	15.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	2015-02-27
Location:	Vermont	**Days after onset:**	17
		Entered:	2015-03-03
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K002528 / 1	LA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Chronic headache from concussions
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Developed a fever- mostly moderated but up to 103 for 2-3 days.

VAERS ID: 568316 (history)		**Vaccinated:**	2015-02-20
Form:	Version 1.0	**Onset:**	2015-02-24
Age:	58.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	2015-03-05
Location:	Vermont	**Days after onset:**	9
		Entered:	2015-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	RA / IM

Administered by: Military **Purchased by:** Military
Symptoms: Genital rash
SMQs:, Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Gabapentin, morphine
Current Illness: No
Preexisting Conditions: Post polio syndrome
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on penis foreskin and tip of penis.

VAERS ID: 570681 (history)		**Vaccinated:**	2015-02-24
Form:	Version 1.0	**Onset:**	2015-02-24
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-03-05
Location:	Vermont	**Days after onset:**	9
		Entered:	2015-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007264 / 3	UN / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain upper, Blood glucose, Dizziness, Nausea, Nervousness, Throat irritation
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions

(excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Blood glucose and O2 sat checked and VS
CDC Split Type:
Write-up: Patietn felt shaky, throat felt "funny"- stomach pain-nauseated dizzy.

VAERS ID:	570682 (history)	**Vaccinated:**	2015-03-04
Form:	Version 1.0	**Onset:**	2015-03-04
Age:	16.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2015-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007264 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4986AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Back pain, Hypoaesthesia
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None

Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: US and O2 Sat checked
CDC Split Type:
Write-up: Returned to office with abdominal pain - Rt leg numbness and Rt back pain - resolved after resting 40 min.

VAERS ID:	571471 (history)	**Vaccinated:**	2015-03-10
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	11.0	**Submitted:**	2015-03-12
Sex:	Male	**Entered:**	2015-03-13
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007828 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4923BA / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4689AA / UNK	RA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Ear infection, Injection site erythema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient with local erythema and warmth and circular patch overlying both injection sites. Currently on CEFZIL to treat ear infection. Treated with MOTRIN and antihistamine.

VAERS ID:	570040 (history)	**Vaccinated:**	2015-03-11
Form:	Version 1.0	**Onset:**	2015-03-13
Age:	51.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2015-03-17
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K006681 / UNK	UN / SYR

Administered by: Public **Purchased by:** Public
Symptoms: Cellulitis, Erythema, Peripheral swelling, Skin warm, White blood cell count increased
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Hep C; Smoker; Opioid dependence; TB s/p tx; COPD
Allergies:
Diagnostic Lab Data: 3/13/15 - WBC-17.23; 3/15/15 - WBC-12.79
CDC Split Type:
Write-up: LUE cellulitis s/p PNEUMOVAX injection 3/11/15 at health center. ED 3/13/15 for redness, warmth, swelling from shoulder to below elbow. Given TORADOL and IV ANCEF. D/C 3/15 from hospital and seen in f/u at health center 3/17/15.

VAERS ID:	572078 (history)	**Vaccinated:**	2015-03-26
Form:	Version 1.0	**Onset:**	2015-03-27
Age:	42.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2015-03-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4689AA / 1	LA / IM

Administered by: Private **Purchased by:** Private

Symptoms: Chills, Erythema, Mobility decreased, Neck pain, Pain, Pain in extremity, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Parkinson-like events (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very painful arm. Red, swollen, radiating pain into neck. Chills, aches. Could not use arm x 3 days. Today-sxs resolved.

VAERS ID:	572584 (history)	**Vaccinated:**	2015-03-28
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	65.0	**Submitted:**	2015-03-31
Sex:	Female	**Entered:**	2015-03-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L13518 / 1	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Erythema, Injection site pain, Injection site swelling, Peripheral swelling, Tenderness
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions: Allergy: MOTRIN, Balsam, Nickel, Naproxen; DM; HTN
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Arm erythemic, swollen 5cm around vaccine site, extending past elbow, tender. Rx: BENADRYL 25mg 1-2 PO Q 6 hours prn, return prn.

VAERS ID:	572665 (history)	**Vaccinated:**	2015-03-26
Form:	Version 1.0	**Onset:**	2015-03-27
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-03-30
Location:	Vermont	**Days after onset:**	3
		Entered:	2015-04-02
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	T325H / 1	RA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	K020756 / 1	RA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Injection site inflammation, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Significant inflammatory reaction (local inflammatory reaction) right deltoid.

VAERS ID:	572942 (history)	**Vaccinated:**	2015-03-16
Form:	Version 1.0	**Onset:**	2015-03-18
Age:	43.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-04-07
Location:	Vermont	**Days after onset:**	20
		Entered:	2015-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	HM4FY / UNK	RA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Abscess, Cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Dental infection per patient
Preexisting Conditions: Benadryl, Paxil
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Cellulitis with abscess. Seen by Dr (Occ. Med) and treated successfully with Bactrim DS.

VAERS ID:	573073 (history)	**Vaccinated:**	2014-10-28
Form:	Version 1.0	**Onset:**	2014-10-28
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-04-03
Location:	Vermont	**Days after onset:**	157
		Entered:	2015-04-08
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	AR / SYR

Administered by: Private **Purchased by:** Unknown

Symptoms: Activities of daily living impaired, Drug administered at inappropriate site, Injection site discomfort, Insomnia, Nuclear magnetic resonance imaging, Pain in extremity, Ultrasound scan
SMQs:, Dementia (broad), Drug abuse and dependence (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Ultrasound, MRI
CDC Split Type:
Write-up: Received flu shot on 10/28/14 9:30 am, arm hurt around 10:30 am - could not sleep on it, push door open, lift it, get dressed etc. Called after 1 week, 2 weeks, got PT script after 3 weeks. Injection was high in arm. I am a thin female. Its been 5 months, improved but still some discomfort at injection site.

VAERS ID:	573215 (history)	**Vaccinated:**	2015-04-03
Form:	Version 1.0	**Onset:**	2015-04-04
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2015-04-07
Location:	Vermont	**Days after onset:**	3
		Entered:	2015-04-08
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B256AA / UNK	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site reaction, Injection site swelling, Skin tightness
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: (L) arm swollen, red starting about 24 hr after injection, extending from shoulder to mid lower arm, initially tight, improved by the time I saw him, no cellulitis. No fever. Impressive swelling no compartment syndrome.

VAERS ID:	573480 (history)	**Vaccinated:**	2015-03-19
Form:	Version 1.0	**Onset:**	2015-03-25
Age:	26.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2015-04-10
Location:	Vermont	**Days after onset:**	16
		Entered:	2015-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / SC

Administered by: Public **Purchased by:** Other
Symptoms: Arthralgia, Impaired work ability, Lymphadenopathy, Muscle spasms, Pruritus, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen lymph nodes in right arm pit and breast (vaccine was given in right arm), followed by sore joints, muscle cramps, and fever. These symptoms last from 3/25/15-3/31/15. On the evening of 3/31/15, PT developed a rash on the chest, arms (both), back, and face. The rash was mostly gone by the 4th, but was still itchy on the 6th. Missed 2 days of work.

VAERS ID:	573521 (history)	**Vaccinated:**	2015-03-16
Form:	Version 1.0	**Onset:**	2015-03-17
Age:	21.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-03-27
Location:	Vermont	**Days after onset:**	10
		Entered:	2015-04-10
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F559 / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4798AA / 2	LA / IM
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	3003000 / 1	MO / PO
YF: YELLOW FEVER (YF-VAX) / SANOFI PASTEUR	UH841AA / 1	LA / SC

Administered by: Private **Purchased by:** Private
Symptoms: Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Iron; TYLENOL
Current Illness: Chronic Evans Syndrome-stable
Preexisting Conditions: Allergy to PERCOCET, causes N/V. Chronic ITP; Evans Syndrome
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt. received Hepatitis A, yellow fever and MENACTRA vaccines on 3-16-15 at clinic visit. Given oral typhoid pills to take at home. Pt. took first pill 3-17-15 am and noticed fine bumps over face and neck by 7 pm 3-17-15. Very itchy. BENADRYL helped decrease itching. Typhoid

dc"d. Symptoms resolved.

VAERS ID:	573780 (history)	**Vaccinated:**	2015-04-08
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	13.0	**Submitted:**	2015-04-09
Sex:	Male	**Entered:**	2015-04-14
Location:	Vermont	**Days after submission:**	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	X9LB7 / 1	LA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007828 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Chest X-ray normal, Electrocardiogram normal, Heart rate irregular, Palpitations
SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Normal EKG and chest x-ray in ED.
CDC Split Type:
Write-up: Heart pounding and irregular rate. No CP/SOB/N.

VAERS ID:	574463 (history)	**Vaccinated:**	2014-10-21
Form:	Version 1.0	**Onset:**	2014-12-06
Age:	14.0	**Days after vaccination:**	46
Sex:	Female	**Submitted:**	2015-04-19
Location:	Vermont	**Days after onset:**	133
		Entered:	2015-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UI190AC / 1	AR / SYR

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Allergy test, Anaemia, Antineutrophil cytoplasmic antibody, Antinuclear antibody, Arthralgia, Autoimmune disorder, Biopsy skin abnormal, Blood immunoglobulin A, Blood

immunoglobulin G, C-reactive protein, Complement factor C3, Complement factor C4, Creatinine urine, Differential white blood cell count, Fatigue, Full blood count, Gait disturbance, Inflammation, Joint range of motion decreased, Juvenile idiopathic arthritis, Metabolic function test, Mononucleosis heterophile test negative, Myalgia, Neutrophil count, Rash, Red blood cell sedimentation rate increased, Rheumatoid factor increased, Serum ferritin, Urine analysis, Vasculitis, Viral infection, Weight bearing difficulty, Weight decreased, X-ray limb normal
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Vasculitis (narrow), Skin tumours of unspecified malignancy (broad), Hypersensitivity (narrow), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi vitamin
Current Illness: No
Preexisting Conditions: Allergic to Sulfa Meds, supra and septra
Allergies:
Diagnostic Lab Data: 1/13/15 - ANC, Anti Nuclear Antibody, Comprehensive Metabolic panel, Hemagram & differential, Mono-test, Rheumatoid factor, Sedrate: Westergren. 1/16/15 - skin biopsy 1/28/15 - ANCA, Anti Nuclear Antibody, C-Reactive Protein, C3 Complement, C4 Complement, Comprehensive Metabolic Panel, Creatinine Urine Random, Ferritin, Hemagram and Differential, Proteinase 3 antibody, Sed. Rate: Westergren, Total protein urine random & Urinalysis. 2/27/15 - xrays of both wrists 4/1/15 - C-Reactive Protein High Sensitivity, Food Panel I IgG4, Food Panel II IgG, Gliadin AB Panel, IgA, IgG, Comprehensive Metabolic Panel, Ferritin & Sed. Rate: Westergren
CDC Split Type:
Write-up: My daughter has always been healthy with the exception of ear infections when she was younger. She played soccer, did cheerleading and currently dances twice a week. My daughter received her first dose of the Gardasil HPV vaccine on 7/22/14 and a second dose on 7/22/14. On 12/6/14 she woke up with a rash on her thighs, stomach, arms and back. We took her to the doctors and they diagnosed her with Pityriasis Rosea. On the evening 12/7/14 she started experiencing muscle pain and could barely walk on her legs. We took her back to the doctors on 12/8/14 and was told that she did not have Pityriasis Rosea and that what she most likely had was a virus. Her symptoms, rash and muscle pain, continued to worsen and we took her back to the doctors on 12/10/14. We were told that she appeared to have a viral infection and it needed to run its course. On 1/13/15 we took her back to the doctors as she was still having her rash, was tired all the time and was still having muscle pain her legs, arms and wrists. Weight loss also became a concern. On 12/8/14 weight was 110 pounds on 1/13/15 she was down to 99 pounds 8 ounces. Blood was drawn results were negative for mono, a weak positive for autoimmune, SED RATE

showed inflammation and positive for anemia. On 1/16/15 saw a dermatologist for a skin biopsy which came back as vasculitis. On 1/28/15 we saw a Rheumatoid Arthritis specialist who diagnosed her with undefined Juvenile Idiopathic Arthritis and prescribed her 125 mg Naproxen 2 times a day. As Naproxen was not working on 2/6/15 Prednisone was prescribed at 3 tablets of 10 mg of prednisone a day for 1 week, than 2 tablets for a week and then 1 tablet for a week. Follow up with RA specialist on 2/27/15. Continues to have rash and joint pain in her legs and arms. Was left on taking 10 mg of Prednisone daily and went for x-rays on wrist. Wrists x-rays came back good. On 4/1/15 follow up with RA specialist. Range of motion better in legs and arms. Still pain and limited range in both wrists. Steroid injection into joint of left wrist and Prednisone was reduced to 7.5 mg daily. As I am writing this on 4/19/15 she still is experiencing a rash on her legs, arms, stomach and back. The rash comes and goes. She is still having pain in her wrists more in the right as she had the steroid injection in the left. She is unable to put pressure or support her weight on her hands. There is once again a loss of range of motion in her right arm. She cannot straighten her arm as it hurts too much.

VAERS ID:	575912 (history)	**Vaccinated:**	2015-03-31
Form:	Version 1.0	**Onset:**	2015-04-13
Age:	1.25	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	2015-04-28
Location:	Vermont	**Days after onset:**	15
		Entered:	2015-04-29
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	F4327 / 4	LL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	59N59 / 1	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J004155 / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: CSF test normal, Electroencephalogram normal, Endotracheal intubation, Febrile convulsion, Intensive care, Laboratory test
SMQs:, Angioedema (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:

Allergies:
Diagnostic Lab Data: CSF negative; Many others; No viral cultures done; EEG normal.
CDC Split Type:
Write-up: Febrile seizure (atypical) approx 2 wks later. Required intubation for prolonged seizure. Transferred to PICU.

VAERS ID:	576147 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	2015-04-20
Age:	60.0	**Submitted:**	2015-04-29
Sex:	Female	**Days after onset:**	9
Location:	Vermont	**Entered:**	2015-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Herpes zoster, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: By history, received shingles vaccine 2 mos ago. Presented today for eval of rash which on exam appears to be shingles rash (R) posterior thigh.

VAERS ID:	576957 (history)	**Vaccinated:**	2014-10-01
Form:	Version 1.0	**Onset:**	2014-10-01
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-05-05
Location:	Vermont	**Days after onset:**	216
		Entered:	2015-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	LY2FS / UNK	- / -

Administered by: Other **Purchased by:** Other
Symptoms: Injected limb mobility decreased, Injection site pain, Rotator cuff syndrome
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: sore arm~Influenza (Seasonal) (no brand name)~~51.00~Patient
Other Medications: Advil
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Flu shot given in upper left arm. After the shot left arm has been very sore and now has an impingement that has caused limited range of motion and severe stabbing pains. Went to my doctor who diagnosed the impingement and referred to Physical Therapy. Have been going to Physical Therapy for 13 weeks and my arm has not gotten better.

VAERS ID:	579620 (history)	**Vaccinated:**	2015-05-20
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	75.0	**Submitted:**	2015-05-27
Sex:	Male	**Entered:**	2015-05-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L74251 / UNK	RA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4730PA / UNK	RA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: Inflammation, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized inflamation and rash. Start CLARITIN next 1-2 weeks. Hydrocortisone crm BID.

VAERS ID:	579932 (history)	**Vaccinated:**	2015-05-29
Form:	Version 1.0	**Onset:**	2015-05-30
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-06-01
Location:	Vermont	**Days after onset:**	2
		Entered:	2015-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	K018176 / 1	RA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Erythema, Pain in extremity, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No illnesses at time of vaccination
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient stated that the her arm has a rash the size of a tea cup (the redness has gotten better) and has experienced pain in the arm which has not gotten any better. Patient did state that she had the chicken pox really bad as child when administering vaccine. Advised patient to take pictures of arm and if it does not get any better within the next 24 hours to contact her doctor or go

to ED. I did tell patient that a rash and pain is common but have not had anyone stress concern of large rash and severe pain. Patient said she would wait it out and see what happens. I told her to keep me posted and to call with any other questions.

VAERS ID:	579936 (history)	**Vaccinated:**	2014-11-08
Form:	Version 1.0	**Onset:**	2014-11-08
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-06-01
Location:	Vermont	**Days after onset:**	204
		Entered:	2015-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	UN / UN

Administered by: Unknown **Purchased by:** Other
Symptoms: Blood test normal, Crying, Feeding disorder neonatal, Pyrexia, Screaming
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None, infant was examined at birth and considered healthy.
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, inconsolable crying/shrieking, wouldn"t latch, or feed. Prior to the vaccination, she was easily comforted and was latching and feeding well. Pediatrician ordered blood tests to rule out infection - these were normal.

VAERS ID:	580298 (history)	**Vaccinated:**	2015-05-11
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	13.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2015-06-03
Location:	Vermont		

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007264 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4680AA / 1	LA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Blister, Erythema, Injection site erythema, Injection site swelling, Pruritus, Skin tightness
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Depression; Asthma
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Began 2 days after injection with redness, swelling, tightness of the right arm and grouped vesicles on erythematous base covering extremities and think -very pruritic with dermatographism.

VAERS ID:	580777 (history)	**Vaccinated:**	2015-06-04
Form:	Version 1.0	**Onset:**	2015-06-04
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-06-04
Location:	Vermont	**Days after onset:**	0
		Entered:	2015-06-05
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3N7Y7 / UNK	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	L002421 / 1	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Body temperature increased, Lacrimation increased, Pain, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Lacrimal disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Probiotic
Current Illness: None
Preexisting Conditions: BACTRIM-rash
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1-2 hours after receiving vaccines-c/o body aches, "not feeling well". 5 hours after receiving vaccines-temp 102 degrees F, rash on face, watery eyes.

VAERS ID:	580760 (history)	**Vaccinated:**	2015-06-02
Form:	Version 1.0	**Onset:**	2015-06-03
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-06-07
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Private
Symptoms: Lymphadenopathy, Musculoskeletal pain, Myalgia, Neck pain
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Possibly shingles flare up.
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very sore muscle for 4 day straight. Could not touch it, it was so painful. 5 days after shot developed swollen supraclavicular lymph node and shoulder and neck pain.

VAERS ID:	582619 (history)	**Vaccinated:**	2015-04-28
Form:	Version 1.0	**Onset:**	2015-04-28
Age:	88.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-06-20
Location:	Vermont	**Days after onset:**	53
		Entered:	2015-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	K015308 / 2	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1506**USA**003284
Write-up: This spontaneous report as received from a pharmacist refers to an 88 year old male patient. No information regarding the patient''s pertinent medical history, concomitant medications and drug reactions or allergies was reported. On 15-NOV-2013, the patient was vaccinated with the first dose of ZOSTAVAX (dose and route of administration were not provided) lot # J006827, expiration date 14-SEP-2014 (reported as 01-FEB-2014). On 28-APR-2015, the patient was vaccinated with the extra dose of ZOSTAVAX (dose and route of administration were not provided) lot # K015308, expiration date 17-DEC-2015. The patient had not reported any adverse effects. Additional information has been requested.

VAERS ID:	584435 (history)	**Vaccinated:**	2015-03-20
Form:	Version 1.0	**Onset:**	2015-03-25
Age:	71.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	2015-07-05
Location:	Vermont	**Days after onset:**	102
		Entered:	2015-07-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	K023624 / 1	RA / SC

Administered by: Other **Purchased by:** Military
Symptoms: Pain, Rash pruritic, Rash vesicular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Patient mail orders
Current Illness: None
Preexisting Conditions: Shingles in July 2004; No known drug allergies; Heart disease
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on back similar to shingles rash, subsided after couple weeks, but itchiness and pain remains still today. Patient is still taking gabapentin for the pain.

VAERS ID:	585030 (history)	**Vaccinated:**	2015-06-12
Form:	Version 1.0	**Onset:**	2015-06-12
Age:	1.31	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-07-08
Location:	Vermont	**Days after onset:**	26
		Entered:	2015-07-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 4	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	- / 4	RL / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: swelling~DTaP+IPV+HepB+Hib (Infanrix Hexa)~~0.00~Patient
Other Medications:
Current Illness: No
Preexisting Conditions: Wheat and dairy allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Entire leg swelled to twice normal size, and became hot and red.

VAERS ID:	585911 (history)	**Vaccinated:**	2015-07-10
Form:	Version 1.0	**Onset:**	2015-07-11
Age:	32.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-07-15
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4765AA / 2	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Arthralgia, Cough, Exposure during pregnancy, Injected limb mobility decreased, Injection site induration, Injection site pain, Musculoskeletal discomfort, Pain in jaw, Tenderness
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Osteonecrosis (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamins; Pepcid AC

Current Illness: None; 33 wks pregnant
Preexisting Conditions: Allergies to latex, Tylenol, epinephrine, amoxicillin.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt described an increasing soreness at injection site which advanced to not being able to move arm by the end of the day 7/11. By 7/12 pt states the discomfort started moving up her neck to her jaw. Jaw very sore to touch and when she bent forward the pressure was extremely painful. All joints began to become painful, difficulty making a fist with her hands, ankles, knees sore. Persistent dry cough developed. No fever. Injection site with large area of induration but no advancing erythema. Went to see PCP who recommended OTC antihistamine.

VAERS ID:	587901 (history)	**Vaccinated:**	2015-07-10
Form:	Version 1.0	**Onset:**	2015-07-10
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-07-27
Location:	Vermont	**Days after onset:**	17
		Entered:	2015-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L72442 / UNK	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injected limb mobility decreased, Injection site hypoaesthesia, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient''s arm was really sore for a week (also and she said her arm felt numb at the site of injection) and she couldn''t lift the arm for few days. She had to go to the ER where she was told the needle might have hit the blood vessel.

VAERS ID:	588426 (history)	**Vaccinated:**	2015-07-31
Form:	Version 1.0	**Onset:**	2015-07-31
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-08-04
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-08-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5058AB / UNK	RA / SC

Administered by: Public **Purchased by:** Other
Symptoms: Erythema, Hypoaesthesia, Induration, Injection site hypoaesthesia
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None. Mother gave Benadryl and used cool compresses following reaction.
Current Illness: No
Preexisting Conditions: Mother reports that she has multiple allergies
Allergies:
Diagnostic Lab Data: Spoke w mother today 8/4/2015 and redness is dissolving, hardened area softening.
CDC Split Type:
Write-up: Mother describes a reddened area on upper arm, grew to the size of a "face cloth". Had a hard center, numbness at site of injection and down the arm.

VAERS ID:	589825 (history)	**Vaccinated:**	2015-08-06
Form:	Version 1.0	**Onset:**	2015-08-06
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-08-10
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	3RB2G / 2	LA / UN

HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	K026247 / 3	RA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Chills, Decreased appetite, Fatigue, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamins
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received Hep A and HPV vaccine at approximately 11 AM on 8-6-15-mom called at 4:30 the same day with concerns of chills-decreased appetite and fatigue-pt then had severe vomiting for several hrs and went to ER.

VAERS ID:	590084 (history)	**Vaccinated:**	2015-07-27
Form:	Version 1.0	**Onset:**	2015-07-29
Age:	61.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-08-04
Location:	Vermont	**Days after onset:**	6
		Entered:	2015-08-11
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	K021919 / 2	LA / SC

Administered by: Other **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Sulfa allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximately 48 hours after administration, patient experienced erythema, swelling and itchiness at injection site. Symptoms have since subsided without any treatment necessary.

VAERS ID:	589751 (history)	**Vaccinated:**	2015-08-06
Form:	Version 1.0	**Onset:**	2015-08-06
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-08-13
Location:	Vermont	**Days after onset:**	7
		Entered:	2015-08-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4765AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Migraine, Vision blurred
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Valcyclovir 1 gm-2 tabs as needed; gabapentin 400 mg-twice a day
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Blurriness in one eye, with migraine in frontal area.

VAERS ID:	589924 (history)	**Vaccinated:**	2015-08-08
Form:	Version 1.0	**Onset:**	2015-08-12
Age:	29.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2015-08-13
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-08-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K008409 / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4774AA / 1	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Allergy: Prednisone
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received the vaccine on (8/08/2015). Irregular border of swelling near the injection site on the left deltoid muscle (proximal lateral). The site is approximately 3 inch in diameter and 1/16 inch elevation on 8/12/2015, patient reports that it has worsened today (8/13/2015) and increased to 2 swelling sites connecting each other, each site is approximately 3 inches in diameter on 8/13/2015. It is red, elevated, warm to touch and tender. Patient reports that it hurts when she tries to work using left arm muscle, and it is painful when she sleeps on her side. Patient has tried Ibuprofen and it did not work for the pain. The injection site is on her left arm.

VAERS ID:	590461 (history)	**Vaccinated:**	2015-07-31
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	16.0	**Submitted:**	2015-08-07
Sex:	Male	**Entered:**	2015-08-14
Location:	Vermont	**Days after submission:**	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	3RB2G / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Rash erythematous, Rash generalised, Rash maculo-papular, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Migraines; depression
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed a pruritic full body erythematous maculopapular rash the day after Hep A #2. Rash persisted for 5 days before I treated it with prednisone. Not otherwise ill.

VAERS ID:	590899 (history)	**Vaccinated:**	2015-08-07
Form:	Version 1.0	**Onset:**	2015-08-10
Age:	1.01	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2015-08-12
Location:	Vermont	**Days after onset:**	2
		Entered:	2015-08-18
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K016154 / 1	LL / SC
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L53937 / 4	LL / IM
	L001326 / 1	

VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.		RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema multiforme, Rash generalised
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: MMR, VARIVAX and PREVNAR given Thursday. Monday night without other signs of illness developed a rash. Tuesday morning I saw him an it covered his entire body and was clearly erythema multiforme.

VAERS ID:	590789 (history)	**Vaccinated:**	2015-07-08
Form:	Version 1.0	**Onset:**	2015-07-17
Age:	59.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	2015-08-14
Location:	Vermont	**Days after onset:**	28
		Entered:	2015-08-19
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	- / 1	RA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Burning sensation, Exfoliative rash, Laboratory test, Pityriasis rubra pilaris, Rash erythematous, Rash pruritic
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: UNK
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Lab tests unknown
CDC Split Type: 2015SA117498
Write-up: Initial unsolicited report received from a healthcare professional on 3 August 2015. A 59-year-old male patient had received a first dose of ADACEL (batch number, route of administration not reported) in right deltoid on 8 July 2015. The patient''s illness at the time of vaccination, pre-existing physician diagnosed allergies, birth defects, medical conditions were reported as none and concomitant medication were reported as none. On 17 July 2015, nine days after vaccination, the patient developed a red scaling rash that had spread starting from his head progressing to his face and then full trunk. It both itches and burns. The patient was diagnosed with pityriasis rubra pilaris. Reporter consider it as a life-threatening illness. The patient required ER visit. The patient had tried triamcinolone cream without success as corrective treatment and was concerned that this may lead to more serious physical conditions such as liver and spleen enlargement. The patient''s blood work is pending and he is being seen as a case at a symposium this week for evaluation and treatment. Laboratory investigations were reported as ''labs''. At the time of this report, the event outcome was not recovered. Documents held by sender: none.

VAERS ID:	591381 (history)	**Vaccinated:**	2015-08-20
Form:	Version 1.0	**Onset:**	2015-08-22
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-08-24
Location:	Vermont	**Days after onset:**	2
		Entered:	2015-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 4	LA / SYR

Administered by: Unknown **Purchased by:** Other
Symptoms: Erythema, Hyperaesthesia, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Upper arm is swollen, elevated and red if it is touched or bumped she screams.

VAERS ID:	591485 (history)	**Vaccinated:**	2015-08-10
Form:	Version 1.0	**Onset:**	2015-08-10
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-08-25
Location:	Vermont	**Days after onset:**	15
		Entered:	2015-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	U4971AA / UNK	LA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Hallucination, Hyperhidrosis, Pain, Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Symbicort, Losartan, montelukast, pravastatin, verapamil
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Body aches, fever (40.0 C), shakes, sweating, waking with hallucinations of people she knew.

VAERS ID:	593958 (history)	**Vaccinated:**	2015-09-03
Form:	Version 1.0	**Onset:**	2015-09-04
Age:	30.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-09-05
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-09-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Headache, Injection site pain, Mobility decreased, Myalgia, Pyrexia, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe arm pain at site of injection that limited mobility, vomiting, fever, dizziness, myalgia, headache.

VAERS ID:	596676 (history)	**Vaccinated:**	2015-09-11
Form:	Version 1.0	**Onset:**	2015-09-16
Age:	82.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2015-09-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L87117 / 2	LA / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness at the injection site. Pain at the injection site.

VAERS ID:	596219 (history)	**Vaccinated:**	2015-09-11
Form:	Version 1.0	**Onset:**	2015-09-13
Age:	65.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-09-18
Location:	Vermont	**Days after onset:**	5
		Entered:	2015-09-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L99261 / 1	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Myalgia, Rash macular
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Anastrazole 1mg, zolpidem 5mg, pantoprazole 40mg, gabapentin 300mg
Current Illness: None known
Preexisting Conditions: N/A
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Normal soreness of deltoid muscle after IM injection, but several days later red blotch rash developed just below injection site last thru to report date of 9/18/15. Aprox. size 3 inches by 4 inches.

VAERS ID:	596772 (history)	**Vaccinated:**	2015-09-11
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	52.0	**Submitted:**	2015-09-18
Sex:	Male	**Entered:**	2015-09-18
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K007826 / 1	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Arthralgia, Body temperature increased, Injection site erythema
SMQs:, Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Methotrexate
Current Illness: None acute
Preexisting Conditions: Sulfa abx; CIPRO; codeine
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt got PNEUMOVAX due to new dx of rheumatoid arthritis. 1 day after vaccine got temp 101, redness at site resolved - for several days had severe (L) wrist pain resolved with ALEVE.

VAERS ID:	596792 (history)	**Vaccinated:**	2015-09-15
Form:	Version 1.0	**Onset:**	2015-09-15
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-09-18
Location:	Vermont	**Days after onset:**	3
		Entered:	2015-09-22
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI436AA / 1	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L53938 / 1	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site induration, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: At site of injection, red, hot, hard, swollen. Patient went to MD. MD treated with CLARITIN. MD told patient to monitor, and call MD if redness spreads or feels fever/chills/nausea.

VAERS ID:	596952 (history)	**Vaccinated:**	2015-09-16
Form:	Version 1.0	**Onset:**	2015-09-17
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-09-21
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-09-22
		Days after submission:	1

		Site /

Vaccination / Manufacturer	Lot / Dose	Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI4355AA / UNK	UN / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L87117 / UNK	UN / IM

Administered by: Other **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Furosemide
Current Illness:
Preexisting Conditions: NKA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized redness, swelling, warm to touch, mild itching of left deltoid.

VAERS ID:	596955 (history)	**Vaccinated:**	2015-09-17
Form:	Version 1.0	**Onset:**	2015-09-17
Age:	92.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-09-22
Location:	Vermont	**Days after onset:**	5
		Entered:	2015-09-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI442AB / UNK	LA / UN

Administered by: Other **Purchased by:** Private
Symptoms: Feeling cold, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt developed chills, shaking. Brought to ER by daughter.

VAERS ID:	597283 (history)	**Vaccinated:**	2015-09-24
Form:	Version 1.0	**Onset:**	2015-09-24
Age:	2.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-09-25
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	FJ2099 / 1	NS / IN

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Acute URI
Preexisting Conditions: Milk and environmental allergies
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: On-call physician took call from mom at 10:15pm. Within 45 min of vaccine face was red, then at night developed large hive on (L) cheek. Mom gave BENADRYL and child went to sleep. Never had any respiratory symptoms.

VAERS ID:	598387 (history)	**Vaccinated:**	2015-09-21
Form:	Version 1.0	**Onset:**	2015-09-22
Age:	85.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-09-23
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-09-25
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L84631 / 1	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Erythema, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Lisinopril, Neomycin, COLACE; HLD; COPD; Hypothyroid; Depression
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 1 day after administration patient developed left arm pain, swelling, redness affecting entire arm, without dyspnea, hives, dysphagia. Saw in clinic 2 days after vaccine, swelling improving, no treatment required.

VAERS ID:	601069 (history)	**Vaccinated:**	2015-08-17
Form:	Version 1.0	**Onset:**	2015-08-17
Age:	63.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-08-27
Location:	Vermont	**Days after onset:**	10
		Entered:	2015-09-29
		Days after submission:	33

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / 1	LA / UN

Administered by: Private **Purchased by:** Other
Symptoms: Asthenia, Dizziness, Fatigue
SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Felt a little weak and tired - lasted 1 1/2 days. Also, slight dizziness.

VAERS ID:	598153 (history)	**Vaccinated:**	2015-09-22
Form:	Version 1.0	**Onset:**	2015-09-24
Age:	65.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-10-01
Location:	Vermont	**Days after onset:**	7
		Entered:	2015-10-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L43700 / 1	LA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left shoulder pain, persistent -rates 4/10 at rest and 8/10 with movement.

VAERS ID:	602483 (history)	**Vaccinated:**	2015-09-24
Form:	Version 1.0	**Onset:**	2015-09-24
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-10-02
Location:	Vermont	**Days after onset:**	8
		Entered:	2015-10-06
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4765AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Local swelling, Musculoskeletal pain
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PRILOSEC; ADVIL; multivit.; eryth. oph. oint.
Current Illness: Stye
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe swelling and pain of shoulder, symptoms were somewhat improved but still persistent 1 week after.

VAERS ID:	601520 (history)	**Vaccinated:**	2015-09-24
Form:	Version 1.0	**Onset:**	2015-09-25
Age:	84.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-10-08
Location:	Vermont	**Days after onset:**	13
		Entered:	2015-10-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UI428AB / UNK	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	U361230 / 1	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Erythema, Injection site pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amlodipine; BENICAR; CENTRUM; B12; DITROPAN; EVISTA; KLOR-CON; MIROLAX; NEXIUM; Loratidine
Current Illness: None
Preexisting Conditions: GERD; HTN
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Right upper extremity erythema, pruritis surrounding injection site. Onset 12 hours after vaccination. Improving with BENADRYL, loratadine added. Erythema persistent $g 1 week after vaccination.

VAERS ID:	601795 (history)	**Vaccinated:**	2014-10-15
Form:	Version 1.0	**Onset:**	2014-10-15
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-10-10
Location:	Vermont	**Days after onset:**	360
		Entered:	2015-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	T58106 / UNK	UN / UN

Administered by: Public **Purchased by:** Private
Symptoms: Muscular weakness, Nuclear magnetic resonance imaging, Pain in extremity, Rotator cuff syndrome, X-ray
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CALCIUM, FISH OIL
Current Illness: NO
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: MRI AND XRAY
CDC Split Type:
Write-up: PAIN AND WEAKNESS OF RIGHT ARM. HURT FOR SEVERAL WEEKS. TOOK IBUPROPHEN. TOLD DOCTOR AT NEXT VISIT. PAIN SUBSIDED, BUT CONTINUOUS. IN FEBRUARY, ROTATOR CUFF TORE AFTER SIMPLE MOVEMENT OF ARM. XRAYS AND MRI - YEAR LATER STILL HURTS.

VAERS ID:	602186 (history)	**Vaccinated:**	2015-09-30
Form:	Version 1.0	**Onset:**	2015-10-01
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-10-05
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-10-13
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	VI459AB / 2	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Chills, Dizziness, Fatigue, Headache, Pain, Vertigo
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine; Estradiol; IMMODIUM; Probiotic; TYLENOL
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness, vertigo, chills, headache, fatigue, soreness. Onset the following evening after administration 10-1-15 lasting continuously through 10-5-15.

VAERS ID:	602622 (history)	**Vaccinated:**	2015-10-09
Form:	Version 1.0	**Onset:**	2015-10-10
Age:	39.0	**Days after vaccination:**	1
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2015-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5309AA / UNK	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K007826 / UNK	RA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Erythema, Local swelling, Pain, Pruritus
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Regualr Diabetes visit
Preexisting Conditions: Allergy to sulfa; Diagnosis of Diabetes
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Local swelling/redness/itching achyness.

VAERS ID:	602792 (history)	**Vaccinated:**	2015-10-09
Form:	Version 1.0	**Onset:**	2015-10-11
Age:	56.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-10-15
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	93T79 / UNK	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Musculoskeletal pain, Neck pain, Pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt initially felt no pain when vaccine administered on Friday 10/9/15. Sunday 10/11/15 in the evening arm started to hurt. By Monday patient was in "agony" and saw physician. Pt said she couldn''t move her arm without pain at this time. Pain also sometimes radiates through shoulder into neck. MD prescribed muscle relaxant and Tylenol with codeine. Pt did not take Tylenol with codeine but did take muscle relaxant at night and took 600 mg of ibuprofen which she said helped. Spoke with patient on Wed 10/14 and again on Thurs 10/15/15. She said pain is getting lesser every day but still present somewhat. Advised massaging the muscle, moving it as much as possible and icing it if necessary.

VAERS ID:	602820 (history)	**Vaccinated:**	2015-10-08
Form:	Version 1.0	**Onset:**	2015-10-09
Age:	37.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-10-15
Location:	Vermont	**Days after onset:**	6
		Entered:	2015-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	U58808 / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L001311 / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Injection site erythema, Injection site reaction, Injection site swelling, Injection site warmth, Mobility decreased, Pain, Pain in extremity
SMQs:, Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol, losartan, ventolin, estradiol, spironolactone
Current Illness: None
Preexisting Conditions: Hypertension, hyperaldosterone, anxiety, asthma; Allegies to penicillin and aspirin
Allergies:
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: The patient had a sore arm and inability to raise it. She iced it and used ibuprofen. The next day the arm became swollen, red and hot to the touch from the administration site to the elbow with a burning type pain. The patient continued to ice, used Benadryl and loratadine and over the course of the next few days the reaction dissipated.

VAERS ID: 603232 (history)		**Vaccinated:**	2015-10-13
Form:	Version 1.0	**Onset:**	2015-10-13
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-10-17
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	7HZ73 / 1	LA / SYR

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain, Musculoskeletal stiffness, Neck pain
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 10/13/15 Immunization given about 4:28 pm. 10/15/15 9:58 am patients daughter called and said patient was experiencing pain and stiffness from injection site of left deltoid up shoulder to back of neck. Pt applied ice and had taken ALEVE and at afternoon was not getting worse and doing better. At 8:00 pm patients daughter said patient was feeling better.

VAERS ID: 603233 (history)		**Vaccinated:**	2015-10-03
Form:	Version 1.0	**Onset:**	2015-10-03
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-10-17
Location:	Vermont	**Days after onset:**	14
		Entered:	2015-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI456AA / 2	LA / UN
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	J67646 / 1	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain, Musculoskeletal stiffness, Neck pain
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: High blood pressure
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 10/3/15 had immunization at retail pharmacy. 10/5/15 came into pharmacy and described having pain and stiffness going from site of injection up arm, across shoulders and up neck; pharmacist called covering MD who verified no red line from injection site and gave pager # if needed and advised ER if condition worsens. Pt iced and took acetaminophen and reported continuing improvement/complete recovery.

VAERS ID:	603305 (history)	**Vaccinated:**	2015-10-14
Form:	Version 1.0	**Onset:**	2015-10-14
Age:	16.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2015-10-16
Location:	Vermont	**Days after onset:**	2
		Entered:	2015-10-19
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5309AA / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5178AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site discomfort, Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic

oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: XOPENEX HFA
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Significant redness, swelling and discomfort of left shoulder area.

VAERS ID:	603499 (history)	**Vaccinated:**	2015-10-02
Form:	Version 1.0	**Onset:**	2015-10-02
Age:	75.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-10-20
Location:	Vermont	**Days after onset:**	18
		Entered:	2015-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	L94EX / 3	UN / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Dyspnoea, Muscular weakness, Pain in extremity, Restless legs syndrome
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 10 days
Extended hospital stay? No
Previous Vaccinations:

Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Leg pain, restless legs, progressive weakness of extremities, neck, difficulty breathing.

VAERS ID:	604128 (history)	**Vaccinated:**	2015-10-19
Form:	Version 1.0	**Onset:**	2015-10-20
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-10-21
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / UN
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site reaction, Local reaction
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local reaction - zoster vaccine (R) deltoid. Recommended Topical hydrocortisone.

VAERS ID:	604519 (history)	**Vaccinated:**	2015-10-09
Form:	Version 1.0	**Onset:**	2015-10-19
Age:	52.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	2015-10-23
Location:	Vermont	**Days after onset:**	4
		Entered:	2015-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	43E97 / 2	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / 1	- / SYR

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Wrong drug administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Depression, reflux, CAD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient is 52 years old and has CAD. He is indicated for the Pneumovax. Nurse was not aware of the two different pneumococcal vaccines. Ended up grabbing Prevnar 13 from the refrigerator and gave him the injection. She did not notice it was not the correct vaccine until she was unable to document the vaccination in the chart. The lot number, etc.. is not available for me to report. He also received a flu shot on the same day.

VAERS ID:	606230 (history)	**Vaccinated:**	2015-10-26
Form:	Version 1.0	**Onset:**	2015-10-28
Age:		**Days after vaccination:**	2
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2015-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K024976 / 1	RA / UN

Administered by: Public **Purchased by:** Unknown
Symptoms: Erythema, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: RA-redness, no swelling, sore right arm. No reaction on left arm where flu shot was given.

VAERS ID:	606676 (history)	**Vaccinated:**	2015-10-31
Form:	Version 1.0	**Onset:**	2015-10-31
Age:	81.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-11-02
Location:	Vermont	**Days after onset:**	2
		Entered:	2015-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K020215 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Cellulitis, Chest pain, Dyspnoea, Electrocardiogram, Erythema, Injection site erythema, Injection site pain, Injection site swelling, Local reaction, Pain in extremity, Peripheral swelling, Pruritus, Ultrasound Doppler, Urine analysis
SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: KEFLEX; naproxen; COLACE; senna; MIRALAX; TYLENOL XS
Current Illness: None known
Preexisting Conditions: NKDA; HTN; GERD; Heart valve disorder; costochondritis
Allergies:
Diagnostic Lab Data: Done at ER 11/1/15 -$g doppler US to arm, EKG, UA. Rx"d KEFLEX 500 mg and advised PCP appt 11/2
CDC Split Type:
Write-up: Pt reports left arm swelling, erythema that started about 2 hours s/p pneumonia vaccination - seen in ER on 11/1 (-) doppler U/S. Treated for cellulitis. Here for recheck. (L) arm w/ 5 x 8 cm erythema and mild swelling medial upper arm - no erythema at injection site. ? localized reaction vs cellulitis rec complete antbx FU if sx persist/worsen. Assessed pt via ODI. Pt reporting difficulty breathing, chest pain, generalized abdominal pain, and (L) arm pain. Pt going through application process and received some vaccinations to same arm yesterday. Began to have itching last night, now upper arm on the underside is red and swollen and tender to touch. Pt denies any drug allergies, unable to specify which vaccination was received. Pt has not tried anything for pain relief. Pt has good pulses to bilateral upper extremities. Lung sounds clear bilaterally on exam. History somewhat difficult to obtain due to language barrier.

VAERS ID:	606958 (history)	**Vaccinated:**	2015-10-30
Form:	Version 1.0	**Onset:**	2015-10-30
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2015-11-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L013546 / 1	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No

Preexisting Conditions: No known allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt rec''d ZOSTAVAX 10/30. Called to report 11/3 index-card sized raised, red, pruritic area that developed over the weekend. No other symptoms. Used home care/local therapy on the area. Improving today.

VAERS ID:	607913 (history)	**Vaccinated:**	2015-11-02
Form:	Version 1.0	**Onset:**	2015-11-03
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-11-06
Location:	Vermont	**Days after onset:**	3
		Entered:	2015-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	LA / SC

Administered by: Unknown **Purchased by:** Other
Symptoms: Abdominal pain upper, Arthralgia, Back pain, Blood test, Body temperature increased, Cardiovascular examination, Chest X-ray, Chest pain, Headache, Nausea, Neck pain
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: CHEST X-RAYS BLOOD WORK ALSO CHECKED HEART
CDC Split Type:
Write-up: HEADACHE-STOMACH ACHE-JOINT PAIN BACKACHE-NECK ACHE-ON 11/4-CHEST PAIN NAUSEA ALONG WITH OTHER SYMPTOMS TEMP 101 B/P 70 OVER 40 THOUGHT I WAS HAVING HEART ATTACK AMBULANCE CALL ENDED IN ER.

VAERS ID: 608028 (history)		**Vaccinated:**	2015-10-20
Form:	Version 1.0	**Onset:**	2015-10-21
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-11-06
Location:	Vermont	**Days after onset:**	16
		Entered:	2015-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	7754S / UNK	RA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Back pain, Fatigue, Headache, Pain in extremity
SMQs:, Retroperitoneal fibrosis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Urinary tract infection
Preexisting Conditions: Meperidine allergy
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Arm soreness, fatigue, headache, back pain - no treatment necessary.

VAERS ID: 608049 (history)		**Vaccinated:**	2015-11-02
Form:	Version 1.0	**Onset:**	2015-11-04
Age:	59.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2015-11-05
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-11-06
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5310CA / 2	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Nasal congestion/Cough
Preexisting Conditions: Penicillin Allergy
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Erythema at injection site (4 x 5 cm) nontender. Full function of (L) arm. Given Rx for BENADRYL 25 mg QHS.

VAERS ID:	609010 (history)	**Vaccinated:**	2015-11-10
Form:	Version 1.0	**Onset:**	2015-11-11
Age:	6.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-11-11
Location:	Vermont	**Days after onset:**	0
		Entered:	2015-11-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Public
Symptoms: Injection site swelling, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, swelling at injection site, muscle pain.

VAERS ID:	609536 (history)	**Vaccinated:**	2015-10-26
Form:	Version 1.0	**Onset:**	2015-11-04
Age:	1.36	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	2015-11-05
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-11-13
		Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5319DA / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K024036 / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L023593 / 1	RL / SC

Administered by: Private **Purchased by:** Public
Symptoms: Pyrexia, Rash generalised, Seizure
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, rash (all over body). Seizure.

VAERS ID:	609655 (history)	**Vaccinated:**	2015-11-10
Form:	Version 1.0	**Onset:**	2015-11-11
Age:	52.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2015-11-13
Location:	Vermont	**Days after onset:**	2
		Entered:	2015-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	7DT2Y / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L021367 / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Erythema, Fatigue, Nausea, Pain in extremity, Pyrexia, Skin tightness
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amitriptyline; tramadol; furosemide; enalapril; amlodipine; Lantus; meloxicam; metformin; Novolog; Vitamin D
Current Illness: No patient reports feeling well
Preexisting Conditions: Diabetes, Neuropathy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Began to feel feverish, tired, nausea. Redness began to spread over upper arm Wed evening: pain and tightness in upper arm, by Thursday the redness had covered most of upper arm to elbow. The patient saw a NP at his physicians office around 4:00PM Thursday and she prescribed a ZPAK.

VAERS ID: 609748 (history)		**Vaccinated:**	2015-11-09
Form:	Version 1.0	**Onset:**	2015-11-12
Age:	82.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2015-11-13
Location:	Vermont	**Days after onset:**	1
		Entered:	2015-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI520AA / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Redness, swelling, tenderness at injection site. Treated with KEFLEX 250 mg PO QID x 5 days.

VAERS ID: 609696 (history)		**Vaccinated:**	2015-11-02
Form:	Version 1.0	**Onset:**	2015-11-06
Age:	58.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	2015-11-15
Location:	Vermont	**Days after onset:**	9
		Entered:	2015-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / UN

Administered by: Private **Purchased by:** Other
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ursodiol, 300 mgs 1x/day; Diazepam 4.75mg/day; Metoprolol XL 25mg 1x/day; Propranolol 5mg 1x/day
Current Illness: No. On slow, medically supervised benzodiazepine withdrawal plan.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Onset of shingles.

VAERS ID:	610307 (history)	**Vaccinated:**	2015-10-28
Form:	Version 1.0	**Onset:**	2015-10-30
Age:	61.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-11-17
Location:	Vermont	**Days after onset:**	18
		Entered:	2015-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L028282 / 1	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Vaccination site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi vitamins - D and C
Current Illness:
Preexisting Conditions: Allergy to iodine
Allergies:

Diagnostic Lab Data: Vaccine reaction/resolved - no tx
CDC Split Type:
Write-up: Two days following vaccination. pt. experienced soreness and redness at vaccine site -9 x 12 cm - no itching - no infection - no bulls eye, no petechia.

VAERS ID:	610424 (history)	**Vaccinated:**	2015-10-14
Form:	Version 1.0	**Onset:**	2015-10-15
Age:	41.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2015-11-18
Location:	Vermont	**Days after onset:**	34
		Entered:	2015-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI439AB / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Influenza
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: No
CDC Split Type:
Write-up: Severe flu symptoms, called out of work. Lasted 24-36 hours. Did not seek medical help. Slept for the most part of the day.

VAERS ID: 610543 (history)		**Vaccinated:**	2015-11-06
Form:	Version 1.0	**Onset:**	2015-11-08
Age:	63.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-11-18
Location:	Vermont	**Days after onset:**	10
		Entered:	2015-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Private
Symptoms: Insomnia, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Started as dull ache and has continued to increase to a more intense ache... taking Advil to be able to sleep.

VAERS ID: 610603 (history)		**Vaccinated:**	2015-10-06
Form:	Version 1.0	**Onset:**	2015-10-07
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-11-18
Location:	Vermont	**Days after onset:**	42
		Entered:	2015-11-19
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5310CA / UNK	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Haematoma, Laboratory test normal, Pain in extremity

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Diabetes
Allergies:
Diagnostic Lab Data: Exam normal
CDC Split Type:
Write-up: Hematoma, arm pain. Next day continuous.

VAERS ID:	611220 (history)	**Vaccinated:**	2015-09-03
Form:	Version 1.0	**Onset:**	2015-09-05
Age:	67.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-10-05
Location:	Vermont	**Days after onset:**	30
		Entered:	2015-11-19
		Days after submission:	45

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI428AB / 1	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site mass, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: UNK

Preexisting Conditions: Unknown
Allergies:
Diagnostic Lab Data: Lab tests unknown
CDC Split Type: 2015SA136221
Write-up: Initial unsolicited report received from a pharmacist on 05 September 2015. This case involves a 67-year-old female patient who was vaccinated with first dose of FLUZONE HD (batch number: UI428AB, expiry date: 19 March 2016) via intramuscular route in right deltoid on 03 September 2015. Reporter denied any illness at time of vaccination, pre-existing physician-diagnosed allergies, birth defects, medical conditions. Concomitant medications were not reported. On 05 September 2015, two days post vaccination, the patient developed redness at injection site, lump at site, warmth and red ring around injection site. Laboratory data and corrective treatments were not reported. At the time of this report, the outcome of the events was unknown. List of documents held by sender: none.

VAERS ID:	612051 (history)	**Vaccinated:**	2015-10-20
Form:	Version 1.0	**Onset:**	2015-10-21
Age:	48.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-11-26
Location:	Vermont	**Days after onset:**	36
		Entered:	2015-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / IM

Administered by: Public **Purchased by:** Other
Symptoms: Injection site pain, Muscle spasms, Muscle tightness
SMQs:, Dystonia (broad), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TYLENOL; NEXIUM; Gabapentin; SYNTHROID; CADUET; Citalopram; ADVAIR; CLARITIN
Current Illness: None
Preexisting Conditions: Sciatic; Allergy - NSAIDS OTC and prescription, Tramadol; KEFLEX, Clindamycin; Seasonal allergies; Codeine
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Employee flu, vaccine give left upper arm. Hurt a little as fluid injected, but seemed normal injection, achy as usual following day. With 1-2 days it continued to be nagging, but was

having spasms/tightness. After a couple of weeks spread to tightness in shoulder and neck, incorporated left shoulder blade. I first thought it would go away. Taking TYLENOL 2-3 x day since beginning, recently tried muscle relaxants; routine visit with chiropractor suggest PT and see PCP for continued spasms/tightening-$g saw PCP starting PT scan and PCP said I should call Employee Health.

VAERS ID:	611953 (history)	**Vaccinated:**	2014-10-14
Form:	Version 1.0	**Onset:**	2014-10-15
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-11-29
Location:	Vermont	**Days after onset:**	410
		Entered:	2015-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / SYR

Administered by: Public **Purchased by:** Other
Symptoms: Exercise tolerance decreased, Impaired work ability, Joint range of motion decreased, Musculoskeletal pain
SMQs:, Rhabdomyolysis/myopathy (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shoulder pain after influenza vaccination provided at my employer. Initially very painful and limited ROM. This lasted at least a couple impacting my ability to work and exercise. Pain and limited ROM lasted for about 9 months.

VAERS ID: 613328 (history)		**Vaccinated:**	2015-12-03
Form:	Version 1.0	**Onset:**	2015-12-04
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-12-06
Location:	Vermont	**Days after onset:**	2
		Entered:	2015-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	15722P / UNK	UN / IM
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L012478 / UNK	UN / SC

Administered by: Other **Purchased by:** Private
Symptoms: Rash erythematous, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Rash and red, itchy spots after getting ZOSTAVAX vaccine.

VAERS ID: 614200 (history)		**Vaccinated:**	2015-11-05
Form:	Version 1.0	**Onset:**	2015-11-05
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2015-12-10
Location:	Vermont	**Days after onset:**	35
		Entered:	2015-12-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	UN / IM

Administered by: Other **Purchased by:** Other

Symptoms: Pain, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin E, losartan potassium, hydrochlorothiazide, Protonix, lovastatin, metoprolol, Lantus
Current Illness: None
Preexisting Conditions: Allergy to eggs
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling in hands and feet, body aches - lasted x 3 days.

VAERS ID:	614568 (history)	**Vaccinated:**	2015-12-10
Form:	Version 1.0	**Onset:**	2015-12-12
Age:	83.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2015-12-12
Location:	Vermont	**Days after onset:**	0
		Entered:	2015-12-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M06901 / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Headache, Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Potassium chloride, spironolactone, magnesium oxide, folic acid, pantoprazole, sulfasalazine, cartia xt
Current Illness: No

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient came in on Saturday 12/12/15 at 5:45pm two days after receiving the vaccine with a swollen, red, painful injection site. She also complained of a headache. I told her she may be having a mild allergic reaction to the vaccine or one of its ingredients and suggested she take Benadryl and ibuprofen for the swelling and pain, respectively as well as recommended a cold pack being applied to the swollen area for about 20 minutes to relieve some of the swelling as well.

VAERS ID:	615709 (history)	**Vaccinated:**	2015-12-01
Form:	Version 1.0	**Onset:**	2015-12-02
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-12-19
Location:	Vermont	**Days after onset:**	17
		Entered:	2015-12-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI459AB / 1	RA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M20639 / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injected limb mobility decreased, Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Clonazepam; Doxepin; PREMPRO
Current Illness:
Preexisting Conditions: Chronic fatigue syndrome; Possible Lyme
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient followed up with pharmacy a week after receiving immunizations to state she had swollen lymph nodes in arm that received flu shot and that she couldn''t raise that arm initially. And she was in bed for several days.

VAERS ID:	616561 (history)	**Vaccinated:**	2015-12-14
Form:	Version 1.0	**Onset:**	2015-12-20
Age:	65.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2015-12-22
Location:	Vermont	**Days after onset:**	2
		Entered:	2015-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M20639 / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Calcium carbonate/vitamin D3; Cholecalciferol; Diphenhydramine; Doxylamine succinate; Lysine; Magnesium; Methylcellulose; Multivitamin; Naproxen
Current Illness: No illness noted
Preexisting Conditions: PMR (polymyalgia rheumatica); Heart murmur; Raynaud"s disease; Osteoporosis; Colon polyp
Allergies:
Diagnostic Lab Data: Patient seen by primary MD on 12/21/15
CDC Split Type:
Write-up: Patient developed redness, swelling and itching to right upper outer arm and painful to touch on 12/20/15. The redness, swelling and itching improved, however, was still present on 12/21/15. Patient seen in office visit on 12/21/15. Patient had been applying ice and cortisone cream at onset. This treatment and BENADRYL was recommended at MD visit.

VAERS ID:	617406 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2015-12-31
Sex:	Female	**Entered:**	2015-12-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	UN / SYR

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1512**USA**011879
Write-up: This spontaneous report was received from a female nurse of unknown age, reporting on herself. The patient''s concurrent conditions, medical history or concomitant medications were not reported. On an unknown date, the patient received PNEUMOVAX 23 (strength, dose, route, site of administration, lot # and expiry date were not reported) and "it hurt". She additionally reported that injection of PNEUMOVAX 23 was painful for most patients. The outcome of adverse event was not reported. The causality assessment between adverse event and PNEUMOVAX 23 was not provided. This is one of several reports from the same source. Additional information has been requested.

VAERS ID:	617881 (history)	**Vaccinated:**	2016-01-06
Form:	Version 1.0	**Onset:**	2016-01-06
Age:	36.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-01-07
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) /	AT3CC /	RA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Dizziness, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Husband of client received IIV4 Flulaval at 2:25 pm on 1/6/16 during a clinic visit with wife and 4 week old infant. This client is a 36 year old male with no history of illness and no history of chronic illness. Client was asked all required and necessary questions regarding past experience with vaccinations, allergies to eggs and/or vaccine components. Client stated no negative events occurred from vaccinations, the last vaccination being a TD. This was his first flu shot he was receiving to protect his 4 week old daughter. Flulaval (Lot: AT3CC, NCD 19515-898-11), 0.5ml, was administered IM to right deltoid at 2:25pm. Fifteen minutes following vaccination with Flulaval client reports going into bathroom, feeling lightheaded, lowering himself to the floor and then vomited. He returned to office and then reported to another nurse that he had nearly passed out when he had a vaccination in the past. Vital signs were taken, 108/76, Pulse regular 80. Client appeared pale and was sat at table, provided a drink, and asked to remain in place for monitoring. At 3:30pm this client desired to leave with wife/baby reporting he felt better. His pulse was 80 regular. At time of event the Nursing Supervisor was informed and present for entire follow up monitoring. Client was advised at time of department from office to seek medical attention for further symptoms. A follow up telephone call was made to client at 4 pm, he was attempting to eat, but reports vomiting what he had eaten. This RN instructed patient to have wife drive him home, and to lay down.

VAERS ID:	619856 (history)	**Vaccinated:**	2016-01-15
Form:	Version 1.0	**Onset:**	2016-01-17
Age:	1.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2016-01-20
Location:	Vermont	**Days after onset:**	3
		Entered:	2016-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U5338BA / 2	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	294X9 / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K074036 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L026405 / 1	LL / SC

Administered by: Public **Purchased by:** Public
Symptoms: Altered state of consciousness, Tremor, Vomiting
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: About 30 hrs after getting MMR, V, Hep A, Flu vaccine, pt has brief period of altered level of consciousness while bathing, possible mild seizure (mom reported some brief shaking), f/b vomiting and then promptly fell asleep. Responsive at time of mom''s call with NL breathing and temp.

VAERS ID:	621353 (history)	**Vaccinated:**	2016-01-23
Form:	Version 1.0	**Onset:**	2016-01-24
Age:	82.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-01-29
Location:	Vermont	**Days after onset:**	5
		Entered:	2016-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M56442 / 1	LA / IM

Administered by: Other **Purchased by:** Private

Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Epidermal Steroid Injection, Hydrocodone/APAP, Zolpidem, Benicar/HCTZ, Amlodipine
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain in arm where vaccine was administered, and continually ongoing pain up until current date of 01/29/16.

VAERS ID:	621884 (history)	**Vaccinated:**	2016-02-03
Form:	Version 1.0	**Onset:**	2016-02-03
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-02-04
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	FB3A3 / 3	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ventolin, Lipitor, Singulair, Nexium, Wellbutrin, Klonopin, Advair, HCTZ
Current Illness: No
Preexisting Conditions: No
Allergies:

Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Vaccine administered after is expiration date.

VAERS ID:	622406 (history)	**Vaccinated:**	2016-02-03
Form:	Version 1.0	**Onset:**	2016-02-05
Age:	11.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2016-02-11
Location:	Vermont	**Days after onset:**	6
		Entered:	2016-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	P22P3 / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Allergic to amoxicillin
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized 4"round, red, slightly raised circle around injection site and painful.

VAERS ID:	622596 (history)	**Vaccinated:**	2015-08-13
Form:	Version 1.0	**Onset:**	2015-08-14
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2015-12-30
Location:	Vermont	**Days after onset:**	138
		Entered:	2016-02-12
		Days after submission:	44

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	AR / UN

Administered by: Other **Purchased by:** Other
Symptoms: Activities of daily living impaired, Antiphospholipid antibodies negative, Arthralgia, Bone pain, Borrelia test negative, Gait disturbance, Hepatitis B antibody positive, Muscular weakness, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Liver infections (narrow), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Eosinophilic pneumonia (broad), Osteonecrosis (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Aspirin allergy in infancy
Allergies:
Diagnostic Lab Data: Tested negative for Lyme, Lupus, Arthritis; Hep B antibodies present
CDC Split Type:
Write-up: Muscle weakness and pain, bone and joint pain - felt arthritic, could not drive because of muscle weakness. Could barely walk for 10 days - chiropractic care, E.R. visit, phys. visit - lab tests.

VAERS ID:	622962 (history)	**Vaccinated:**	2016-02-10
Form:	Version 1.0	**Onset:**	2016-02-12
Age:	15.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	2016-02-17
Location:	Vermont	**Days after onset:**	5
		Entered:	2016-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5304AB / 7+	LA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L019297 / 3	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Aggression, Headache, Vision blurred
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Hostility/aggression (narrow), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concerta 36mg; Ventolin HFA
Current Illness:
Preexisting Conditions: ADHD; Cough Variant Asthma; Migraine
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Blurry vision, headache, combative.

VAERS ID:	623260 (history)	**Vaccinated:**	2016-02-18
Form:	Version 1.0	**Onset:**	2016-02-18
Age:	0.19	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-02-22
Location:	Vermont	**Days after onset:**	4
		Entered:	2016-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	4922C / 1	MO / PO
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI378AAA / 1	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M29042 / 1	RL / IM

Administered by: Public **Purchased by:** Public
Symptoms: Incorrect route of drug administration, Product packaging confusion
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Pt was administer medication (Pediarix) via incorrect route (orally) due to confusion with packaging similarities to Rotavirus.

VAERS ID:	624287 (history)	**Vaccinated:**	2016-02-29
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2016-02-29
Sex:	Male	**Entered:**	2016-02-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	5G943 / 1	RA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	K013867 / 1	LA / SC

Administered by: Public **Purchased by:** Unknown
Symptoms: Drug administered to patient of inappropriate age, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: No
Preexisting Conditions: NKA, No medical Hx
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: No adverse events to report.

VAERS ID:	624309 (history)	**Vaccinated:**	2016-02-15
Form:	Version 1.0	**Onset:**	2016-02-15
Age:	1.52	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-02-29
Location:	Vermont	**Days after onset:**	14
		Entered:	2016-02-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	X9LB7 / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K014833 / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L026408 / 1	RL / SC

Administered by: Public **Purchased by:** Public
Symptoms: Circumstance or information capable of leading to medication error, Injection site infection, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: During immunization visit as the Varicella vaccine was being injected the child moved and vaccine was injected too shallow. At the time child appeared to be OK and we planned to repeat vaccine at a later date. One week later the parent called and informed us that a week after she had taken the child to a provider after the site become swollen. The provider said to the parent that the site may have had an infection and treated the child with antibiotics. The parent said the swelling was now going down.

VAERS ID:	626442 (history)	**Vaccinated:**	2016-03-02
Form:	Version 1.0	**Onset:**	2016-03-03
Age:	17.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-03-04
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	294X9 / 1	UN / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	L019297 / 1	UN / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5058AC / UNK	- / IM

Administered by: Private **Purchased by:** Public
Symptoms: Back pain, Decreased appetite, Diarrhoea, Dizziness, Fatigue, Headache, Immediate post-injection reaction, Rash
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: To ER on 3/4/16
CDC Split Type:
Write-up: Pt appeared light headed immediately after immunizations, which care was rendered, mom in attendance on 3/3/16. Next day mom called to report diarrhea, rash on bilat arms, fatigued, headache, poor appetite and not taking in fluids. Also with lower back pain. Sent to ER 3/4/16.

VAERS ID: 626181 (history)		**Vaccinated:**	2016-03-07
Form:	Version 1.0	**Onset:**	2016-03-07
Age:	49.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-03-08
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-03-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	U5243AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Impaired work ability, Injection site erythema, Injection site pain, Injection site warmth, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole; Sucralfate; CRESTOR; VENTOLIN
Current Illness:
Preexisting Conditions: NKDA; HTN; GERD
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt. was administered Tdap during routine PE 3/7. States he went home and arm was sore, red, and hot at injection site. Pt reports pain this morning in (L) arm only, is not able to work. Site feels hot to touch today, afebrile. Pt took TYLENOL last night and applied ice to site. Improvement in symptoms today.

VAERS ID: 626980 (history)		**Vaccinated:**	2016-03-14
Form:	Version 1.0	**Onset:**	2016-03-14
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-03-14
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI440AB / 4	RA / IM

HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	793JR / 1	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: GAVE HEP A VACCINE WHICH HAD EXPIRED LAST MONTH.

VAERS ID:	628265 (history)	**Vaccinated:**	2016-03-03
Form:	Version 1.0	**Onset:**	2016-03-03
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2016-03-21
Location:	Vermont	**Days after onset:**	17
		Entered:	2016-03-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K002816 / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications

Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1603**USA**007667
Write-up: Information has been received from a physician referring to a patient of unknown age and gender. The patient''s medical history and drug reactions/allergies were not reported. On 03-MAR-2016 the patient was vaccinated with an expired dose of M-M-R II (rHA) (dose unknown, lot # K002816, expiration date 25-FEB-2016, subcutaneous) (expired product administered). No known adverse effects were reported. Additional information has been requested.

VAERS ID:	629066 (history)	**Vaccinated:**	2016-03-21
Form:	Version 1.0	**Onset:**	2016-03-23
Age:	60.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2016-03-24
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L029481 / UNK	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HCTZ; LEXAPRO
Current Illness:
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: (R) upper arm with blanching/redness noted approx. 1/2 dollar size. Pt c/o itching- mild swelling which was improving remarkably. No evidence of cellulitis. Tx: Rest, ice and BENADRYL PRN. Pt declined and will continue to monitor.

VAERS ID:	629452 (history)	**Vaccinated:**	2016-03-23
Form:	Version 1.0	**Onset:**	2016-03-24
Age:	25.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-03-24
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-03-25
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L044475 / 3	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Wellbutrin
Current Illness:
Preexisting Conditions: NKDA; Seasonal depression
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left deltoid with 4" x 5" red, warm, swollen area, distal to injection site. Symptoms started 1 day post injection worsened overnight into day 2 post injection. Some tingling in fingers with certain positions. Recommended ice, evaluation, ibuprofen, and BENADRYL

VAERS ID:	630198 (history)	**Vaccinated:**	2016-04-01
Form:	Version 1.0	**Onset:**	2016-04-02
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-04-04
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L039126 / 1	LA / SC

Administered by: Other **Purchased by:** Public
Symptoms: Injection site erythema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VENLAFAXINE, ENALAPRIL, PANTOPRAZOLE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: REDNESS AT INJECTION SITE (1.5 INCH x 3 INCHES), WARMTH.

VAERS ID:	631860 (history)	**Vaccinated:**	2016-04-14
Form:	Version 1.0	**Onset:**	2016-04-14
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-04-15
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-04-18
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M50259 / 2	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fish oil; SYNTHROID; Lisinopril; ASA; ARICEPT; Simvastatin; NAMENDA; Nifedipine
Current Illness: No

Preexisting Conditions: DM; HLP; HTN; Congenital Absence of right arm
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient receive 2 dosed of PREVNAR 13 3 months apart. No physical reaction to this immunization.

VAERS ID:	634048 (history)	**Vaccinated:**	2016-03-29
Form:	Version 1.0	**Onset:**	2016-03-31
Age:	4.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2016-03-31
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-05-03
		Days after submission:	33

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	T325H / 1	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Hives 2 days after vaccine given covers whole body.

VAERS ID:	634172 (history)	**Vaccinated:**	2016-04-21
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.33	**Submitted:**	2016-05-04
Sex:	Female	**Entered:**	2016-05-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3N7Y7 / 2	LL / IM

Administered by: Unknown **Purchased by:** Public
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: No adverse event identified.

VAERS ID:	634173 (history)	**Vaccinated:**	2016-04-25
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	0.33	**Submitted:**	2016-05-04
Sex:	Female	**Entered:**	2016-05-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3N7Y7 / UNK	LL / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: No adverse event identified.

VAERS ID:	634180 (history)	**Vaccinated:**	2016-05-03
Form:	Version 1.0	**Onset:**	2016-05-04
Age:	12.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-05-04
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L043213 / 3	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: TC from mom 5/4/16. Received #3 HPV 5/3/16 pm. Developed a fever only 101.6-$g102.5. No other symptoms.

VAERS ID:	634198 (history)	**Vaccinated:**	2016-05-02
Form:	Version 1.0	**Onset:**	2016-05-02
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-05-03
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-05-04
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	H53CL / UNK	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	L031098 / UNK	RA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Listless, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Allergy to Amox (rash)
Allergies:
Diagnostic Lab Data: None needed
CDC Split Type:
Write-up: Fever to 105 this morning, decreased to 100.4 after several hours, no treatment given. Also listless.

VAERS ID:	635644 (history)	**Vaccinated:**	2016-05-05
Form:	Version 1.0	**Onset:**	2016-05-08
Age:	64.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2016-05-16
Location:	Vermont	**Days after onset:**	8
		Entered:	2016-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L039126 / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Erythema, Eyelid pain, Herpes zoster, Ocular hyperaemia, Pain, Rash, Rash vesicular, Secretion discharge, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (broad), Periorbital and eyelid disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness and rash appeared on my forehead above the right temple 3 days after the (05/05/2016) shingles immunization; each day the rash developed slowly in size, slight bubbling, and very slight swelling; after 9 days, my right eye became very red, bloodshot, and a small bubble appeared on each of my eyelids; no itching was associated with the rash; on day 9, I also began infrequently to experience sharp pains shooting down the rash and into my eyelids; I treated the rash with bag balm for four days, but switched to Calamine lotion on day 10. It had a very effective drying impact on the skin and stopped the little weeping I was getting from slight pocks in my skin. Today I saw a physician and ophthalmologist who prescribed Prednisolone drops 2x/day for my right eye and Acyclovir 800 mg tablets 5x/day for shingles.

VAERS ID:	637064 (history)	**Vaccinated:**	2016-05-19
Form:	Version 1.0	**Onset:**	2016-05-19
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2016-05-23
Location:	Vermont	**Days after onset:**	4
		Entered:	2016-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	K020215 / UNK	UN / SYR

Administered by: Other **Purchased by:** Other
Symptoms: Expired product administered, No adverse event

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1605**USA**010373
Write-up: Information has been received from a nurse referring to a patient of unknown age and gender. Information about concurrent condition, medical history and concomitant medication was not provided. On 19-MAY-2016 the patient was inadvertently vaccinated with an expired dose of PNEUMOVAX 23 (lot # K020215, expiration date 15-MAY-2016, dose, dose# and route unknown). No adverse effect reported. The outcome of the event was unknown. Additional information has been requested.

VAERS ID:	636688 (history)	**Vaccinated:**	2016-04-15
Form:	Version 1.0	**Onset:**	2016-04-15
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-05-24
Location:	Vermont	**Days after onset:**	39
		Entered:	2016-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LA / SYR

Administered by: Public **Purchased by:** Other
Symptoms: Injection site erythema, Injection site induration, Injection site pain, Injection site swelling, Mobility decreased, Neuralgia
SMQs:, Peripheral neuropathy (narrow), Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no illness
Preexisting Conditions: induced hypothyroidism, cirrhosis, C.O.P.D.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Raised red site, hard & painful at site....next day I could barely move my arm & one month later still occasional nerve [?] pain.

VAERS ID:	637687 (history)	**Vaccinated:**	2016-05-23
Form:	Version 1.0	**Onset:**	2016-05-24
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-05-24
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-05-25
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L032397 / 1	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ADVAIR; PROZAC
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 3.5 cm x 7 cm area of painful, tender, warm erythema along lateral right upper arm onset this morning.

VAERS ID:	637266 (history)	**Vaccinated:**	2016-05-21
Form:	Version 1.0	**Onset:**	2016-05-21
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-05-26
Location:	Vermont	**Days after onset:**	5
		Entered:	2016-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L024129 / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Neck pain, Pain, Pain in extremity
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Throbbing, severe pain approximately 2 hours after vaccination. Pain in neck and down arm. Took TYLENOL but little improvement. Spoke with pt 5-25-16 8 am and she reported it was 80% better.

VAERS ID:	640300 (history)	**Vaccinated:**	2016-05-25
Form:	Version 1.0	**Onset:**	2016-05-25
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-05-25
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-05-27
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	L043213 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5228BA / 1	RA / IM

TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	9Y57K / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Face injury, Fall, Immediate post-injection reaction, Seizure, Tooth fracture
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Hx of 34 week prematurity; mild pulmonary stenosis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was given MENACTRA and HPV in (R) arm. Seconds later was given Tdap in (L) arm and immediately fell forward off table and hit face on floor. Seizure for less than 20 seconds. Broke off tooth in process. Pt with hx anxiety with vaccines especially.

VAERS ID:	638028 (history)	**Vaccinated:**	2016-06-03
Form:	Version 1.0	**Onset:**	2016-06-04
Age:	46.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-06-04
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** Other
Symptoms: Arthralgia, Asthenia, Decreased appetite, Fatigue, Lethargy, Malaise, Myalgia, Nausea, Pain, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Penicillin
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Woke up, felt tired even after 8+ hours of sleep, and body ached all over. I normally have a good appetite in the morning, but was not feeling hungry and slightly nauseous. I ate 2 scrambled eggs, 1 piece of toast and some weak coffee. Despite feeling a general malaise with body aches and some lethargy, I went for a 2 mile run at a slow pace at 10:30 AM. Upon stopping from the run at 11:00 AM, I felt weak and my muscles and joints were in pain. At 12:00 PM I had to lay down, took my temperature and had a fever of 101.3. I felt like I might vomit at any minute, but did not. I slept until 1:30 PM at which time my temperature was now 102.8. I took 200 mg of Advil at this time. The fever went down to 101. I drank a lot of water, had some orange juice, fruit, and carrots and 5.5 oz of yogurt. I felt a bit better until about 5pm at which time my fever returned, the body aches and lethargy returned, and I took more Advil (400mg). At 11:15 PM I am feeling slightly better. I did not have a cold or any signs of ill health prior to the TDap vaccination.

VAERS ID:	638378 (history)	**Vaccinated:**	2016-06-06
Form:	Version 1.0	**Onset:**	2016-06-07
Age:	11.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-06-08
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	- / UNK	LA / -

Administered by: Private **Purchased by:** Private
Symptoms: Headache, Insomnia, Lethargy
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other vaccines were given and he was taking no medication.
Current Illness: No
Preexisting Conditions: Aspergers, seasonal allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: My son developed a severe headache, lethargy and could not get enough sleep. His older brother had a severe reaction to the DTP vaccine as an infant where he screamed for hours with the first shot and the second could not be woken. Doctor at the time contacted CDC and he was never given another vaccine of this type.

VAERS ID:	640319 (history)	**Vaccinated:**	2016-06-19
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	80.0	**Submitted:**	2016-06-21
Sex:	Female	**Entered:**	2016-06-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L014876 / 1	LA / SYR

Administered by: Public **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left deltoid - redness, soreness, warm to touch.

VAERS ID:	641577 (history)	**Vaccinated:**	2016-06-28
Form:	Version 1.0	**Onset:**	2016-06-28
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-06-29
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M000995 / 2	LA / SC

Administered by: Private **Purchased by:** Other
Symptoms: Anxiety, Dizziness, Fall, Foaming at mouth, Gaze palsy, Head injury, Musculoskeletal stiffness, Syncope, Unresponsive to stimuli
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (broad), Dystonia (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: fluoxetine; albuterol
Current Illness: No
Preexisting Conditions: Allergy, AUGMENTIN; anxiety; asthma; autism
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient was getting stickers after shot, Mom said patient didn''t respond to her question then patient reported feeling dizzy. Her body became stiff, eyes rolled back, her arms were stiff, foamy mouth and was unresponsive. She fell to the floor. Mom wasn''t able to catch her so she hit her head. Dr. arrived to evaluate and patient came to and was interactive and immediately oriented to where she was but anxious. Fam. history of petit mal seizures. Unclear if episode was syncope/vagal response or seizure, although would be very brief and without postictal phase if seizure. Full exam normal. Reassurance. F/U visit 6/29/16 diagnosed as syncope after vaccination.

VAERS ID: 641670 (history)		**Vaccinated:**	2016-06-30
Form:	Version 1.0	**Onset:**	2016-06-30
Age:	28.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-07-04
Location:	Vermont	**Days after onset:**	4
		Entered:	2016-07-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 3	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Immediate post-injection reaction, Injection site bruising, Injection site induration, Injection site swelling, Pain
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft
Current Illness: None.
Preexisting Conditions: None.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Immediate swelling at injection site. Soreness and swelling for 2 days after. 4 days later and there is a large bruise around injection site and even larger area around that is hard and swollen.

VAERS ID: 642253 (history)		**Vaccinated:**	2016-07-05
Form:	Version 1.0	**Onset:**	2016-07-06
Age:	87.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-07-07
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / IM

Administered by: Private **Purchased by:** Other

Symptoms: Feeling abnormal, Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acetaminophen, meclizine as needed.
Current Illness: No.
Preexisting Conditions: Prostate cancer.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced redness, swelling, hot to touch area, over entire right bicep. States "I did not feel like myself."

VAERS ID:	642990 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-07-13
Sex:	Unknown	**Entered:**	2016-07-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M004328 / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: WAES1607**USA**005295
Write-up: This spontaneous report was received from a healthcare worker and refers to an unspecified number of patients of unknown age and gender. No information regarding the patients" pertinent medical history, drug reactions, allergies, or concomitant therapies was provided. On unknown dates, the patients were vaccinated with improperly stored doses of VARIVAX (lot # M004328, expiration date 26-JAN-2018, exact doses and route of administration were not reported). The reason of the call was temperature alarm received via Digital Data Logger. It was reported that the vaccines were exposed to temperature of 9.6 Celsius degrees for 1 hour before administration to the patients. No previous temperature excursion was reported. No adverse effects were reported. This is one of several reports received from the same source. Additional information has been requested.

VAERS ID:	642994 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-07-13
Sex:	Unknown	**Entered:**	2016-07-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	M006105 / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1607**USA**005294
Write-up: This spontaneous report was received from a healthcare worker and refers to an unspecified number of patients of unknown age and gender. No information regarding the patient''s pertinent medical history, drug reactions, allergies or concomitant therapies was provided. On unknown dates, the patients were vaccinated with improperly stored doses of PROQUAD (lot # reported as M006105, expiration date 01-AUG-2017, exact doses and route of

administration were not reported). The reason of the call was temperature alarm received via Digital Logger. It was reported that the vaccines were exposed to temperature of 9.6 Celsius degrees for 1 hour before administration to the patients. No previous temperature excursion was reported. No adverse effect were reported. This is one of several reports received from the same source. Additional information has been requested.

VAERS ID:	643008 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-07-13
Sex:	Unknown	**Entered:**	2016-07-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	L036851 / UNK	UN / SC

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1607**USA**002545
Write-up: This spontaneous report was received from a healthcare worker and refers to an unspecified number of patients of unknown age and gender. No information regarding the patients" pertinent medical history, drug reactions, allergies or concomitant therapies was provided. On unknown dates, the patients were vaccinated with improperly stored doses of M-M-R II (lot # reported as L036851, expiration date 23-SEP-2017, exact doses and route of administration were not reported). The reason of the call was temperature alarm received via Digital Data Logger. It was reported that the vaccines were exposed to temperature of 9.6 Celsius degrees for 1 hour before administration to the patients. No previous temperature excursion was reported. No adverse effects were reported. This is one of the several reports received from the same source. Additional information has been requested.

VAERS ID:	643461 (history)	**Vaccinated:**	2016-07-13
Form:	Version 1.0	**Onset:**	2016-07-14
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-07-15
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	43HB3 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Peanut allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Immunization administered 2 days ago. Swelling and erythema present at site 1 day after administration. Large local reaction. Advised PRN antihistamines for itchiness.

VAERS ID:	643825 (history)	**Vaccinated:**	2016-07-14
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	7.0	**Submitted:**	2016-07-19
Sex:	Male	**Entered:**	2016-07-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	Z2M9L / 6	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Wrong drug administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 7 year old male given DtaP instead of Tdap.

VAERS ID:	644449 (history)	**Vaccinated:**	2016-07-18
Form:	Version 1.0	**Onset:**	2016-07-19
Age:	49.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-07-21
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L019836 / 1	RA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	78222 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness, swelling, tenderness to injection site. Evaluated by provider 7/21 recommend

ice to area, monitor for improvement, RTC, if any concerns/no improvement in 5 days.

VAERS ID:	645269 (history)	**Vaccinated:**	2016-06-29
Form:	Version 1.0	**Onset:**	2016-06-30
Age:	11.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-07-01
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-07-25
		Days after submission:	24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L019297 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5186AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site induration, Injection site reaction, Injection site warmth, Pallor
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin
Current Illness:
Preexisting Conditions: Allergy to amoxicillin
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 9 cm indurated warm local blanching area surrounding vaccine.

VAERS ID:	645443 (history)	**Vaccinated:**	2016-07-28
Form:	Version 1.0	**Onset:**	2016-07-29
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-07-29
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-07-29

Vaccination / Manufacturer	Lot / Dose	Site / Route

TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	542F3 / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Chills, Faeces soft, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamin, Vitamin D, probiotic, calcium + magnesium supplement
Current Illness: none
Preexisting Conditions: Sulfa-antibiotics
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mild fever 99.4-100.4, chills, body aches, soft bowel movements.

VAERS ID:	646028 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-08-03
Sex:	Unknown	**Entered:**	2016-08-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M002063 / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1608**USA**000876
Write-up: This spontaneous report as received from an immunization coordinator refers to multiple patients of an unknown age and gender. The patients'' medical history, concurrent conditions and concomitant medications were not reported. On unknown dates, the patients were vaccinated with an unspecified number of doses of improperly stored VARIVAX lot # M002063 with expiration date: 12-JAN-2018 (dose and route of administration were not reported). Administered doses of VARIVAX underwent temperature excursions at -11.6 degrees Celsius for 1 hour and 30 minutes. There was no previous temperature excursion. Data logger was involved. No adverse effects were reported. Product quality complaint (PQC) was not involved. Additional information has been requested.

VAERS ID:	646932 (history)	**Vaccinated:**	2015-12-04
Form:	Version 1.0	**Onset:**	2015-12-04
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-08-09
Location:	Vermont	**Days after onset:**	248
		Entered:	2016-08-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI524AA / UNK	LA / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Dysgeusia
SMQs:, Taste and smell disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: None
Allergies:

Diagnostic Lab Data:
CDC Split Type: USSA2015SA208185
Write-up: Initial unsolicited report received from a non-healthcare professional on 07 December 2015. This case involves a 72-years old female patient who was vaccinated with a dose of FLUZONE HD (batch number: UI524AA, dose, dose in series and route of administration was not reported) in the left arm on 04 December 2015. The patient''s illness at time of vaccination, pre-existing physician diagnosed allergies, birth defects, medical conditions were reported as none and denied any other vaccinations within four weeks of vaccinations. The patient''s concomitant medications were not reported. On 04 December 2015, thirty minutes following the vaccination, the patient had developed metallic taste. Laboratory data and corrective treatment was not reported. On an unknown date, the patient was recovered from the event (after 1.5 day). List of documents held by sender: none.

VAERS ID:	647206 (history)	**Vaccinated:**	2016-07-26
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	18.0	**Submitted:**	2016-07-27
Sex:	Female	**Entered:**	2016-08-09
Location:	Vermont	**Days after submission:**	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	L039269 / 3	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Wrong drug administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PPD
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was inadvertently given MMRV instead of MMR; they were next to each other in the fridge and grabbed the wrong one, even though the bottle was checked.

VAERS ID:	647250 (history)	**Vaccinated:**	2016-08-05
Form:	Version 1.0	**Onset:**	2016-08-08
Age:	77.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2016-08-10
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M67951 / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: carvedilol, furosemide, lisinopril
Current Illness: NONE
Preexisting Conditions: NONE. PT HAD PNEUMONIA VACCINATION BEFORE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: On 08/08/2016, patient noticed warmth and redness around injection site. On 08/10/2016, patient came to pharmacy with symptoms.

VAERS ID:	647289 (history)	**Vaccinated:**	2016-07-26
Form:	Version 1.0	**Onset:**	2016-07-26
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-08-11
Location:	Vermont	**Days after onset:**	16
		Entered:	2016-08-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M79320 / 1	LA / IM

Administered by: Public **Purchased by:** Private
Symptoms: Chest X-ray, Chest pain, Feeling hot, Malaise, Pain, Pericarditis
SMQs:, Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zocor, hyzaar, Zoloft, aspirin, fish oil, calcium, glucosamine chondroitin, albuterol, multivitamin
Current Illness: No
Preexisting Conditions: CAD, HTN, arthritis
Allergies:
Diagnostic Lab Data: ER did labs, chest CT. Seen for f/u in doctor''s office. Referral to cardiology.
CDC Split Type:
Write-up: Body aches, chest pain, feeling hot, malaise. Diagnosed with pericarditis in ER.

VAERS ID:	647823 (history)	**Vaccinated:**	2016-08-02
Form:	Version 1.0	**Onset:**	2016-08-03
Age:	2.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-08-12
Location:	Vermont	**Days after onset:**	9
		Entered:	2016-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	22M9L / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Body temperature, Injection site erythema, Injection site swelling, Vomiting
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Clients guardian called on 8/3/16 reporting (R) leg was swollen had a temp of 101.0 and was vomiting. 8/4/16 temp 99.5 (R) leg near inj. site red, swelling had gone down then increased. After phone call came to office measured about 7 in diameter reddened area, reported on 8/3/16 had vomited 3 times.

VAERS ID:	648233 (history)	**Vaccinated:**	2016-07-22
Form:	Version 1.0	**Onset:**	2016-07-25
Age:	60.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	2016-08-13
Location:	Vermont	**Days after onset:**	19
		Entered:	2016-08-16
		Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	LZ972 / UNK	UN / UN
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L046896 / 1	LA / SC

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Asthenia, Back pain, Pain in extremity, Somnolence
SMQs:, Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin; vitamin D; fluticasone propionate
Current Illness:
Preexisting Conditions: Slight allergies to tree pollen and weeds. Severe sensitivity to Latex, vinyl, memory foam. Allergic to SUDAFED, TAGAMET, ZANTAC
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: On 7/22/2016 I rec''d the shingles vaccine (ZOSTAVAX) from my doctor. Starting on the 25th I became very weak had a hard time staying awake. The 26th my lower legs (from the knees down) became extremely sore. I tried to push myself and ended up with an extremely sore back for a day. Now, 8/13/2016, I am still weak, my legs are still sore.

VAERS ID:	648353 (history)	**Vaccinated:**	2016-08-16
Form:	Version 1.0	**Onset:**	2016-08-16
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-08-18
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L019835 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pain in extremity, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BENTYL 20mg QID
Current Illness: None
Preexisting Conditions: J44.9; K58.0; I70.0; T30.9; F17.200
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Administered 8/16/16. Tuesday night pain and redness started in arm. Wednesday pm fever started: pt reports 100.4. Pt administered TYLENOL immediately and fever subsided. Current temp 97.8.

VAERS ID:	650259 (history)	**Vaccinated:**	2016-08-29
Form:	Version 1.0	**Onset:**	2016-08-29
Age:	4.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-08-31
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	5DE7C / 3	LL / IM

Administered by: Unknown **Purchased by:** Public
Symptoms: Inappropriate schedule of drug administration

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient given Hep B Pediatric vaccine 2 weeks early.

VAERS ID:	651156 (history)	**Vaccinated:**	2016-08-31
Form:	Version 1.0	**Onset:**	2016-09-01
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-09-03
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-09-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI620AB / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L022262 / UNK	RA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Allergy to cephalosporin
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Sore arm, redness, rash, and itchy arm where flu shot was administered for 3 days.

VAERS ID:	650983 (history)	**Vaccinated:**	2016-08-25
Form:	Version 1.0	**Onset:**	2016-09-02
Age:	81.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	2016-09-06
Location:	Vermont	**Days after onset:**	4
		Entered:	2016-09-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M35763 / 2	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Cellulitis, Infection
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced a Cellulitis infection post injection. Patient was prescribed Cephalexin to treat infection on 9/2/2016 to be taken 3 times a day for 7 days.

VAERS ID:	653566 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-09-08
Sex:	Female	**Entered:**	2016-09-08
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine Sodium
Current Illness: Contrast media allergy, uses 10 years ago with a CAT scan, huge hives and facial swelling on an off four months
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: experienced sore muscles
CDC Split Type: WAES1608**USA**011190
Write-up: This spontaneous report was received from a female patient of unknown age concerning herself via other company Pfizer. The patient was allergic to iodine contrast dye which was used 10 years ago with a CAT scan, the patient had huge hives and facial swelling on an off 4 months after. Concomitant therapies included levothyroxine sodium since 10 years. Approximately in 2013 (3 years ago) the patient was vaccinated with pneumococcal vaccine, polyvalent (23-valent) (manufacturer unknown) and the patient experienced sore muscles. The outcome of sore muscle was unknown. The reporter did not assess the causality of the event with pneumococcal vaccine, polyvalent (23-valent) (manufacturer unknown). Additional information has been requested.

VAERS ID:	654453 (history)	**Vaccinated:**	2016-09-12
Form:	Version 1.0	**Onset:**	2016-09-14
Age:	30.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2016-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	A3AD2 / 1	RA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth, Pyrexia, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Redness, swelling, warmth at injection site. Hive-like. Lasted 2-3 days. Pt. became febrile and was seen for office visit. S/S resolved.

VAERS ID:	658708 (history)	**Vaccinated:**	2016-09-29
Form:	Version 1.0	**Onset:**	2016-10-02
Age:	25.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2016-10-04
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	M011117 / 2	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Feeling abnormal, Pain in jaw
SMQs:, Dementia (broad), Osteonecrosis (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Jaw pain. She felt out of it that day HPV9 was given. 10/2/16 woke up with jaw pain (L) side that radiates.

VAERS ID:	658584 (history)	**Vaccinated:**	2016-10-03
Form:	Version 1.0	**Onset:**	2016-10-04
Age:	70.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-10-07
Location:	Vermont	**Days after onset:**	3
		Entered:	2016-10-11
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA3: INFLUENZA (SEASONAL) (FLUAD) / NOVARTIS VACCINES AND DIAGNOSTICS	165803 / 1	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M94708 / 1	RA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Asthenia, Blood pressure increased, Blood test normal, Cardiac stress test normal, Chest discomfort, Electrocardiogram, Fatigue, Feeling cold, Heart rate increased, Injection site erythema, Injection site swelling, Pyrexia, Tremor, Vaccination complication, Ventricular extrasystoles, White blood cell count increased
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypertension (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin; Losartan; Levothyroxine; Clobetasol
Current Illness: No
Preexisting Conditions: Hypertension; Hyperlipidemia; Hypothyroidism
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: At approximately 3:00am on 10/04/16, patient awoke with her chest feeling heavy. She felt that her heart was beating heavily. She went back to sleep then awoke again shaking and feeling cold, heart still felt like it was beating fast/strong. She again fell back to sleep. She awoke at 6:00 AM(when she normally would prepare for work) but felt very tired and weak, her chest still felt heavy. She had recently (7/30/16) suffered a stroke so she was worried that something serious was happening. Her right arm at the site where she had received the PREVNAR 13 vaccine was red and raised. She measured her blood pressure and found it to be 144/102 (her usual reading would be 135/75), her heart rate was 113 (her usual was appx 70). She took her blood pressure medication and a low dose aspirin. She called 911. The EMT found her to have a low grade fever (100.3). She was given an EKG. She was told that she was having PVC''s at the rate of 1 every 5 seconds. Her blood work and stress test were normal. She had an elevated WBC which was expected due to her fever. Doctor diagnosed her to have had an adverse reaction to her PREVNAR 13 vaccine. Over time, (2-3 hours) she felt better and her symptoms went away. She was discharged.

VAERS ID:	658798 (history)	**Vaccinated:**	2016-07-25
Form:	Version 1.0	**Onset:**	2016-08-04
Age:	52.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	2016-10-12
Location:	Vermont	**Days after onset:**	69
		Entered:	2016-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	9GE5D / UNK	LA / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Hypoaesthesia, Myelitis transverse, Nasopharyngitis, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Demyelination (narrow), Immune-mediated/autoimmune disorders (narrow), Sexual dysfunction (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 6 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Initially felt cold-like symptoms. Mild reaction. Then, peripheral numbness and tingling began on or around 8/22/2016. Developed into transverse myelitis affecting lower extremities, upper extremities and thorax. Was seen at hospital.

VAERS ID:	659506 (history)	**Vaccinated:**	2016-10-13
Form:	Version 1.0	**Onset:**	2016-10-16
Age:	61.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2016-10-16
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 3	LA / SYR
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	RA / SYR

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: No
Preexisting Conditions: None
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Bright red, swollen area warm to touch around injection area. About 2 1/2" in diameter. Lighter pink area, slightly swollen radiating from injection area about 5" from injection site to arm area above elbow. Extremely itchy directly around injection site.

VAERS ID:	659928 (history)	**Vaccinated:**	2016-10-13
Form:	Version 1.0	**Onset:**	2016-10-14
Age:	39.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-10-18
Location:	Vermont	**Days after onset:**	4
		Entered:	2016-10-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LA / SYR

Administered by: Private **Purchased by:** Private
Symptoms: Chills, Feeling abnormal, Injected limb mobility decreased, Injection site pain, Insomnia, Pain in extremity, Paraesthesia, Pyrexia, Somnolence
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Fever, chills, extreme shot location pain (unable to move arm, unable to sleep), tingling in hands, legs and feet, sleepy and just plain miserable.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Described previously. Miserable. Fever, chills, tingling hands and feet, sleepy, extreme arm pain. Miserable.

VAERS ID: 660055 (history)		**Vaccinated:**	2016-10-06
Form:	Version 1.0	**Onset:**	2016-10-07
Age:	6.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-10-08
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-10-18
		Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI678AD / UNK	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: local reaction, red, swelling, itchy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Area is red, swollen, warm to the touch left Deltoid to almost elbow.

VAERS ID: 661199 (history)		**Vaccinated:**	2016-10-05
Form:	Version 1.0	**Onset:**	2016-10-05
Age:	0.17	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-10-24
Location:	Vermont	**Days after onset:**	19
		Entered:	2016-10-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	33E9E / 2	LL / IM

PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L13522 / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No known drug allergies; Gastro-esophageal reflux disease
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: PREVNAR 13 vaccine was given then noted to be expired. Patient''s physician notified, will notify parent and revaccinate.

VAERS ID:	663496 (history)	**Vaccinated:**	2016-10-18
Form:	Version 1.0	**Onset:**	2016-10-19
Age:	12.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-10-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-10-24
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5410AA / UNK	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	LZ972 / UNK	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Pruritus, Swelling, Tenderness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 12 x 14 cm erythema, swelling. Tender centrally, itchy. Advised to give BENADRYL.

VAERS ID:	661476 (history)	**Vaccinated:**	2016-09-30
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	2016-10-25
Sex:	Female	**Entered:**	2016-10-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1620201 / 2	LA / IM

Administered by: Other **Purchased by:** Unknown
Symptoms: Injection site reaction, Pain in extremity, Skin tightness
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient describes her arm feels like there is a cuff around her bicep area. She reports it is constant. Full range of motion for patient. No clear discoloration on patient''s arm to date (10/25/2016) patient reports no pain on injection site rather arm below injection site.

VAERS ID: 661707 (history)		**Vaccinated:**	2016-09-28
Form:	Version 1.0	**Onset:**	2016-10-03
Age:	75.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2016-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI691AB / 7+	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	N16560 / 1	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Eczema, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on hands 5 days after - mild. Seen 2nd time - 10/25/16 - Eczematous rash, hands, arms, torso.

VAERS ID: 661899 (history)		**Vaccinated:**	2016-10-17
Form:	Version 1.0	**Onset:**	2016-10-17
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-10-19
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-10-26
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	C54L3 / 5	RA / IM

PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M026317 / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Vaccination site erythema
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ZOCOR; Aspirin; Omeprazole
Current Illness: Cough likely R/T GERD
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Large (greater than 20 cm) area of erythema surrounding vaccine site and traveling down to elbow.

VAERS ID:	662102 (history)	**Vaccinated:**	2016-10-23
Form:	Version 1.0	**Onset:**	2016-10-23
Age:	56.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-10-27
Location:	Vermont	**Days after onset:**	4
		Entered:	2016-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1619521 / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Dizziness, Hypersensitivity, Pharyngeal oedema, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Anticholinergic syndrome (broad), Oropharyngeal allergic conditions (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: lamotrigine, risperidone, atorvastatin, atenolol ,Depakote, irbesartan
Current Illness: none reported
Preexisting Conditions: none reported
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: PATIENT CAME IN AT 5PM AND STATED HE HAD FELT DIZZY, WOOSY WHEN HE GOT HOME FROM PHARMACY. LAID DOWN AND NAPPED. REPORTED NO SWELLING OF THROAT, ITCHING, HIVES ETC LIKE AN ALLERGIC REACTION.

VAERS ID:	662545 (history)	**Vaccinated:**	2016-10-26
Form:	Version 1.0	**Onset:**	2016-10-26
Age:	2.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-10-28
Location:	Vermont	**Days after onset:**	2
		Entered:	2016-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U5J99AC / 3	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: URI
Preexisting Conditions: Asthma; Microcephaly; Congenital hearing loss; Dev. delay
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Notified by nurse triage on 10/27 at 8:15 pm that family was calling due to continued swelling and redness on leg at site of flu shot. No fever, no induration. Recommended cool compresses, pain med if needed, call office in AM for eval if worsening.

VAERS ID:	662458 (history)	**Vaccinated:**	2016-10-12
Form:	Version 1.0	**Onset:**	2016-10-28
Age:	3.0	**Days after vaccination:**	16
Sex:	Male	**Submitted:**	2016-10-29
Location:	Vermont	**Days after onset:**	1
		Entered:	2016-10-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / 1	RA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Erythema multiforme, Pyrexia
SMQs:, Severe cutaneous adverse reactions (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Rash, fever, febrile seizure~DTaP + IPV + Hib (Unknown)~2~0.33~Patient
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, Erythema multiforme.

VAERS ID:	662645 (history)	**Vaccinated:**	2016-10-21
Form:	Version 1.0	**Onset:**	2016-10-23
Age:	50.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2016-10-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	4A2E2 / UNK	LA / IM

VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	M027117 / 1	RA / SC

Administered by: Other **Purchased by:** Other
Symptoms: Activities of daily living impaired, Burning sensation, Hypoaesthesia, Injection site rash, Injection site swelling, Pain, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Peripheral neuropathy (broad), Dementia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acyclovir
Current Illness:
Preexisting Conditions: Herpes Simplex with complication noted on 10/18/15
Allergies:
Diagnostic Lab Data: Pt. does have noted history of Herpes Simplex with complication noted 10/18/15
CDC Split Type:
Write-up: 10/23/16 - pt. woke up to her right arm being numb. This subsided through out the morning. Swelling with rash near the injection site extending down close to the elbow. Painful to close fingers - had little strength in hand. She couldn''t make a fist with right hand, difficulty removing a ring that was worn. 10/25/16 - pain and difficulty brushing teeth, chopping vegetables, lifting tea pot. Burning sensation in upper arm where rash is. 10/24/16 - pt. was seen for OV. Ibuprofen 400 mg - 600 mg every 6 hrs recommended. 10/31/16 - still mild hand/finger swelling.

VAERS ID:	664115 (history)	**Vaccinated:**	2016-09-02
Form:	Version 1.0	**Onset:**	2016-09-02
Age:	82.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-11-03
Location:	Vermont	**Days after onset:**	62
		Entered:	2016-11-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI	UI659AA /	

PASTEUR	UNK	LA / UN

Administered by: Other **Purchased by:** Private
Symptoms: Abdominal pain upper, Chills, Headache, Pneumonia, Red blood cell count, Tremor, X-ray
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: amlodipine; lorazepam; CRESTOR; levothyroxine
Current Illness: None known
Preexisting Conditions: None known
Allergies:
Diagnostic Lab Data: blood work (RBC), x-rays
CDC Split Type:
Write-up: Headache, shaking/shivers, stomach aches, went to ER on 9/18, had blood work done treated for pneumonia (with Z-pack) and for RBC.

VAERS ID:	664346 (history)	**Vaccinated:**	2016-10-15
Form:	Version 1.0	**Onset:**	2016-10-16
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-11-05
Location:	Vermont	**Days after onset:**	20
		Entered:	2016-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI678AE / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Bursitis, Pain in extremity, Tenderness
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: No allergies; Unknown medical conditions
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. has been experiencing pain and tenderness in her left arm since receiving her influenza vaccine. Pt. described the pain as being like bursitis.

VAERS ID:	669470 (history)	**Vaccinated:**	2016-10-19
Form:	Version 1.0	**Onset:**	2016-10-19
Age:	1.42	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2016-10-26
Location:	Vermont	**Days after onset:**	7
		Entered:	2016-11-08
		Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U5599AC / UNK	UN / UN

Administered by: Public **Purchased by:** Other
Symptoms: Injection site reaction, Injection site swelling, Injection site warmth, Pyrexia, Rash macular
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: POLY-VI-SOL
Current Illness: None
Preexisting Conditions: None

Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, swollen, warm thigh (anteriorly) with blotchy red macular rash-significant increase in size of thigh; No systemic rash.

VAERS ID:	666942 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-11-17
Sex:	Male	**Entered:**	2016-11-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Malaise, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2016532711
Write-up: This is a spontaneous report from a contactable physician communicated to a Pfizer sales representative who reported for himself. This elderly male patient received on an unknown date a single dose of PREVNAR 13 and influenza vaccine (manufacturer unknown), both for immunization. Concomitant medications and medical history were not reported. On an unspecified date the patient felt sick and arm was sore. Outcome of the event arm was sore was recovered on an unspecified date after 12 hours. Outcome of the event felt sick was unknown.

VAERS ID: 667128 (history)		**Vaccinated:**	2016-11-09
Form:	Version 1.0	**Onset:**	2016-11-10
Age:	6.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-11-17
Location:	Vermont	**Days after onset:**	7
		Entered:	2016-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI678AD / UNK	RA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Local reaction, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Large localized reaction - several centimeters in diameter - redness and swelling.

VAERS ID: 671390 (history)		**Vaccinated:**	2016-11-14
Form:	Version 1.0	**Onset:**	2016-11-15
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-11-18
Location:	Vermont	**Days after onset:**	3
		Entered:	2016-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M023460 / 1	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Arthralgia, Cellulitis, Erythema, Myalgia, Swelling

SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: WELLCOVORIN; lisinopril; PEPCID; Methotrexate; pravastatin; CELEBREX; folic acid
Current Illness:
Preexisting Conditions: HTN; hyperlipidemia; inflammatory arthritis (autoimmune)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, redness of upper arm, fever approximately 101 degrees F, debilitating muscle and joint pain 24 hrs after vaccine. Cellulitis on exam 4 day after injection. Prescribe clindamycin 300mg tid x 5d.

VAERS ID:	668067 (history)	**Vaccinated:**	2016-09-27
Form:	Version 1.0	**Onset:**	2016-09-27
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-11-22
Location:	Vermont	**Days after onset:**	56
		Entered:	2016-11-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	3CG9P / UNK	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Chills, Influenza like illness, Injection site erythema, Injection site pain, Malaise, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline; Levothyroxine; Amlodipine; Losartan/HCTZ
Current Illness: None
Preexisting Conditions: Hypertension; hypothyroidism
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Had pain and redness at site of immunization. Had flu like symptoms (chills, fever, malaise for 3 days after immunization.

VAERS ID:	668119 (history)	**Vaccinated:**	2016-11-07
Form:	Version 1.0	**Onset:**	2016-11-13
Age:	42.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	2016-11-16
Location:	Vermont	**Days after onset:**	3
		Entered:	2016-11-23
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	WT56908 / 1	RA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, C-reactive protein increased, Dyspnoea, Electrocardiogram PR interval, Electrocardiogram abnormal, Electrocardiogram repolarisation abnormality, Pericarditis, Pleuritic pain, Red blood cell sedimentation rate increased, Troponin normal, White blood cell count increased
SMQs:, Torsade de pointes/QT prolongation (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: EPZICOM; Rilpivirine; Dolutegravir; KLONOPIN; MARINOL; WELLBUTRIN SR; Hydroxyzine mirtazapine; Prazosin; LATUDA; Aspirin, PRN

Current Illness: None
Preexisting Conditions: Hx: HIV; Ulcerative Colitis; Psychiatric, Hx MVA-pedestrian with traumatic injury; lumbar radicalopathy
Allergies:
Diagnostic Lab Data: 11/3/16, Elevated WBC, 14.5; Elevated Sedrate at 33; CRP was 39.5; AST, 53; ALT, 86; Neg, Troponin; Neg, CXR; EKG: Mild tachycardia, early repolarization, evid PR Depression (diffuse)
CDC Split Type:
Write-up: Nov 13 ER visit for <24hr duration acute most pleuritic pain with SOB. No hypoxia, afebrile. Dx: Pericardial Inflammation. Tx: Torodal IM- home with anti-inflammatory meds.

VAERS ID:	671540 (history)	**Vaccinated:**	2016-11-18
Form:	Version 1.0	**Onset:**	2016-11-18
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-11-23
Location:	Vermont	**Days after onset:**	5
		Entered:	2016-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5460BA / 3	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Rhinorrhoea, Throat irritation
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Upper resp. symptoms
Preexisting Conditions: Tetanus; Milk
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Upper resp. symptoms prior to shot. Itchy throat 12 hours after shot, nasal drainage.

VAERS ID: 671766 (history)		**Vaccinated:**	2016-11-18
Form:	Version 1.0	**Onset:**	2016-11-18
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2016-11-23
Location:	Vermont	**Days after onset:**	5
		Entered:	2016-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5460BA / 1	AR / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Erythema, Myalgia, Pain, Paraesthesia, Peripheral swelling, Skin warm
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Muscle soreness day of injection. Next afternoon arm a bit puffy, red, warm, stinging and prickly.

VAERS ID: 671868 (history)		**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-11-24
Sex:	Unknown	**Entered:**	2016-11-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L027287 / UNK	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: WAES1611**USA**002127
Write-up: This spontaneous report was received from a healthcare worker and refers to unspecified patients of an unknown age and gender. No information regarding the patients" medical history or concurrent conditions was provided. On unspecified dates, the patients were vaccinated with an unspecified number of improperly stored doses of (Oka/Merck) VARIVAX injection (dose and route of administration were not reported; lot# L027287 and expiration date 21-JUL-2017). There were no concomitant therapies reported. The doses of (Oka/Merck) VARIVAX were stored at a temperature of -1.9 degrees Celsius for 7 hours and 30 minutes, on an unknown date. The doses of the vaccine were exposed to previous temperature excursion of -14 degrees Celsius for a time frame of 2 hours an -13.7 degrees Celsius for a time of 7 hours and 30 minutes (dates unspecified). A Digital data Logger was not involved. No adverse effects were reported. There was no product quality complaint involved. This is one of two reports received form the same reporter. Additional information has been requested.

VAERS ID:	668650 (history)	**Vaccinated:**	2016-11-28
Form:	Version 1.0	**Onset:**	2016-11-29
Age:	57.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-11-29
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI643AE / 1	LA / IM

PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M022086 / 1	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Skin reaction
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Iron
Current Illness: None
Preexisting Conditions: Early COPD - quit smoking approximately 1 yr ago; Hyperlipidemia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt given a PNEUMOVAX in (R) upper arm an FLUZONE QUADRIVALVENT in (L) deltoid on 11/28/16 at 8:42 A. Pt came in the morning to show underpart of (R) upper arm slightly red and swollen. No redness at injection site.

VAERS ID:	668677 (history)	**Vaccinated:**	2016-11-17
Form:	Version 1.0	**Onset:**	2016-11-18
Age:	33.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2016-11-25
Location:	Vermont	**Days after onset:**	7
		Entered:	2016-11-29
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	WT57208 / 2	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Inflammation, Mobility decreased, Pain in extremity
SMQs:, Parkinson-like events (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Gabapentin; clonazepam; sertraline
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient has inflammation and pain up and down arm and in shoulder. Patient has significant decrease in range of motion in arm.

VAERS ID:	669329 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-12-02
Sex:	Female	**Entered:**	2016-12-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / SYR

Administered by: Other **Purchased by:** Unknown
Symptoms: Gastrointestinal disorder, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2016SA214131
Write-up: Initial unsolicited report received from a physician via other company (Pfizer) (manufacturer report number- 2016517225) on 21 November 2016. This case involves a female patient (age not reported) who was vaccinated with a dose of INFLUENZA VACCINE (FLU SHOT) (batch number, dose in series, dose, route and site of administration was not reported) on an unspecified date. The patient''s medical history and concomitant medications were not reported.

On an unspecified date, following the vaccination, the patient had experienced fever and Gastro-intestinal disorder. Relevant laboratory data and corrective treatment was not reported. The outcome of event was not reported. List of documents held by sender: none.

VAERS ID:	671739 (history)	**Vaccinated:**	2016-09-09
Form:	Version 1.0	**Onset:**	2016-09-22
Age:	24.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	2016-12-13
Location:	Vermont	**Days after onset:**	82
		Entered:	2016-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M006726 / UNK	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Cough, Erythema, Injection site pain, Malaise, Rash vesicular, Rhinorrhoea, Varicella virus test
SMQs:, Anaphylactic reaction (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Viral CX (+) for varicella zoster
CDC Split Type:
Write-up: Pt vaccinated on 9/9/16 on 9/22 pt was seen for pain at injection site, had an area of vesicular rash with surrounding erythema, also runny nose, cough and malaise treated with valacyclovir 500mg 2 tabs TID x 7 days.

VAERS ID:	671888 (history)	**Vaccinated:**	2016-12-06
Form:	Version 1.0	**Onset:**	2016-12-07
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2016-12-07
Location:	Vermont	**Days after onset:**	0
		Entered:	2016-12-13
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI684AB / 7+	LA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	M016193 / 3	RA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Blindness transient, Dizziness, Head injury, Headache, Vision blurred
SMQs:, Anticholinergic syndrome (broad), Embolic and thrombotic events, arterial (narrow), Accidents and injuries (narrow), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No illness
Preexisting Conditions: Entoptic phenomenon; no other dxs; no allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received vaccine 12/6/16 no adverse symptoms or events until 12/7/16 at 0515 while pt in shower. Pt began to feel lightheaded, dizzy, (+) blurred vision. About 30 sec couldn"t see. No LOC. Hit head (right side). Frontal H/A rates 2/10. Negative for N/V.

VAERS ID:	673675 (history)	**Vaccinated:**	2015-09-18
Form:	Version 1.0	**Onset:**	2015-11-01
Age:	49.0	**Days after vaccination:**	44
Sex:	Male	**Submitted:**	2016-12-20
Location:	Vermont	**Days after onset:**	415
		Entered:	2016-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	59CK3 / UNK	- / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Arthralgia, Headache, Hypoaesthesia, Muscle mass, Myalgia, Paraesthesia, Vision blurred
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Glaucoma (broad), Lens disorders (broad), Eosinophilic pneumonia (broad), Retinal disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: LUE and LLE intermittent numbness, difficulty focusing L eye, numbness L half of face, lumps in muscles, pain/tingling R forehead, diffuse muscle pain and joint pain.

VAERS ID:	674194 (history)	**Vaccinated:**	2016-05-23
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	77.0	**Submitted:**	2016-12-21
Sex:	Female	**Entered:**	2016-12-22
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M59340 / UNK	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AH4LF / UNK	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Blood glucose, Injection site discomfort, Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atenolol
Current Illness: Blood pressure high (Diagnosed quite a long time before.)
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: Blood glucose; Test Name: Blood pressure
CDC Split Type: USPFIZERINC2016587046
Write-up: This is a spontaneous report from a contactable consumer reported for herself. A 77-year-old female patient received PREVNAR 13 via an unspecified route of administration at 0.5ml, single at the left arm and DTAP via an unspecified route of administration at 1 DF, single at the right arm, both on 23May2016 for immunization, received at the clinic. Medical history included ongoing blood pressure high diagnosed quite a long time before. Concomitant medication included atenolol oral 25mg tablet by mouth daily for years and ongoing for blood pressure high. The patient previously took TDap for immunisation. The patient received the PREVNAR 13 vaccine back in May2016 but soon after the injection she has been having and pain at the injection site in May2016. Two to 3 days after the injection, in May2016, she started to have a sharp pain in the left arm at the injection site. The sharp pain improved but continued to have discomfort and pain at the injection site with certain movement and 2 to 3 months before discomfort affected her writing. She discussed it with her doctor, the doctor did not think that it is due to the injection but the patient thought so. The outcome of the events was not recovered. The patient had blood test every 6 month to check for blood sugar and blood pressure. Her doctor assessed the arm to see if it was her rotator cuff and did not think it is her rotator cuff but recommended therapy. She had no problem with right arm.

VAERS ID:	675284 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2016-12-28
Sex:	Male	**Entered:**	2016-12-28
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	L036454 / 2	UN / SC

Administered by: Other **Purchased by:** Unknown
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131612USA006626
Write-up: This spontaneous report as received from a pharmacist refers to a 61 year old male patient. Pertinent medical history and concomitant medications were not reported. On an unknown date, pharmacist realized that the patient was vaccinated with second dose of ZOSTAVAX lot # L036454 dose 2, .65 ml, subcutaneous for prophylaxis, there was one (dose) already in the system from December 2015 (extra dose administered). No adverse events (no adverse event) noted. The outcome of extra dose administered and no adverse event were unknown. No further information to report. Additional information has been requested.

VAERS ID:	676288 (history)	**Vaccinated:**	2016-12-16
Form:	Version 1.0	**Onset:**	2016-12-18
Age:	28.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2017-01-02
Location:	Vermont	**Days after onset:**	15
		Entered:	2017-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	WT54006 / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Pruritus, Rash generalised
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient got flu shot on 12/16/16, 48 hours later she started feeling itchy, 60hrs later shot developed rash all over (not at site of injection). Went to clinic, started Rx for Prednisone on

12/22/16. Completed Prednisone on 12/28/16, still symptomatic. Also taking BENADRYL.

VAERS ID:	678545 (history)	**Vaccinated:**	2017-01-10
Form:	Version 1.0	**Onset:**	2017-01-13
Age:	85.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-01-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI740AA / 1	LA / UN
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M88543 / 1	RA / UN

Administered by: Other **Purchased by:** Private
Symptoms: Injection site erythema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient had a reaction to the vaccine that developed approximately 3 days after receiving it. Redness and warmth developed on the outside and back of her right arm. This reaction did no occur at the injection site.

VAERS ID:	679469 (history)	**Vaccinated:**	2017-01-18
Form:	Version 1.0	**Onset:**	2017-01-19
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-01-20
Location:	Vermont	**Days after onset:**	1
		Entered:	2017-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M022086 / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Chills, Dizziness, Fatigue, Hot flush, Hyperhidrosis, Vaccination site pain
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Smoker; asthma; H/O pneumonia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient started w/chills and hot flashes, sweats on 1/19/17 at 3:00 pm. Patient in our office 1/20/17 2:00 pm, still complains of fatigue, lightheaded, painful at vaccination site (L) deltoid. Temp. 98.6 degrees F.

VAERS ID:	679536 (history)	**Vaccinated:**	2017-01-03
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	8.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2017-01-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	425KY / 2	LA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Drug administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID:	679909 (history)	**Vaccinated:**	2016-12-23
Form:	Version 1.0	**Onset:**	2016-12-24
Age:	44.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-01-28
Location:	Vermont	**Days after onset:**	35
		Entered:	2017-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1620261 / 2	UN / UN

Administered by: Unknown **Purchased by:** Private
Symptoms: Abdominal pain, Cholecystectomy, Cholecystitis
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Infectious biliary disorders (narrow), Gallbladder related disorders (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: Gallbladder Inflammation, had to be removed
CDC Split Type:
Write-up: Intense abdominal pain.

VAERS ID:	681083 (history)	**Vaccinated:**	2017-01-18
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	11.0	**Submitted:**	2017-01-30
Sex:	Male	**Entered:**	2017-01-31
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	T975M / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M035688 / 1	RA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: Erythema, Oedema peripheral, Pyrexia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: 1/31/17 call to mother, patient better today no redness or swelling in arm, no fever.
CDC Split Type:
Write-up: (R) arm edema and erythema 4 cm diameter-local rxn. 103.6 fever.

VAERS ID:	680901 (history)	**Vaccinated:**	2016-12-28
Form:	Version 1.0	**Onset:**	2016-12-29
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1620301 / 7+	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M037533 / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Fatigue, Injection site reaction, Injection site urticaria, Malaise, Rash macular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CELEXA
Current Illness: None
Preexisting Conditions: Allergy, sulfa
Allergies:
Diagnostic Lab Data: No itching. Hives very tender
CDC Split Type:
Write-up: 24 hrs after vaccine administered developed general malaise and fatigue. 48 hrs after vaccine, blotchy hives scattered over (L) upper arm. Applied ice pack PRN and took ZYRTEC qd. Symptoms started to improve on day 5 then fully resolved on day 7 after vaccine.

VAERS ID:	681738 (history)	**Vaccinated:**	2017-01-30
Form:	Version 1.0	**Onset:**	2017-02-01
Age:	65.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2017-02-07
Location:	Vermont	**Days after onset:**	6
		Entered:	2017-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	A2Z34 / UNK	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Diarrhoea, Paraesthesia, Vaccination complication
SMQs:, Peripheral neuropathy (broad), Pseudomembranous colitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Coronary artery disease
Preexisting Conditions: Sulfur

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Began with feet tingling progresses all over, diarrhea and progressively getting worse. Called Friday 2/03/17 to say she was on route to the hospital. Her primary care physician advised for her to go to the ER. He believed she was having an adverse reaction to her vaccination.

VAERS ID:	682962 (history)	**Vaccinated:**	2017-02-17
Form:	Version 1.0	**Onset:**	2017-02-17
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2017-02-17
Location:	Vermont	**Days after onset:**	0
		Entered:	2017-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	C5101AA / 2	RL / IM

Administered by: Unknown **Purchased by:** Public
Symptoms: Injection site swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Fever~DTaP (Daptacel)~1~0.00~Patient
Other Medications: None
Current Illness: No
Preexisting Conditions: Tree Nut Allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling of 3.5 inches at injection site and fever of 102.6 degrees F.

VAERS ID:	683308 (history)	**Vaccinated:**	2016-07-07
Form:	Version 1.0	**Onset:**	2016-07-08
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-02-21
Location:	Vermont	**Days after onset:**	228
		Entered:	2017-02-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / -

Administered by: Unknown **Purchased by:** Public
Symptoms: Asthenia, Condition aggravated, Fatigue, Food allergy, Headache, Hypersensitivity, Hypersomnia, Inflammation, Influenza like illness, Lymphadenopathy, Migraine, Myalgia, Pain, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Armour Natural Thyroid Vitamin C Fish Oil Melatonin Digestive Enzymes Probiotics Vitamin D
Current Illness: No illnesses
Preexisting Conditions: Malignant Hypertension Chronic Sinusitis MCS
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, which lasted 6 weeks after the immunization. Enlarged lymph nodes in my armpit and throat. Extreme fatigue and weakness...sleeping 12-15 hours per day, which lasted for months after the vaccination. 7 months out, I am still disabled by fatigue and pain. Muscle aches and weakness. Flu-like, and still happening after 7 months. I was swimming, hiking and dancing prior to the vaccine. Significant exacerbation of pre-existing food and environmental allergies. Significant increase in systemic symptoms of inflammation. Dramatic increase in headaches and migraines.

VAERS ID:	683882 (history)	**Vaccinated:**	2017-02-21
Form:	Version 1.0	**Onset:**	2017-02-22
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-02-26
Location:	Vermont	**Days after onset:**	4
		Entered:	2017-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M040804 / UNK	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: clopidogrel, fenofibrate, lisinopril 20 daily, atorvostatin daily, amlodipine 10 daily, hydrochlorothiazide 25 1/2 tab daily, metoprolol tartrate
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient has redness and sweeling at injection site that caused her to seek care at her doctor''s office. Doctor applied warm compresses, gave her oral benadryl and called to report incident to us for reporting a few days later.

VAERS ID:	684193 (history)	**Vaccinated:**	2017-01-21
Form:	Version 1.0	**Onset:**	2017-01-23
Age:	58.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2017-02-28
Location:	Vermont	**Days after onset:**	36
		Entered:	2017-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	92324 / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Cold sweat, Dizziness, Feeling abnormal, Impaired work ability, Incomplete course of vaccination
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Vestibular disorders (broad), Medication errors (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Pt did not take temp- nor BP- stated she had eaten her usual way- shower water not extra hot- could find not other reason for symptoms.
CDC Split Type:
Write-up: She states dizzy, in shower and through out the day- "cold sweats" just felt "off" did go to work yet had occ episodes of "faint feeling of cold sweet" next day she felt fine.. Did not receive second dose of Hepatitis B.

VAERS ID:	685233 (history)	**Vaccinated:**	2017-01-25
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	70.0	**Submitted:**	2017-01-29
Sex:	Female	**Entered:**	2017-03-07
Location:	Vermont	**Days after submission:**	37

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI722AA / 1	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Rash, Skin warm, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: COPD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient"s arm became warm with hives/rash.

VAERS ID:	685517 (history)	**Vaccinated:**	2016-12-29
Form:	Version 1.0	**Onset:**	2017-01-03
Age:		**Days after vaccination:**	5
Sex:	Female	**Submitted:**	2017-03-10
Location:	Vermont	**Days after onset:**	66
		Entered:	2017-03-13
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Herpes zoster, Pain, Rash, Secondary transmission
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131702USA005564
Write-up: This spontaneous report has been received from a nurse practitioner (N.P) who was also the consumer reporting on her partner, a female patient of an unknown age. The patient''s pertinent medical history, drug allergies/reactions, or concomitant therapies were not reported. On 29-DEC-2016, the patient''s partner was vaccinated with ZOSTAVAX for the prevention of Herpez zoster (lot #, expiration date, dose, and route of administration were not reported). The patient''s partner reported that on 03-JAN-2017, the patient developed shingles (Herpes zoster). It was reported that on that day, the patient started with pain. On 05-JAN-2017, the patient went to an emergency room (ER) due to her pain. On 08-JAN-2017, she developed a rash and then sought medical attention from her primary care physician on an unknown date. The physician prescribed valacyclovir hydrochloride (VALTREX) and gabapentin (also reported as no treatment was given). The patient''s partner was thinking she might have transmitted the Herpes zoster to the patient. On an unknown date, the reporter accepted the varicella Zoster virus (VZV) packet. No product quality complaint was involved. The outcome of Herpes zoster was not reported. The causality assessment between Herpes zoster and vaccination with ZOSTAVAX was unknown. Additional information has been requested.

VAERS ID: 686697 (history) **Vaccinated:** 0000-00-00
Form: Version 1.0 **Onset:** 0000-00-00
Age: **Submitted:** 2017-03-22
Sex: Unknown **Entered:** 2017-03-22
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	L044056 / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131703USA005609
Write-up: This spontaneous report was received from a immunisation official and refers to multiple unknown patients of unknown age and gender. The patients'' medical history, concurrent conditions and concomitant therapies were not reported. On an unknown date, the patients were vaccinated with improperly stored PROQUAD (lot # L044056, expiry date: 02-MAY-2017, route of administration not reported). The temperature excursion range was between -14?C to -10?C within 1 hour. Data logger was involved. No adverse effect was noted. This is one of several reports from the same reporter. Additional information has been requested.; Sender''s Comments: US-009507513-1703USA009918: US-009507513-1703USA009917:

VAERS ID: 686707 (history) **Vaccinated:** 0000-00-00
Form: Version 1.0 **Onset:** 0000-00-00
Age: **Submitted:** 2017-03-22
Sex: Unknown **Entered:** 2017-03-22
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L037565 / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131703USA009917
Write-up: This spontaneous report was received from a immunisation officai and refers to multiple unknown patients of unknown age and gender. The patients'' medical history, concurrent conditions and concomitant therapies were not reported. On an unknown date, the patients were vaccinated with incorrect stored VARIVAX (L037565, expiry date: 29-SEP-2017, route of administration not reported). The temperature excursion range was between -14?C to -10?C within 1 hour. Data logger was involved. No adverse effect was noted. This is one of several reports from the same reporter. Additional information has been requested.; Sender''s Comments: US-009507513-1703USA009918: US-009507513-1703USA005609:

VAERS ID:	686708 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2017-03-22
Sex:	Unknown	**Entered:**	2017-03-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131703USA009918
Write-up: This spontaneous report was received from a immunisation official and refers to multiple unknown patients of unknown age and gender. The patients'' medical history, concurrent conditions and concomitant therapies were not reported. On an unknown date, the patients were vaccinated with improperly stored ZOSTAVAX (M027117, expiry date: 26-JUL-2017 and M037654, expiry date: 29-NOV-2017, route of administration not reported). The temperature excursion range was between -14?C to -10?C within 1 hour. Data logger was involved. No adverse effect was noted. This is one of several reports from the same reporter. Additional information has been requested. Sender''s Comments: US-009507513-1703USA005609: US-009507513-1703USA009917.

VAERS ID:	689554 (history)	**Vaccinated:**	2017-03-20
Form:	Version 1.0	**Onset:**	2017-03-26
Age:		**Days after vaccination:**	6
Sex:	Female	**Submitted:**	2017-03-27
Location:	Vermont	**Days after onset:**	1
		Entered:	2017-04-03
		Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	544E6 / UNK	RA / UN
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	3003145 / UNK	LA / UN

Administered by: Private **Purchased by:** Private
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: On 3/20/17 (L) tricep YF-VPX; called today 3/27 with erythema, itchness to site but no fever.

VAERS ID:	689381 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2017-04-04
Sex:	Female	**Entered:**	2017-04-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Myocardial infarction, Pneumonia
SMQs:, Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2017138013
Write-up: This is a spontaneous report based on the information received by Pfizer from Merck & Co., Inc. (Case Number: 00398291). A contactable pharmacist reported that a female patient of an unknown age and race received PREVNAR 13 at single dose on unknown date for immunization via an unspecified route of administration. Concomitant medications were not reported. The patient developed pneumonia on an unknown date, three months after administration of vaccine. Pharmacist reported the pneumonia was caused by complications of a heart attack; however, pharmacist was uncertain whether patient experienced the heart attack prior to or after administration of PREVNAR 13. The outcome of the event was unknown.; Sender''s Comments:

The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators as appropriate.

VAERS ID:	689666 (history)	**Vaccinated:**	2017-04-04
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	59.0	**Submitted:**	2017-04-04
Sex:	Female	**Entered:**	2017-04-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L019836 / 1	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: NKDA
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: N/A Patient given expired PNEUMOVAX 23 no adverse.

VAERS ID:	689803 (history)	**Vaccinated:**	2017-03-31
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	71.0	**Submitted:**	2017-04-06
Sex:	Male	**Entered:**	2017-04-07
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L024132 / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Expired product administered, No adverse event

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131704USA000710
Write-up: This information has been received from a nurse concerning a 71 year old male patient. The patient''s medical history, drug allergies, concurrent conditions and concomitant therapies were not reported. On 31-MAR-2017, the patient was vaccinated with an expired dose of PNEUMOVAX 23 with lot number L024132 and expiration date on 21-JAN-2017 (dose, dose number, route of administration and anatomical location were not provided), administered for prophylaxis. The reporter stated that the vaccine was stored properly. No product quality complained was involved. No adverse effect was reported. Additional information is not expected as there was no consent to contact the reporter.

VAERS ID:	690323 (history)	**Vaccinated:**	2017-04-04
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2017-04-11
Sex:	Male	**Entered:**	2017-04-12
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	Y2N22 / 1	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	M043306 / 1	RA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Injection site rash, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Children Chewable Vit.
Current Illness: Lyme disease 6/2014
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1" 3/4" oval rash around site of MMRV with low grade fever.

VAERS ID:	691347 (history)	**Vaccinated:**	2017-04-17
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2017-04-19
Sex:	Unknown	**Entered:**	2017-04-20
Location:	Vermont	**Days after submission:**	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131704USA008716
Write-up: This spontaneous report was received from a registered nurse concerning a patient of unknown age and gender. The patient''s medical history, concurrent conditions, drug allergies or concomitant therapies were not reported. On 17-APR-2017, the patient was vaccinated with an expired dose of GARDASIL injection (strength, dose, and lot number were not reported) (expiration date: 08-APR-2017) for prophylaxis. It was reported that the vaccine was supported.

No adverse effects were reported. Additional information has been requested.

VAERS ID:	693531 (history)	**Vaccinated:**	2017-05-01
Form:	Version 1.0	**Onset:**	2017-05-01
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2017-05-04
Location:	Vermont	**Days after onset:**	3
		Entered:	2017-05-08
		Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3425B / UNK	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	M043306 / UNK	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Cellulitis of left arm noticeable after 48 hours. Treated with cephalexin.

VAERS ID:	693655 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2017-05-09
Sex:	Unknown	**Entered:**	2017-05-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L043213 / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131704USA010569
Write-up: This spontaneous report was received on 20-APR-2017 from a public health official (not further specified if a healthcare professional) concerning an unknown number of patients of unknown age and gender. The patients" pertinent medical history, current conditions and concomitant medications were not reported. The public health official reported that an unknown number of doses of GARDASIL 9 (Lot number L043213, Expiration 28-AUG-2017) may have been administered to an unknown number of patients following temperature excursions (No dates reported) of 1.4 degrees Celsius (1.4C) for 11.5 hours, 1.3 degrees Celsius (1.3C) for 24.5 hours, 10.9 degrees Celsius (10.9C) for 2 hours, and 21.8 degrees Celsius (21.8C) for 6 hours. Previous temperature excursion was reported as yes. The call was because of a data logger. No adverse effects were reported in any patients. No other information is available. Additional information has been requested.

VAERS ID:	693728 (history)	**Vaccinated:**	2017-05-08
Form:	Version 1.0	**Onset:**	2017-05-09
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-05-10
Location:	Vermont	**Days after onset:**	1
		Entered:	2017-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / -

Administered by: Private **Purchased by:** Other
Symptoms: Chills, Fatigue, Hypersomnia, Injected limb mobility decreased, Injection site pain
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PAXIL; SYNTHROID; Trazodone; Multivitamin; Omega 3 Fish Oil; Calcium/Vit D
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Soreness at injection site (left arm) with difficulty moving arm. Chills and so tired that I slept all day.

VAERS ID:	693946 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2017-05-11
Sex:	Unknown	**Entered:**	2017-05-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131705USA005101
Write-up: This spontaneous report was received from an immunization official and refers an

unknown number of patients of unknown age and gender. The patients'' concomitant medications, pertinent medical history and drug reactions or allergies were not reported. On unknown dates, the patients were vaccinated with improperly stored doses of PNEUMOVAX23, lot # M038359 with expiry date 13-MAY-2018 and lot # M043424 with expiry date 06-JUN-2018 (exact dose and route of administration were not reported). The administered doses were exposed to the temperature between 9 and 25 degrees Celsius (11.8 degrees Celsius) for a time frame of 12.5 hours. There was no previous temperature excursion. Digital data logger was involved. No adverse events were reported. Additional information has been requested.

VAERS ID:	694409 (history)	**Vaccinated:**	2017-02-10
Form:	Version 1.0	**Onset:**	2017-02-10
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2017-04-12
Location:	Vermont	**Days after onset:**	60
		Entered:	2017-05-12
		Days after submission:	30

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPAB: HEP A + HEP B (TWINRIX) / GLAXOSMITHKLINE BIOLOGICALS	DX7D3 / 2	LA / IM
TYP: TYPHOID VI POLYSACCHARIDE (TYPHIM VI) / SANOFI PASTEUR	M01131 / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Pain, Skin warm
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oral contraceptive
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: At the time of second Hep A/Hep B vaccine (TWINRIX) pt. had instant heat down her arm that resolved quickly. Then one week later had pain with abduction and warmth x 2 weeks, no erythema, edema, or ecchymosis.

VAERS ID:	696115 (history)	**Vaccinated:**	2017-05-22
Form:	Version 1.0	**Onset:**	2017-05-22
Age:	34.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2017-05-24
Location:	Vermont	**Days after onset:**	2
		Entered:	2017-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U55BAB / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Headache, Local swelling, Nausea, Pyrexia, Tachycardia
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TB skin test; No new medications in month of May (taking Loratadine and Omeprazole)
Current Illness: None
Preexisting Conditions: GERD-2015
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 5 hours after Meningococcal vaccine, nausea, headache, fever, with localized swelling, "mild tachycardia". Pt called 911 went to ER given TYLENOL, ZOFREN and fluids. Feeling better today, vitals stable today. No swelling at INJ site.

VAERS ID:	697336 (history)	**Vaccinated:**	0000-00-00
Form:	Version 1.0	**Onset:**	0000-00-00
Age:		**Submitted:**	2017-05-31
Sex:	Unknown	**Entered:**	2017-05-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	M034437 / UNK	UN / UN

Administered by: Other **Purchased by:** Unknown
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131705USA014754
Write-up: This spontaneous report was received from a vaccine site coordinator and refers to an unknown number of patients of unknown age and gender. There was no information about the patients" concurrent conditions, concomitant therapies or medical history provided. On unknown dates, the patients were vaccinated with improperly stored doses of GARDASIL 9 lot # M034437 with an expiration date of 03-FEB-2019 (doses, route of administration and anatomical location were not reported). Administered doses of vaccine underwent a temperature excursion of -1 degree Celsius or colder -0.5 degree Celsius for 2 hours and 30 minutes which was detected by a data logger. There was previous excursion between 0 degree Celsius to 1 degree Celsius for 4 hours reported. No adverse effects were reported. Additional information has been requested.

VAERS ID:	697577 (history)	**Vaccinated:**	2017-05-27
Form:	Version 1.0	**Onset:**	2017-05-27
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2017-05-31
Location:	Vermont	**Days after onset:**	4
		Entered:	2017-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	M038351 / 1	AR / SC

Administered by: Public **Purchased by:** Private
Symptoms: Injection site erythema, Injection site swelling, Lymph node pain, Lymphadenopathy
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram; Gabapentin; Nystatin
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Redness at injection site. Swelling to the area. Pain. Swelling in the lymph nodes.

VAERS ID:	698712 (history)	**Vaccinated:**	2017-03-24
Form:	Version 1.0	**Onset:**	2017-03-24
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	2017-06-08
Location:	Vermont	**Days after onset:**	76
		Entered:	2017-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / 2	UN / UN

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Inappropriate schedule of drug administration, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131706USA001338
Write-up: This spontaneous report as received from a nurse refers to a 20 years old patient of unknown gender. The patient''s medical history, concurrent conditions, drug allergies and concomitant medications were not reported. The nurse reported that on 10-JUN-2016 and 24-MAR-2017 the patient was vaccinated with first and second doses of GARDASIL 9 (Strength,

dose, route of administration, lot # and expiry date was not reported) for prophylaxis. Subsequently on 02-JUN-2017, the patient was vaccinated with third dose of GARDASIL 9 (lot # M034780, expiry date: 15-APR-2018) for prophylaxis. There was no adverse events. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	699450 (history)	**Vaccinated:**	2017-06-07
Form:	Version 1.0	**Onset:**	2017-06-08
Age:	4.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2017-06-08
Location:	Vermont	**Days after onset:**	0
		Entered:	2017-06-13
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	Y2NZ2 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Asthma; expressive language disorder
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Redness, swelling at immunization injection site. Hot to the touch. Itchy.

VAERS ID: 699547 (history)		**Vaccinated:**	2016-02-15
Form:	Version 1.0	**Onset:**	2016-02-16
Age:	0.5	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-06-14
Location:	Vermont	**Days after onset:**	483
		Entered:	2017-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LG / IM

Administered by: Public **Purchased by:** Public
Symptoms: Irritability, Pyrexia, Rash, Rhinorrhoea, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: high fever, rash, shaking~DTaP + HepB + IPV (no brand name)~2~0.00~Patient
Other Medications: None
Current Illness: None.
Preexisting Conditions: None.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: High fever. Runny nose. Shaking. Irritable. Rash.

VAERS ID: 699783 (history)		**Vaccinated:**	2017-06-13
Form:	Version 1.0	**Onset:**	2017-06-14
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-06-15
Location:	Vermont	**Days after onset:**	1
		Entered:	2017-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	T975M / UNK	LA / SYR

Administered by: Public **Purchased by:** Other
Symptoms: Injection site discolouration, Injection site induration, Injection site pain, Muscle spasms, Neck pain
SMQs:, Dystonia (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Black color at site of injection, tender and hard at site of injection, pain into neck and spasm into chest.

VAERS ID:	699944 (history)	**Vaccinated:**	2017-06-13
Form:	Version 1.0	**Onset:**	2017-06-14
Age:	46.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-06-16
Location:	Vermont	**Days after onset:**	2
		Entered:	2017-06-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	MO36161 / 2	RA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: METHOTREXATE; FOLIC ACID
Current Illness: NONE
Preexisting Conditions: PSORIASIS; NO ALLERGIES REPORTED
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: SWELLING AND REDNESS EXTENDING AROUND ARM FROM INJECTION SITE.

VAERS ID:	700794 (history)	**Vaccinated:**	2017-06-20
Form:	Version 1.0	**Onset:**	2017-06-21
Age:	6.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-06-23
Location:	Vermont	**Days after onset:**	2
		Entered:	2017-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	RA / IM
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	RA / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Lymph node pain, Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Lymph nodes in right arm pit are swollen and very tender. Received Hep B and Polio in same arm right side.

VAERS ID:	700993 (history)	**Vaccinated:**	2017-06-23
Form:	Version 1.0	**Onset:**	2017-06-23
Age:	0.17	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2017-06-26
Location:	Vermont	**Days after onset:**	3
		Entered:	2017-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	9B4CD / UNK	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI762AA / UNK	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R37130 / UNK	RL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	22X97 / 1	MO / PO

Administered by: Private **Purchased by:** Public
Symptoms: Abdominal pain, Diarrhoea, Irritability
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Diarrhea and concern for abdominal pain, increased fussiness x several days after oral rotavirus vaccine (+ IM PEDIARIX, PREVNAR, Hib).

VAERS ID: 701098 (history)		**Vaccinated:**	2017-06-27
Form:	Version 1.0	**Onset:**	2017-06-27
Age:	0.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2017-06-28
Location:	Vermont	**Days after onset:**	1
		Entered:	2017-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	GY3H5 / 1	LL / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: Skin discolouration, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 6/26 child was administered IM Phytonadione .5ml IM (1mg). 6/27 child was given oral infant Tylenol 40 mg. prior to medical procedure. 6/27 child was adminsted 1 ML of 1% Lidocaine for local block prior to medical procedure.
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hives on Arms and Legs. Not on Trunk. Vital signs WNL. Feet purple but quickly resolved. No other symptoms.

VAERS ID: 702371 (history)		**Vaccinated:**	2017-06-14
Form:	Version 2.0	**Onset:**	2017-06-14
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Amnesia, Cognitive disorder, Differential white blood cell count normal,

Disorientation, Dizziness, Full blood count, Headache, Metabolic function test
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: headache, dizziness, slight infection from Tetanus vaccination @ 52 years of age
Other Medications: Atorvastatin 10mg - Lorazepam 0.5mg - metformin 1,000 mg - Triamcinolone acetonide 0.025 % -
Current Illness:
Preexisting Conditions: Type II Diabetes
Allergies: alergic to tetanus vaccination
Diagnostic Lab Data: Comprehensive metabolic panel (CMP) Hemogram & Differential results were within normal ranges
CDC Split Type:
Write-up: Severe headaches, dizziness, behavorial disorientation, short term memory loss, cognitive processing. Vaccination was Hepatitis B, unknown manufacturer or lot #.

VAERS ID:	702511 (history)	**Vaccinated:**	2017-06-30
Form:	Version 2.0	**Onset:**	2017-06-30
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-07-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R75238 / 1	LA / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Trazodone; bupropion; HCTZ
Current Illness:
Preexisting Conditions: HTN; depression
Allergies: Morphine
Diagnostic Lab Data:
CDC Split Type:
Write-up: 3-4 inch red, swollen, hot, painful induration on left posterior upper arm.

VAERS ID:	702659 (history)	**Vaccinated:**	2017-06-30
Form:	Version 2.0	**Onset:**	2017-07-01
Age:	26.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	23F25 / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: HIV
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Skin rash (hives) to face and neck.

VAERS ID:	702895 (history)	**Vaccinated:**	2017-06-14
Form:	Version 2.0	**Onset:**	2017-06-14
Age:	0.42	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-07-10

		Site /

Vaccination / Manufacturer	Lot / Dose	Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	2YZ27 / UNK	LL / SYR
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	U1772AAA / UNK	LL / SYR
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R70447 / UNK	LL / SYR
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	Z23PT / UNK	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Irritability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hemangeol
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: The nurse misread my daughters chart and administered the PCV-13 and Dtap-HepB-IPV (Pediarix) a second time in a three week period. She had received these two vaccinations on 5/23/17 and due to the nurse''s error, received them again 6/14/17. Because of this, my daughter had a higher than normal fever (102.3*F) caused by the vaccinations and remained irritable and fussy for over a week. Also, one of the vaccines was administered into her right thigh (not sure which one), but is mislabeled on her vaccine record.

VAERS ID:	702922 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2017-06-08
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-07-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	L020189 / UNK	UN / UN

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: STERILE DILUENT
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131706USA009820
Write-up: This spontaneous report as received from a physician refers to a patient of unknown age. On an unknown date the patient was vaccinated with M-M-R II lot # L020189 for prophylaxis. Concomitant therapies included sterile diluent(STERILE DILUENT). On 08-JUN-2017 the patient experienced expired product administered. On an unknown date the patient experienced no adverse event. The outcome of expired product administered and no adverse event is unknown. The reporter considered expired product administered and no adverse event to be not related to M-M-R II. Additional information has been requested.

VAERS ID:	703441 (history)	**Vaccinated:**	2017-07-12
Form:	Version 2.0	**Onset:**	2017-07-12
Age:	1.25	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-07-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	33H9N / 4	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	U1762AA / 4	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R70448 / 4	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site urticaria, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Claritin, fluoride
Current Illness: ear infection
Preexisting Conditions: none
Allergies: amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on abdomen, hives on upper left thigh. 5ml of Benadryl given. Rash developed within 2 hours of receiving vaccines, patient came back into office. Vital signs were stable. Provider saw patient.

VAERS ID:	703806 (history)	**Vaccinated:**	2017-07-12
Form:	Version 2.0	**Onset:**	2017-07-12
Age:	2.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-07-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / 1	LL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site mass, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D, vitamin A, elderberry syrup, zinc
Current Illness: Nothing significant
Preexisting Conditions: None
Allergies: No known
Diagnostic Lab Data: Nothing yet. I''m monitoring him. Considering a MMR titer prior to redoing the MMR.
CDC Split Type:
Write-up: I received a call from the manager of the MD office, at 4:45 pm on July 12th, the day my son received the MMR vaccine. She informed me that patient may have received a vaccine incorrectly. She said that instead of using the proper diluent for the MMR, the person preparing the vaccine used a DTaP vaccine. She said they noticed the discrepancy when they counted their

doses and diluents. There were three children who received the MMR during that time span and patient was one of them. They already called Poison Control and she informed me the results of that. The office also reported it to the health department. I also spoke with Poison Control, the health department, and the CDC and learned to watch for a local reaction. They advised close monitoring but didn''t expect a significant reaction. They also informed me the vaccine needs to be repeated no sooner than a month from now as this injection is considered invalid. As of today, two days after the injection, my son seems fine. The injection site was warm for the first day, there was a small red area over a lump, and now the redness has disappeared and a lump remains. His mood and temperament is unchanged. He has not had a fever.

VAERS ID:	704238 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-07-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L043213 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131707USA006102
Write-up: This spontaneous report as received from a other health professional refers to a patient of unknown age. On an unknown date the patient was vaccinated with GARDASIL 9 lot # L043213 for prophylaxis. On an unknown date the patient experienced incorrect product storage and no adverse event. The outcome of incorrect product storage and no adverse event is unknown. The reporter considered incorrect product storage and no adverse event to be not related to

GARDASIL 9. Additional information has been requested.

VAERS ID:	704488 (history)	**Vaccinated:**	2017-07-17
Form:	Version 1.0	**Onset:**	2017-07-17
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2017-07-17
Location:	Vermont	**Days after onset:**	0
		Entered:	2017-07-19
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
MENB: MENINGOCOCCAL B (BEXSERO) / NOVARTIS VACCINES AND DIAGNOSTICS	157601 / 1	RA / IM

Administered by: Other **Purchased by:** Public
Symptoms: Altered state of consciousness, Cold sweat, Eye movement disorder, Feeling abnormal, Nausea, Pallor, Paraesthesia, Rash
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PPD Mantoux; TUMS ULTRA; TRISPRINTEC
Current Illness: None
Preexisting Conditions: Anxiety; Allergic rhinitis; Ovarian cyst; Allergies: PCN, doxycycline, tretinoin
Allergies:
Diagnostic Lab Data: Pulse ox sats 98%; HR 88-110.
CDC Split Type:
Write-up: 15 min S/P BEXSERO and PPD placement, while on toilet pt C/O nausea and feeling like she was going to pass out. Pt pale and eyes started to rolled back in head. Pt alert and oriented x 3. Helped into wheelchair. Pt then reported tingling. Clammy and reported "I just don''t feel like I''m here". Noted rash on chest. (HX anxiety rash). This occurred in BR outside clinic office - 911 called and sent to ER for evaluation.

VAERS ID:	704323 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-07-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	M044022 / UNK	- / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	- / -
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	M042504 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: STERILE DILUENT
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131707USA005236
Write-up: This spontaneous report as received from a immunization official refers to multiple patients of unknown age and gender. No information regarding the patients pertinent medical history, concomitant medications, drug reactions, or allergies was provided. On an unknown dates, multiple patients were vaccinated with improperly stored doses of PROQUAD lot # M044022, expiration 01-MAY-2018; VARIVAX Lot #M045204, exp 11-NOV-2018 and M034583 exp 27-JUL-2018; and ZOSTAVAX lot# M042504, exp 30-NOV-2017. Properly stored Sterile diluent lot# not reported. No adverse events were reported. Temperature 1-4 degrees Celsius to -10 degrees Celsius for 2 hours. Previous temperature excursion PROQUAD -14 degrees Celsius to -10 degrees Celsius for 1 hour and 30 minutes; VARIVAX -14 degrees Celsius to -10 for 15 hours and 30 minutes and ZOSTAVAX -14 degrees Celsius to -10 for 15 hours and 30 minutes A digital data logger was involved. Additional information has been requested.

VAERS ID:	704458 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-07-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / UNK	UN / IM

Administered by: Other **Purchased by:** ?
Symptoms: Incorrect product storage, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131707USA007566
Write-up: This spontaneous report as received from immunization official refers to unknown number of patients of unknown age and gender. Medical history, current conditions and concomitant medications were not reported. On an unknown date the patients were vaccinated with improperly stored GARDASIL 9 (lot # M040412, expiry date: 30-JUN-2019 and M044717, expiry date:19-JUL-2019) intramuscular unknown dose and frequency, for prophylaxis. On an unknown date the patient experienced incorrect product storage and no adverse event. No adverse events were reported. Temperature was 0 to 1 degree Centigrade with the time frame of 2 hours. Previous temperature excursion was noted. Call was because of data logger. The outcome of incorrect product storage and no adverse event is unknown. Additional information has been requested.

VAERS ID:	705816 (history)	**Vaccinated:**	2017-07-20
Form:	Version 2.0	**Onset:**	2017-07-21
Age:	77.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cold sweat, Fatigue, Feeling abnormal, Injection site erythema, Injection site induration, Nausea
SMQs:, Acute pancreatitis (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Calcium/Magnes; PROAIR; ASA; Fish oil; Glucosamine; XANAX; Clotrimazole; CoQ-10; Vit D-3; Acidophilus
Current Illness: No
Preexisting Conditions: Anxiety; osteoarthritis; Lyme
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Injection site progressively getting redder more firm to touch and pt. feels poorly. Sx: tired, queasy but nl appetite, no fever but clammy.

VAERS ID:	705850 (history)	**Vaccinated:**	2017-07-26
Form:	Version 2.0	**Onset:**	2017-07-28
Age:	68.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N003993 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: Patient had a similar reaction after receiving PREVNAR one year earlier.
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient called to report pain at injection site as well as redness and swelling that is warm to the touch. She was advised to use anti-inflammatories and ice. If swelling persists and/or gets worse to contact her PCP in case of skin infection.

VAERS ID:	706888 (history)	**Vaccinated:**	2017-06-20
Form:	Version 2.0	**Onset:**	2017-06-22
Age:	60.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-08-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	M038350 / N/A	RA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Rash, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: This patient contacted us two days after receiving her ZOSTAVAX reporting a raised rash that increased from 3" to 3"x6" and was hot to touch. She also had chills. The next day the rash spread to her elbow and she reported a slight headache.

VAERS ID:	706926 (history)	**Vaccinated:**	2017-07-22
Form:	Version 2.0	**Onset:**	2017-07-24
Age:	67.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-08-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	M038350 / 1	RA / SC

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash vesicular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reports vesicular rash on chest, back and inner thighs. No other disease signs/symptoms present. Patient seen by primary care provider, who advised her to treat the rashes with topical hydrocortisone and/or oral diphenhydramine. Upon follow-up approximately 15 days post-vaccination patient reports rash has improved significantly.

VAERS ID:	707601 (history)	**Vaccinated:**	2017-08-10
Form:	Version 2.0	**Onset:**	2017-08-10
Age:	18.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	M042853 / 3	RA / IM
MENB: MENINGOCOCCAL B (BEXSERO) / NOVARTIS VACCINES AND DIAGNOSTICS	15C601 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Patient shared after the event that he had a similar episode in the past but didn''t know related to what vaccine or even when th
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Syncope immediately after vaccination.

VAERS ID:	708039 (history)	**Vaccinated:**	2017-08-08
Form:	Version 2.0	**Onset:**	2017-08-09
Age:	0.42	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI766AA / 1	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R56665 / 1	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash papular
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pink papular dermatitis on outer arms shoulder to hand and anterior thigh and lower legs (B). Plan: No treatment advised. Follow up if not resolve in one week. May use BENADRYL 3-5ml if itchy. Call if worse.

VAERS ID:	708482 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-08-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131708USA004343
Write-up: Information has been received from an administrator referring to a patient of unknown age and gender. On an unknown date the patient was vaccinated with an improperly stored VARIVAX (strength, dosage, frequency and route unspecified) for prophylaxis (incorrect product storage). Temperature was -0.8 C with time frame of 4 hours. No previous temperature excursion was reported. No adverse symptom was reported.

VAERS ID:	709753 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-08-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131708USA009984
Write-up: This spontaneous report as received from a healthcare worker refers to a unspecified number of patients of unknown age and gender. On unknown dates, the patient was vaccinated with improperly stored doses of PNEUMOVAX 23 lot # M026317 with expiration date 11-JAN-2018 and lot # M037533 with expiration date 17-MAY-2018. Additional information has been requested.

VAERS ID:	710163 (history)	**Vaccinated:**	2017-08-16
Form:	Version 2.0	**Onset:**	2017-08-16
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	UN / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal discomfort, Abdominal pain upper, Appendicectomy, Appendicitis perforated, Pain in extremity, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal perforation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament

disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: My son had his physical for school on 8/16/17 and was in excellent health. The doctor recommended we give him the HPV vaccine. We asked him about the safety of it and he said it was safe. That night he started vomiting a little. 8/17/17 he said his stomach was upset and he had pain in his legs, that evening he said his stomach was sore, and vomited more that night. 8/18/17 he woke up and said his stomach hurt, as soon as the doctors office opened we called and they said it was probably just a reaction from the vaccine and to bring him in at 1:00 in the afternoon. We were there for 2 hours, then he sent us to the ER. At 9:30 they removed his appendix which had burst and the surgeon said had been burst for a while. He is still in the hospital, and probably will be the rest of this week 8/20-8/26. And they said he probably won''t be able to start school next week. During his physical, the doctor felt and listened to his appendix and everything was fine. I mentioned several times to all the doctors involved during the last several days that he had the HPV vaccine and they were all saying it was unrelated, then I found a few documents stating that the HPV vaccine has directly caused appendicitis in .3% of cases. That information was not known to myself or the doctors, because when I showed them the information they said they never knew that. If we had known that possibility we would have called the doctor when his stomach first started hurting and the doctor probably would have sent us to the ER much earlier.

VAERS ID:	710533 (history)	**Vaccinated:**	2017-08-28
Form:	Version 2.0	**Onset:**	2017-08-28
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L031066 / UNK	UN / SC

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131708USA013345
Write-up: This spontaneous report was received from a medical assistant refers to a patient of unknown age and gender. On 28-AUG-2017, the patient was inadvertently vaccinated with expired dose of VARIVAX lot # L031066, expiration date: 18-AUG-2017, 0.5 ml, subcutaneous, for prophylaxis. No adverse effects reported. No product quality complaint involved.

VAERS ID:	710603 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-08-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MERCK STERILE DILUENT
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131708USA009551
Write-up: This spontaneous report was received from other health professional referring to an

unknown number of unspecified patients. Information regarding the patients'' pertinent medical history, and drug reactions or allergies were not provided. On an unknown date starting on or after 31-JUL-2017, an unknown number of unspecified patients were administered improperly stored (incorrect product storage) doses of VARIVAX (lot M47660, exp 02-DEC-2018; lot N001527, exp 13-JAN-2019; lot N009767, exp 24-MAR-2019). Lot information not available for properly stored sterile diluent (MERCK STERILE DILUENT) used to reconstitute improperly stored varicella virus vaccine live (oka/merck)(VARIVAX). No adverse effect reported. The doses were stored in a temperature of -14 degree Celcius to -10 degree Celcius for 2 hours. Data logger was involved. There was no previous temperature excursion reported. No additional information provided. Lot number M47660 is an invalid lot number for varicella virus vaccine live (oka/merck). This case is cross-referenced with 1708USA013525 (same reporter).; Sender''s Comments: US-009507513-1708USA013525:

VAERS ID:	710605 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-08-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MERCK STERILE DILUENT
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131708USA013525
Write-up: This spontaneous report was received from other health professional referring to an unknown number of unspecified patients. Information regarding the patients'' pertinent medical history, and drug reactions or allergies were not provided. On an unknown date starting on or after 31-JUL-2017, an unknown number of unspecified patients were administered improperly stored doses of PROQUAD lot # M043306, exp. 24-APR-2018, M044718, exp 17-MAY-2018; lot

N010115, exp 24-SEP-2018). Lot information not available for properly stored sterile diluent (MERCK) used to reconstitute improperly stored PROQUAD. No adverse effect reported. The doses were stored in a temperature of -14 degree Celsius to -10 degree Celsius for 2 hours. Data logger was involved. There was no previous temperature excursion reported. No additional information provided. This case is cross-referenced with 1708USA009551 (same reporter). Sender''s Comments: US-009507513-1708USA009551.

VAERS ID:	712690 (history)	**Vaccinated:**	2017-08-25
Form:	Version 1.0	**Onset:**	2017-08-25
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2017-09-11
Location:	Vermont	**Days after onset:**	17
		Entered:	2017-09-13
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	M040412 / 3	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: Fatigue, Headache, Loss of personal independence in daily activities, Muscle spasms, Pain, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Mom called 8/26 AM the day after patient received her 3rd HPV #9. Reported fever of 101 at 9 pm she also had leg aches, body aches and muscle cramps. She had a bad headache and extreme exhaustion. 8/28 - headache and fever better. Patient is a runner and unable to run more than 10 mins over next 3-4 days. Pain in arms. Experiencing pain in arm and legs, unable to run, extreme fatigue. Later pt reported that she felt like she was getting a cold for 24 hours after first two shots. She did not report this until after 3rd shot.

VAERS ID: 712804 (history)		**Vaccinated:**	2017-09-14
Form:	Version 2.0	**Onset:**	2017-09-14
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI845AA / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: None reported
Allergies: Biaxin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced some facial swelling to the left side of her face along the jawline, where her jawline meets her ear. Patient came back to the pharmacy to purchase some Benadryl as she was advised to do by her doctor''s office.

VAERS ID: 713872 (history)		**Vaccinated:**	2017-09-12
Form:	Version 1.0	**Onset:**	2017-09-13
Age:	77.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2017-09-14
Location:	Vermont	**Days after onset:**	1
		Entered:	2017-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA3: INFLUENZA (SEASONAL) (FLUAD) / NOVARTIS VACCINES AND DIAGNOSTICS	179002 / 1	RA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	U5770AA /	LA / UN

	1	

Administered by: Other **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site haemorrhage, Injection site swelling
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Swollen/red bicep and arm not at inject site. Patient stated arm is much larger than other arm and bleed a lot at time of injection.

VAERS ID:	712858 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-09-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M043424 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: STERILE DILUENT
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131709USA006502
Write-up: Information has been received from a healthcare worker and refers to multiple unspecified patients of unknown ages and genders. There was no information about patients'' concurrent conditions, medical history or concomitant medications. On multiple unknown dates, the patients were vaccinated with doses of improperly stored PNEUMOVAX 23 lot # M043424 and expiration date of 06-JUN-2018, (route of administration and anatomical location were not reported) for prophylaxis, reconstituted with properly stored sterile diluent (lot # unknown) which were stored in the range of 9.8 Celsius degrees for 1 hour. Previous temperature excursion was reported: 10.5 Celsius degrees for 2 hours and 14.7 Celsius degrees for 3 hours. No adverse effects were reported. Digital data logger was involved. This is one of several reports from the same source. Sender''s Comments: US-009507513-1709USA006745.

VAERS ID:	713330 (history)	**Vaccinated:**	2017-09-09
Form:	Version 2.0	**Onset:**	2017-09-15
Age:	73.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-09-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	N012493 / 1	RA / SC

Administered by: Unknown **Purchased by:** ?
Symptoms: Herpes zoster, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: MD professional opinion
CDC Split Type:
Write-up: Pt. developed rash on 9/15/17, went to ER on 9/18/17 and diagnosed w/shingles. Rash developed on left trunk.

VAERS ID:	713790 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-09-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	M028130 / UNK	UN / UN

Administered by: Other **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MERCK STERILE DILUENT
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131709USA006745
Write-up: Information has been received from a healthcare worker and refers to multiple unspecified patients of unknown ages and genders. There was no information about patients" concurrent conditions, medical history or concomitant medications. On multiple unknown dates, the patients were most likely vaccinated with doses of improperly stored M-M-R II (rHA) lot # M028130, expiration date of 03-JUN-2018 or lot # M049212, expiration date of 16-DEC-2018, (route of administration and anatomical location were not reported) for prophylaxis, which were stored in the range of 9.8 Celcius degrees for 1 hour. Previous temperature excursion was reported: 14.7 Celcius degrees for 3 hours. Concomitant therapies included sterile diluent (STERILE DILUENT). No adverse effects were reported. Digital data logger was involved. This is one of several reports from the same source.; Sender"s Comments: US-009507513-1709USA006502:

VAERS ID:	714302 (history)	**Vaccinated:**	2017-09-22
Form:	Version 2.0	**Onset:**	2017-09-23
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-09-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	XT31908 / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N013541 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dyspnoea, Headache, Injected limb mobility decreased, Injection site pain, Malaise, Musculoskeletal stiffness, Pain
SMQs:, Anaphylactic reaction (broad), Dystonia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Cardiomyopathy (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNKNOWN
Current Illness: UNKNOWN
Preexisting Conditions: UNKNOWN
Allergies: NO KNOWN DRUG ALLERGIES
Diagnostic Lab Data: UNKNOWN
CDC Split Type:
Write-up: Patient called on 9/23/17 to report adverse events to pharmacist. Complaint of stiff neck, sore arms at injection site and cannot move her arms. She received AFLURIA 2017-2018 single dose syringe injection in left deltoid muscle and PNEMOVAX 23 in right deltoid muscle. Not feeling well, shortness of breath, terrible pain and headache. When asked on a scale of 1-10, how bad the pain was, she said 9-10. Pharmacist strongly recommended that she immediately go to the emergency room/hospital. Unknown if patient actually went to the ER or not.

VAERS ID:	714905 (history)	**Vaccinated:**	2017-09-26
Form:	Version 2.0	**Onset:**	2017-09-26
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-09-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	Z55C4 / N/A	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Injection site erythema, Injection site swelling, Malaise

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: valacyclovir 500, one tablet once daily.
Current Illness: none
Preexisting Conditions: none
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Immediately after delivering dose, patients arm became swollen and red, about 1" circumference around the injection site. There were no systemic signs of allergic reaction/anaphylaxis, no disorientation or difficulty breathing, or swelling any other areas of the body that were noticeable to me. I asked her to stay in the store for 15 minutes, and swelling went down slightly, she then left with her mother to run an errand down the street, then cam back about 30 minutes later for me to check on her; again swelling was reduced to about 1/2" circumference and redness was minimal. I called again the morning of 9/27/2017- she states she is feeling slightly under the weather but that the swelling in her arm is less than it was last night.

VAERS ID:	715266 (history)	**Vaccinated:**	2017-09-28
Form:	Version 2.0	**Onset:**	2017-09-28
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI811AB / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Throat tightness, Tremor
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypersensitivity (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none
Preexisting Conditions: hyperlipidemia and GERD
Allergies: Shellfish, no drug allergies
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient departed the clinic to drive home and became dizzy and shakey. Patient felt as though her throat was closing.

VAERS ID:	715293 (history)	**Vaccinated:**	2017-09-28
Form:	Version 2.0	**Onset:**	2017-09-28
Age:	0.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	5S5TJ / UNK	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Wrong drug administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: KINRIX given instead of PEDIARIX. DOH was contacted and explained that immunization will count as long as timing is correct, and it is.

VAERS ID:	715558 (history)	**Vaccinated:**	2014-08-27
Form:	Version 2.0	**Onset:**	2014-09-15
Age:	12.0	**Days after vaccination:**	19
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	J015378 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Babesiosis, Chronic fatigue syndrome, Condition aggravated, Headache, Lyme disease, Postural orthostatic tachycardia syndrome
SMQs:, Arthritis (broad), Dehydration (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Chronic fatigue syndrome; POTS; Babesiosis Lyme disease; Chronic headache
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chronic headache, POTS, Babesiosis Lyme disease, Chronic fatigue syndrome, Joint pain.

VAERS ID:	715563 (history)	**Vaccinated:**	2012-08-20
Form:	Version 2.0	**Onset:**	2012-08-28
Age:	12.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0459AE / 1	RA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3927AA / 1	LA / UN

Administered by: Private **Purchased by:** ?

Symptoms: Pyrexia, Rash generalised
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: Chronic knee pain; Anxiety; Chronic abdominal pain; Gastritis
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: W/one day patient had a rash all over her body. Fever.

VAERS ID:	715699 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2017-10-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	M041085 / UNK	UN / UN

Administered by: Other **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: US0095075131709USA014321
Write-up: This spontaneous report as received from a healthcare worker refers to a multiple unspecified number of patients of unknown age and gender. The concurrent conditions, medical history and concomitant therapies of the patients were not reported. On an unknown date, the patients were vaccinated with an improperly stored dose of ZOSTAVAX 19400 plaque-forming unit (PFU) (dose and route of administration were unknown) either lot # M041085 with expiration date of 31-JAN-2018 or lot number M044220 with expiration date of 03-JAN-2018 for prophylaxis, which were stored from -14 Celsius degrees (?C) to -10?C (-12.1 ?C) for 30 minutes. The healthcare worker was unsure if sterile diluent (strength, dose, route of administration, lot number and expiration date were unkonwn) used to reconstitute the ZOSTAVAX was properly stored. The temperature excursions were detected by a data logger. There were no previous temperature excursions. No adverse effects were reported.

VAERS ID:	716298 (history)	**Vaccinated:**	2017-10-01
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	68.0	**Submitted:**	2017-10-03
Sex:	Female	**Entered:**	2017-10-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA3: INFLUENZA (SEASONAL) (FLUAD) / NOVARTIS VACCINES AND DIAGNOSTICS	1790002 / 2	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Same vaccine (FLUAD) administered twice within two weeks of each other. No adverse events reported yet.

VAERS ID:	718104 (history)	**Vaccinated:**	2017-10-02
Form:	Version 1.0	**Onset:**	2017-10-03
Age:	4.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2017-10-04
Location:	Vermont	**Days after onset:**	1
		Entered:	2017-10-05
		Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AF543 / UNK	RA / UN
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI864AA / 3	RA / UN
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	954G2 / 2	LA / UN
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	N013863 / UNK	LA / SC

Administered by: Public **Purchased by:** Public
Symptoms: Erythema, Injection site rash, Pruritus, Pyrexia, Rash, Swelling, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: NAS; Undescended (L) tests; IUGR
Allergies:
Diagnostic Lab Data: None ordered
CDC Split Type:
Write-up: Vaccines given on 10-2-17 (L) deltoid: Hep A - (L) arm; MMRV - RN. (R) deltoid: KINRIX and FLUZONE - RN. Seen in office 10-4-17 with rash on (Rt) deltoid, (Lt) arm and (L) forehead - reddened, localized swelling and itching. Fever/vomiting in less than 24 hours. Unknown if vaccine related.

VAERS ID: 716707 (history)		**Vaccinated:**	2016-11-19
Form:	Version 2.0	**Onset:**	2017-07-28
Age:	68.0	**Days after vaccination:**	251
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	M033335 / 1	LA / SC

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Discomfort, Herpes zoster, Injection site reaction, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Doxazosin; Vit D
Current Illness: None
Preexisting Conditions: Mild hypertension; BPH
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: A classic shingles rash broke out several months after vaccination, but the interesting thing was where it started. The rash started exactly in the area where the injection was given, at the left upper arm, and spread down the forearm. Tingling and discomfort along the C8 dermatome. The patient is a board certified pediatrician and I am a retired pediatric nurse practitioner. We had the rash confirmed by a local MD.

VAERS ID: 719441 (history)		**Vaccinated:**	2017-10-08
Form:	Version 2.0	**Onset:**	2017-10-09
Age:	71.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	195218 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Influenza

SMQs:, Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: no
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: no
CDC Split Type: no
Write-up: 10 hours after injection I developed full blown influenza.

VAERS ID:	720649 (history)	**Vaccinated:**	2017-10-06
Form:	Version 1.0	**Onset:**	2017-10-07
Age:	7.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2017-10-16
Location:	Vermont	**Days after onset:**	9
		Entered:	2017-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	4E532 / UNK	LA / SYR

Administered by: Public **Purchased by:** Unknown
Symptoms: Injection site reaction, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. developed red raised rash around injection site.

VAERS ID:	720808 (history)	**Vaccinated:**	2017-10-05
Form:	Version 2.0	**Onset:**	2017-10-05
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	XF32908 / UNK	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	NO13541 / UNK	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Injected limb mobility decreased, Injection site erythema, Injection site pain, Injection site swelling, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BLOOD PRESSURE MEDICATION, THYROID MEDICATION
Current Illness: NONE
Preexisting Conditions: HEART DISEASE; STENT PLACEMENT
Allergies: SULFA DRUGS
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received a flu shot and PNEUMOVAX 23 in left deltoin, 1 inch apart on Thursday Oct. 5, 2017. That same evening her arm was sore so patient iced it and took ibuprofen for pain. Next day, upper right arm was more swollen. She continued with ice and ibuprofen. On Saturday Oct. 7, 2017 patient could not move her arm, whole circumference of upper right arm, below injection site was very red, and swollen and sore. Patient went to urgent care on 10/7/17 where she was advised to use topical hydrocortisone cream and allergy tablets. She was not given any antibiotics. On Wednesday Oct. 11, 2017 I saw the patient''s arm. The swelling and

soreness was gone. I followed up by phone conversation with the patient on 10/12/17 and the patient did not report swelling and felt better.

VAERS ID:	721204 (history)	**Vaccinated:**	2017-10-10
Form:	Version 2.0	**Onset:**	2017-10-13
Age:	5.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	43HB3 / UNK	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	N000336 / 1	RA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Injection site pain, Skin warm, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multiple vitamin
Current Illness: None
Preexisting Conditions: H/O febrile seizure
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Baseball sized red hot welt on (L) arm. Tenderness at injection site.

VAERS ID:	721205 (history)	**Vaccinated:**	2017-10-11
Form:	Version 2.0	**Onset:**	2017-10-12
Age:	2.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	J7K97 / 2	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	N039913 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Pain, Rash, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi Vit; D3; Fish Oil
Current Illness: None known
Preexisting Conditions: None known
Allergies: No known
Diagnostic Lab Data:
CDC Split Type:
Write-up: Erythema, swelling, pain, rash that is localized. Treated with cool pack/ice, TYLENOL. Cont to monitor closely with follow up in 1 week.

VAERS ID:	721284 (history)	**Vaccinated:**	2017-10-16
Form:	Version 2.0	**Onset:**	2017-10-18
Age:	46.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U1826AD / UNK	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature increased, Contusion, Erythema, Pain, Skin mass, Skin warm
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: allergic to berries
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain, redness, knot under skin, warmth, bruise and temp 100.7.

VAERS ID:	721690 (history)	**Vaccinated:**	2017-10-01
Form:	Version 2.0	**Onset:**	2017-10-01
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI887AA / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Headache, Hypersomnia, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Simvastatin, Levothyroxine, Aspirin
Current Illness: No
Preexisting Conditions: NO
Allergies: Amoxicillin, Dilaudid

Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reports at 4:00 pm she developed a fever of 101 degrees, chills, sever joint and muscle aches, and a head ache. She slept for 12 hours and symptoms have fully resolved a this time.

VAERS ID:	721762 (history)	**Vaccinated:**	2017-10-01
Form:	Version 2.0	**Onset:**	2017-10-01
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	XF33008 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pityriasis rosea
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Januvia, lisinopril, metformin, atorvastatin
Current Illness:
Preexisting Conditions:
Allergies: No known allergies
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: Pityriasis rosea.

VAERS ID:	722094 (history)	**Vaccinated:**	2017-10-05
Form:	Version 2.0	**Onset:**	2017-10-05
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) /	XF33008 /	

SEQIRUS, INC.	1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Chest discomfort, Dizziness, Dysphagia, Dyspnoea, Electrocardiogram normal, Eyelid margin crusting, Fibrin D dimer normal, Hypertension, Metabolic function test normal, Ocular hyperaemia, Troponin I normal
SMQs:, Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Glaucoma (broad), Hypertension (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Periorbital and eyelid disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: When I was very young, perhaps four, I reacted with a high fever and hallucinations to the TDAP (so my mother recalls). I do not
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: On 10/5/17, I received the following tests: -EKG 12-LEAD -BASIC METABOLIC PANEL -D-DIMER -TROPONIN I All came back negative for any adverse heart conditions.
CDC Split Type:
Write-up: About 2 1/2 hours after the shot, I began having discomfort in my chest. I first thought it was heartburn (which I don''t typically experience, in fact, haven''t outside of pregnancy.) However, the feeling did not ease up. I went down to ask the school nurse if it could be a side effect of the shot, but as I walked, I began to get lightheaded. She checked my blood pressure and found it to be unusually high (180/90), but it lowered on a subsequent check to about 150/90 (still atypically high for me.) She suggested I get checked out. I went to the emergency room where they ran a series of tests that all came back negative (see below). All told, my symptoms included: -Tightness/discomfort in my chest - lasted about 8 hours -Difficulty swallowing (like a lump in my throat) - lasted about 8 hours -Shortness of breath - lasted about 8 hours -Redness in the eyes - lasted about 8 hours -My right eye was crusted shut two mornings later. Just that one morning. Two days after the shot, all symptoms had cleared up without treatment.

VAERS ID:	722580 (history)	**Vaccinated:**	2017-10-23
Form:	Version 2.0	**Onset:**	2017-10-24
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	N025387 / N/A	LA / SC

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient called me describing a red, baseball-sized circle at area of vaccination. not raised, and not especially painful. Told patient that it should resolve on its own, but if it progresses to seek consult of her PCP.

VAERS ID:	722707 (history)	**Vaccinated:**	2017-10-17
Form:	Version 2.0	**Onset:**	2017-10-19
Age:	74.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N010106 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine 75mcg, Venlafaxine ER 150mg
Current Illness:
Preexisting Conditions:
Allergies: Cephalexin, Tetracycline
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient noticed a vivid pink "cuff" midway down upper arm below injection site. It was slightly swollen and sore.

VAERS ID:	724451 (history)	**Vaccinated:**	2017-11-01
Form:	Version 2.0	**Onset:**	2017-11-01
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	XF32908 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Injection site induration, Injection site swelling, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: cetirizine
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:

Write-up: Swelling underneath the skin about 1/2 inch in diameter- skin became hard and swollen immediately after giving the shot, even circumference around injection site.

VAERS ID:	724575 (history)	**Vaccinated:**	2017-08-31
Form:	Version 1.0	**Onset:**	2017-09-01
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-09-06
Location:	Vermont	**Days after onset:**	5
		Entered:	2017-11-01
		Days after submission:	56

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N005096 / UNK	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Chills, Fatigue, Headache, Influenza like illness, Night sweats, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Bronchiectasis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Flu type symptoms on and off x 5 days fatigue, headache, chills, night sweats, low grade fever.

VAERS ID: 724792 (history)		**Vaccinated:**	2017-10-17
Form:	Version 1.0	**Onset:**	2017-10-17
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2017-10-17
Location:	Vermont	**Days after onset:**	0
		Entered:	2017-11-02
		Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	G294R / UNK	LA / UN

Administered by: Public **Purchased by:** Unknown
Symptoms: Dysgeusia, Paraesthesia oral
SMQs:, Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine given Lt. deltoid-after approx 7 minutes she commented that she could taste the vaccine-5 minutes later said her tongue felt fuzzy-checked no enlargement-no other symptoms.

VAERS ID: 725070 (history)		**Vaccinated:**	2017-10-12
Form:	Version 1.0	**Onset:**	2017-10-13
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2017-11-02
Location:	Vermont	**Days after onset:**	20
		Entered:	2017-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) /	255C4 /	

GLAXOSMITHKLINE BIOLOGICALS	UNK	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Sore arm for two months, hasn''t had a flu shot since then~Influenza (Seasonal) (no brand name)~UN~0.00~Patient
Other Medications:
Current Illness: None
Preexisting Conditions: None that knows of
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported this year her arm was so sore she believes it was bursitis. She had to have physical therapy to loosen up arm. (She said 10 yrs ago it was sore for 2 months). Did not report this on consent form as a previous reaction. Hasn''t had a flu shot for 10 years.

VAERS ID:	725038 (history)	**Vaccinated:**	2017-11-02
Form:	Version 2.0	**Onset:**	2017-11-02
Age:	73.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M0370533 / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site mass, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Lisinopril; Multi Vitamins; Aspirin
Current Illness: N/A
Preexisting Conditions: Hypertension
Allergies: N/A; We have added PNEUMOVAX 23 to allergy list
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given PNEUMOVAX 23. Patient went home and a few hours later called in stating his arm had a softball size lump below the injection site. He came back to the office and we had given him ice and evaluated him. Patient was instructed to go home and take 2 BENADRYL before bedtime and put ice on the softball size lump. Patient came in the following day for follow up on injection site. Patients arm didn"t have the softball size lump but the swelling had moved down the inside of his arm and was slightly red. Patient was advised to keep an eye on the swelling and if anything else became worse to go to Urgent Care over the weekend.

VAERS ID:	725778 (history)	**Vaccinated:**	2017-10-09
Form:	Version 2.0	**Onset:**	2017-10-13
Age:	73.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Headache, Malaise, Nausea, Rash, Tremor
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: onset of rash
Preexisting Conditions: fibromyalgia, arthritis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, nausea, weakness, shakiness from about 4-5 days after immunization. Immunization date is estimated, as vaccination was administered at primary care office "about a month ago." Malaise persists and nausea is improved but persists. Since flu vaccination pt had 3 visits with different providers at primary care. Pt was told the rash was "not hives." Rash persists & she will go to dermatology today. Upon my request that practice submit a VAERS report, I learned there is no documentation of any adverse events, rash began before the vaccine was administered and other symptoms are not documented.

VAERS ID:	726254 (history)	**Vaccinated:**	2017-10-10
Form:	Version 2.0	**Onset:**	2017-10-12
Age:	63.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	C559A / N/A	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Did receive cortisone shot 2 days after
Current Illness: unknown
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient stated that a couple of days after he received the FLUARIX vaccine his face got bright bright red like a hot flash. This would come and go and lasted for approximately a week before it went away. Patient stated they had also received a cortisone shot within a few days of receiving FLUARIX. Patient stated they went in to see their doctor and the doctor thought it was most likely due to the flu vaccine. No treatment needed. Symptoms cleared up completely after

approximately a week. Patient stated they had never had a reaction like this to the flu vaccine.

VAERS ID:	726474 (history)	**Vaccinated:**	2017-10-20
Form:	Version 2.0	**Onset:**	2017-10-20
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	L029073 / UNK	- / -
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	LZ972 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: not applicable
CDC Split Type:
Write-up: Pt was inadvertently administered an expired PNEUMOVAX 23 on 10/20/2017 (NDC 0006-04943-01 lot # L029073, expired on 04/19/2017). Spoke to staff/state immunization program, she states vaccine viability is a concern and pt will need to be revaccinated at next visit. Pt has appt scheduled for 12/20/2017. Pt will be advised at appointment as we need Translator to communicate with pt. Provider aware and ok with this plan.

VAERS ID:	726570 (history)	**Vaccinated:**	2017-10-26
Form:	Version 2.0	**Onset:**	2017-11-01
Age:	37.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-14

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	572KT / N/A	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Loss of personal independence in daily activities, Nausea, Pain, Pain in extremity, Sleep disorder
SMQs:, Acute pancreatitis (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ranitidine; ADVIL
Current Illness: none
Preexisting Conditions: none
Allergies: sulfa antibiotics
Diagnostic Lab Data: none as of yet.
CDC Split Type:
Write-up: Patient reported normal arm soreness the immediate days following vaccination. However the soreness developed into sharp pains when moving her arm. She gets a nauseating feeling during the pain. The pain is so bad that she has a hard time sleep on that arm during the night for it wakes her up. This developed within a week of getting the shot and has not abated. The patient does state it is starting to interfere with daily life. Patient does plan on following up this week with her primary care doctor.

VAERS ID:	726796 (history)	**Vaccinated:**	2017-10-05
Form:	Version 2.0	**Onset:**	2017-10-05
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	9M3F7 / 1	LA / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Injection site pain, Mobility decreased
SMQs:, Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paxil & birth control
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Arm soreness at site of injection. Over a month later the arm is still sore. Can''t lift objects above head or across body.

VAERS ID:	726797 (history)	**Vaccinated:**	2017-10-05
Form:	Version 2.0	**Onset:**	2017-10-05
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	9M3F7 / 1	RA / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Injected limb mobility decreased, Injection site pain, Insomnia, Loss of personal independence in daily activities, Muscular weakness, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Allegra D; Birth Control (generic for Ortho-tri-cyclin; Woman''s Multi-vitamin; Wellbutrin
Current Illness: None
Preexisting Conditions: None
Allergies: Ciprofloxacilin & Clindamycin Benzolyl
Diagnostic Lab Data: Physical Therapy started 11/13 and scheduled 2 days/week for a few

weeks to see if it will help. MRI scheduled for 12/12/17 if still in pain.
CDC Split Type:
Write-up: I have gotten the flu shot for years and usually have arm pain for a day or two after and then it subsides. This time the pain started in the afternoon of the shot and got so bad I couldn''t lift my arm. The pain did not go away within a few days and has proceeded to get worse 6 weeks later. My arm is weak, the pain is causing trouble sleeping for the past few weeks. I can''t lift my arm without pain and activities have been limited (including getting dressed and driving). The pain is in my upper arm that I got the shot in and started the afternoon of the shot. Pain is sometimes in muscle and others closer to the shoulder. I tried Aleve, Advil, Tylenol, etc but none helped. Went to my Primary care who recommended starting with physical therapy. If it''s not better I am scheduled for an MRI on 12/12. PMC said that the injection could have been too high in either the joint or bursa, but not 100%.

VAERS ID:	726806 (history)	**Vaccinated:**	2017-10-19
Form:	Version 2.0	**Onset:**	2017-10-19
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI882AA / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No meds
Current Illness: None
Preexisting Conditions: None
Allergies: Epinephrine = syncope
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Seen at Doctor''s office on 10/26/17. Has had daily fevers since 10/19/17 as high as 102. Denies any other symptoms other than chills and fatigue.

VAERS ID:	726941 (history)	**Vaccinated:**	2017-10-05
Form:	Version 2.0	**Onset:**	2017-10-06
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	9M3F7 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Arthralgia, Drug administered at inappropriate site, Joint range of motion decreased, Limb discomfort, Pain, Pain in extremity, Periarthritis, Sleep disorder
SMQs:, Drug abuse and dependence (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: WELLBUTRIN
Current Illness: no illnesses
Preexisting Conditions: M.S. (asymptomatic)
Allergies: AMOXIL, sulfa drugs, MACROBID
Diagnostic Lab Data: P.T. assessment reveals possible bursa damage from needle improperly inserted.; ortho appt on 11/28 for further details; Testing is ongoing and ortho visit pending, future MRI possible
CDC Split Type:
Write-up: Vaccine was administered higher on my arm than usual; first 24 hours/through the night arm was heavy and sore and continued through the next day. Pain settled deep into the shoulder joint. Range of motion restricted and painful--most acutely upon external rotation. Initial assessment by primary physician (10/19/17) dx as "frozen shoulder" and referred to Orthopedist (pending 11/28/17) and physical therapy (11/6; 11/10; 11/16). Two prescriptions of prednisone (20 mgx3; 8 days taper); nightly ice compress. Pain lessens when taking prednisone but otherwise can be excruciating; sleep interrupted by not being able to move without pain.

VAERS ID:	727107 (history)	**Vaccinated:**	2017-10-31
Form:	Version 2.0	**Onset:**	2017-11-04
Age:	79.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA3: INFLUENZA (SEASONAL) (FLUAD) / NOVARTIS VACCINES AND DIAGNOSTICS	179401 / N/A	LA / SC

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: HTN
Allergies: n/a
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: She had redness, swelling, and a nurse at the local health center thought maybe a cellulitis.

VAERS ID:	727416 (history)	**Vaccinated:**	2017-10-19
Form:	Version 2.0	**Onset:**	2017-10-20
Age:	33.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI829AA / UNK	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Pain in extremity, Sleep disorder
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Mild thalassemia
Allergies: Amoxicillin
Diagnostic Lab Data: None so far.
CDC Split Type:
Write-up: Patient had initial soreness in arm, originally thought it was the normal soreness associated with a flu shot. Over the next few weeks has progressively gotten worse. According to patient PCP thought there was some swelling and bruising underneath in the arm muscle, but no bruising or obvious swelling could be observed by just looking at arm. Patient reported still being sore and having difficulty with arm towards end of work day and pain/soreness has affected her sleep.

VAERS ID:	728805 (history)	**Vaccinated:**	2017-11-14
Form:	Version 2.0	**Onset:**	2017-11-14
Age:	66.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-11-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Blood test, Injection site reaction, Periarthritis, X-ray
SMQs:, Arthritis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: choline, 8 mg aspirin (1), Occuvite, multi-vitamin, acidophilus,lysine
Current Illness: none
Preexisting Conditions: I have "frozen shoulder" in my right shoulder (site of vaccination), torn rotator cuff in left shoulder as a result of a fall I September of 2017

Allergies: none known
Diagnostic Lab Data: x-ray, blood test performed 11/18/2017
CDC Split Type:
Write-up: Frozen shoulder in right shoulder - site of flu shot.

VAERS ID:	728976 (history)	**Vaccinated:**	2017-11-26
Form:	Version 2.0	**Onset:**	2017-11-27
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	N011366 / UNK	LA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site irritation, Injection site swelling, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SPIRIVA; PROAIR
Current Illness:
Preexisting Conditions: COPD
Allergies: Theophylline; LEVAQUIN; TUSSIONEX; Oxycodone Plus APAP(300); ARICEPT
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized reaction - red irritation around injection site with minor swelling. Care Giver put hydrocortisone on area and gave BENADRYL - minor swelling went down - then took to the physician.

VAERS ID:	729044 (history)	**Vaccinated:**	2017-10-19
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	38.0	**Submitted:**	2017-12-01
Sex:	Female	**Entered:**	2017-12-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) /	195234 / 1	

SEQIRUS, INC.		LA / SYR

Administered by: Other **Purchased by:** Public
Symptoms: Injected limb mobility decreased
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Physician Assessment
CDC Split Type:
Write-up: Patient reports decreased arm mobility following flu shot resulting in a need for doctor visit and Physical therapy.

VAERS ID:	729098 (history)	**Vaccinated:**	2017-10-10
Form:	Version 2.0	**Onset:**	2017-10-10
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	5GC54 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Drug administered at inappropriate site, Injection site pain
SMQs:, Drug abuse and dependence (broad), Extravasation events (injections, infusions and implants) (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: none
Allergies: Sulfa
Diagnostic Lab Data: unknown
CDC Split Type:
Write-up: Patient reported pain in shoulder almost immediately after injection. She stated that she felt that the injection was given to high in the deltoid, nearly in the joint. She has seen her physician multiple times, has been given a cortisone injection and is currently still in physical therapy for this. She reported this to me today, 12/1/17, as she felt we should know for educational purposes.

VAERS ID:	730025 (history)	**Vaccinated:**	2017-12-08
Form:	Version 2.0	**Onset:**	2017-12-08
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-12-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthma, Burning sensation, Condition aggravated, Dyspnoea, Pneumonitis, Productive cough, Wheezing
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (narrow), Peripheral neuropathy (broad), Interstitial lung disease (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu shots-severe lung infection leading to pnemonia and hospitalization. Not sure about the type of vaccination or the dates. Se
Other Medications: VENTOLIN HFA; Albuterol Sulfate; Cromolyn Sodium Solution; Theophyline.
Current Illness: Severe Asthma
Preexisting Conditions: Severe Asthma
Allergies: Opiates; narcotics; steroids; RAW-NON-ORGANIC: apples; peaches; plums; cherries; almonds; bean and alfalfa sprouts; carrots.
Diagnostic Lab Data: Clinic closed over the weekend.
CDC Split Type:

Write-up: Lungs filled up with phlegm within two hours of receiving injection. Wheezing, trouble breathing, inflammation in lungs-slight burning feeling. Exacerbation of asthma symptoms.

VAERS ID:	730665 (history)	**Vaccinated:**	2017-12-11
Form:	Version 2.0	**Onset:**	2017-12-11
Age:	65.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-12-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R75238 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Injection site erythema, Injection site pain, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Fever, chills, HA following
Other Medications: HCTZ; nortriptyline; omeprazole; amoxapine; lisinopril; simvastatin
Current Illness: None
Preexisting Conditions: PVD
Allergies: Tdap
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, headache, muscle ache, redness/tenderness at injection site.

VAERS ID:	731264 (history)	**Vaccinated:**	2017-12-13
Form:	Version 2.0	**Onset:**	2017-12-13
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	- / 1	RA / SYR
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Feeling abnormal, Injection site swelling, Insomnia, Myalgia, Pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DIOVAN, CELEXA, vitamin D, LANTUS, glimiperide
Current Illness:
Preexisting Conditions: Sleep apnea, diabetes, high BP, high cholesterol
Allergies: Penicillin, sulpha
Diagnostic Lab Data:
CDC Split Type:
Write-up: The night of having the shot my arm was throbbing severely, couldn''t even sleep it hurt so much. Very swollen around the injection site also. After a few days the pain was gone but I have not felt right since having it. Very foggy brained and not feeling all there. And so run down and exhausted I cannot wake up. It has been a week now since having it and still feeling the same. A lot of all body muscle pain also.

VAERS ID:	731594 (history)	**Vaccinated:**	2017-12-19
Form:	Version 2.0	**Onset:**	2017-12-19
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N027624 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Skin reaction
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: no
Preexisting Conditions: Hypothyroidism
Allergies: DEMEROL, Sulfa, Penicillin, Oxycodone
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local skin reaction measuring 5X7cm.

VAERS ID:	731792 (history)	**Vaccinated:**	2017-11-27
Form:	Version 2.0	**Onset:**	2017-11-27
Age:	0.33	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-12-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	92443 / UNK	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI804AA / UNK	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	S35326 / UNK	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	M043836 / UNK	MO / PO

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature increased, Diarrhoea, Irritability, Nasopharyngitis, Product storage error, Upper respiratory tract infection, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Noninfectious diarrhoea (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: Prophylaxis
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131711USA011910
Write-up: This spontaneous report was received from an immunization coordinator referring to a patient of unknown age and gender. No information about the patient''s medical history, concurrent conditions and concomitant medications was provided. On 27-NOV-2017, the patient was vaccinated with an improperly stored dose of ROTATEQ (lot # M043836 with an expiration date in 17-JUN-2018) orally for prophylaxis. The vaccine was exposed to temperature excursion of 28.1 degrees Celsius for 48 hours. Data logger was involved. There was no previous temperature excursion. No adverse effects were reported. Follow-up information has been received from the physician on 05-DEC-2017, referring to the 4 months old female patient. The patient had no brothers or sisters. There was no illness at time of vaccination. On 27-NOV-2017, the patient was vaccinated with ROTATEQ (lot # N005972). On the same day, the patient was vaccinated with other suspect therapies, including hib conj vaccine (unspecified carrier) (lot# UI804AA, intramuscular, at Right Vastus Laterali (RVL)), PEDIARIX (lot # 92443, intramuscular, RVL) and PREVNAR 13 (lot # S35326, intramuscular, Left Vastus Lateralis (LVL)). The vaccines later found to have been stored outside of accepted temperature range due to faulty thermostat on fridge. On the same day, upper respiratory infection (URI) was evident at time of Well-Child Care (WCC). The next day (on 28-NOV-2017), the patient had elevated temperature maximum 101 (unit not provided), vomited one time and had some diarrhea. The patient was fussier next few days, and developed cold symptoms. They did not want to repeat the vaccines but would continue as usual schedule. There was no prescription drug treatment for the experienced required. The outcome of the events was unknown. The causality between the suspect therapies and the events was unknown.

VAERS ID:	732030 (history)	**Vaccinated:**	2017-11-14
Form:	Version 2.0	**Onset:**	2017-11-28
Age:	78.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2017-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI882AA / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Musculoskeletal pain
SMQs:, Rhabdomyolysis/myopathy (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Gabapentin, metformin, levothyroxine, aspirin
Current Illness: none
Preexisting Conditions: hypothyroid, elevated blood pressure, endophthalmitis, osteopenia
Allergies: shellfish allergy
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt tolerated vaccine well, later complains of shoulder pain for last 6 weeks since vaccine.

VAERS ID:	732957 (history)	**Vaccinated:**	2018-01-06
Form:	Version 2.0	**Onset:**	2018-01-07
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N023651 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Eye swelling, Injection site erythema
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling of both eyes. Red area on left arm down from the injection site.

VAERS ID: 733614 (history)		**Vaccinated:**	2018-01-03
Form:	Version 2.0	**Onset:**	2018-01-04
Age:	58.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M037533 / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin; QVAR; FLOVENT; VENTOLIN
Current Illness: none noted
Preexisting Conditions: asthma, obesity, osteoarthritis
Allergies: amoxicillin, codeine, oxycodone
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient had a hive reaction that began the day after patient had the injection, no other symptoms.

VAERS ID: 735070 (history)		**Vaccinated:**	2018-01-24
Form:	Version 2.0	**Onset:**	2018-01-24
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N012127 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Insomnia, Pain, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Cymbalta, Ventolin HFA
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Penicillin/Clindamycin/Penicillin/Cephalosporins/Quinolones/Statins/Sulfonamides
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain starting at injection site that worsen and developed to include the arm and left side of her torso making sleeping difficult. Per patient, no redness or rash.

VAERS ID:	735079 (history)	**Vaccinated:**	2018-01-07
Form:	Version 2.0	**Onset:**	2018-01-08
Age:	4.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	- / UNK	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Cold urticaria, Cough, Pyrexia, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None and no family history
Diagnostic Lab Data: None. Dr recommends allergist given we are on to week 3
CDC Split Type:
Write-up: Hives on hands and feet triggered when she went outside in cold 24 hours later. Continued on and off for several days, not severe but noticeable for a child who hadn''t been sick for 3 years straight. Would go away on own. Into third week and she developed a cough and got

hives again and also fevers.

VAERS ID:	735322 (history)	**Vaccinated:**	2017-09-21
Form:	Version 2.0	**Onset:**	2017-09-21
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U5913A / UNK	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R70448 / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Injection site pruritus, Insomnia
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TOPAMAX; ADVIL; PROAIR; SYMBICORT; FLONASE
Current Illness: Acute URI 8/12/2017
Preexisting Conditions: Asthma; leiomyoma of uterus; sinusitis; nodule (R) lung
Allergies: Morphine; DEMEROL; PERCOCET; PHENERGAN
Diagnostic Lab Data: None - pt. refused follow up assessment
CDC Split Type:
Write-up: Pt reports: "I received my flu and pneumonia shots on my left arm, it was excruciating that same day, and has been hurting ever since. Some days don''t bother me much at all, but in general it is bothersome all the time. Some days it is just itchy, some days just hurts, sometimes so badly cannot sleep on that side. Says can still feel exactly where the injections were given". Denies redness or swelling at sites.

VAERS ID:	735957 (history)	**Vaccinated:**	2017-12-07
Form:	Version 2.0	**Onset:**	2017-12-10
Age:	55.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-02-01

Vaccination / Manufacturer	Lot / Dose	Site /

		Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT5954LA / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Angiotensin converting enzyme, Antibody test negative, Asthenia, Balance disorder, CSF test normal, Cerebral venous thrombosis, Cervical radiculopathy, Coagulation test, Computerised tomogram head abnormal, Confusional state, Culture negative, Diplopia, Disturbance in attention, Haematology test normal, Headache, Injection site pain, Loss of personal independence in daily activities, Lumbar puncture, Mental status changes, Musculoskeletal stiffness, Nausea, Noninfective encephalitis, Nuclear magnetic resonance imaging, Pain, Pain in extremity, Polymerase chain reaction, Scan with contrast, Serology negative, Speech disorder, Subdural effusion, VIth nerve paralysis, Venogram, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Ischaemic central nervous system vascular conditions (narrow), Dementia (broad), Embolic and thrombotic events, venous (narrow), Dystonia (broad), Parkinson-like events (broad), Thrombophlebitis (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (narrow), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Ocular motility disorders (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 7 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: COLESTID; B complex vitamins, Vitamin D, Vitamin C
Current Illness: None
Preexisting Conditions: Familial hyperlipidemia
Allergies: Pravastatin (felt ill)
Diagnostic Lab Data: CT studies of the brain with and without contrast 12/25, 12/27, 12/28 and 12/29. MRI studies with and without contrast 12/25,12/29, 12/30 and 1/18. MRI venogram 12/26. Lumbar puncture 12/27. Multiple studies including cultures, PCR and antibody studies for wide variety of infectious agents (all negative), hypercoagulability studies, CSF ACE determination (normal), multiple hematologic, serum studies, all unremarkable. No etiologic agent for these events found except for proceeding immunization. No prior history of thromboembolic episodes for this patient or his family.
CDC Split Type:
Write-up: 12/7/2017 received immunization. 12/10/2017 noted right arm immunization site extremely sore and developed severe headache, nausea, vomiting, stiff neck, pain radiating down into right shoulder and arm especially with head movement. 12/13/2017 developed diplopia with

worsening of all symptoms. Around 12/23 experiencing global weakness, mental status changes, confusion, difficulties of concentration, speech and balance. Completely incapacitated by 12/25 when he presented to the emergency department. CT of brain completed with evidence of acute right cortical vein thrombosis. Transferred emergently to another Hospital. He underwent intensive workup confirming right posterior, parietal and frontal cortical vein thrombosis with associated subarachnoid and subdural inflammation with effusions. Left complete sixth cranial nerve palsy. Evidence of right cervical neuralgia. Hospitalized 12/25-12/31/2017. Symptoms slowly improving except for a sixth nerve palsy which is unchanged.

VAERS ID:	736004 (history)	**Vaccinated:**	2017-11-20
Form:	Version 2.0	**Onset:**	2017-11-20
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	195223 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: mulit-vitamin
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None as of yet as I would have to pay out of pocket for any tests.
CDC Split Type:
Write-up: Severe to moderate pain in left arm depending on movement.

VAERS ID:	736562 (history)	**Vaccinated:**	2018-01-22
Form:	Version 1.0	**Onset:**	2018-01-23
Age:	4.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2018-02-02
Location:	Vermont	**Days after onset:**	10
		Entered:	2018-02-07
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT5954JA / 4	LA / UN

Administered by: Private **Purchased by:** Public
Symptoms: Asthma, Condition aggravated, Injection site erythema, Injection site pain, Injection site swelling, Pyrexia, Respiratory symptom
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Swelling of leg~Influenza (Seasonal) (no brand name)~1~0.00~Patient
Other Medications: FLOVENT; PROAIR inhalers
Current Illness: Developed cough and fever that night
Preexisting Conditions: Had similar reaction to flu vaccine in 2017
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling of entire upper arm, with redness, tenderness and fever. Started evening of vaccine administration. Seen in office 2 days later, difficult to tell whether cellulitis or severe local reaction. Then developed respiratory symptoms triggering his asthma.

VAERS ID:	736750 (history)	**Vaccinated:**	2018-02-08
Form:	Version 2.0	**Onset:**	2018-02-08
Age:	0.5	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	531241 / 1	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash generalised
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NA
Current Illness: None at the time of vaccination; 2/2/18: Unilateral otitis media
Preexisting Conditions: NA
Allergies: NA
Diagnostic Lab Data: None at this time
CDC Split Type:
Write-up: Symptoms: Full body rash that started on his abdomen upon getting home from the office visit and spread. Treatment: Watch and wait.

VAERS ID:	736835 (history)	**Vaccinated:**	2018-02-08
Form:	Version 2.0	**Onset:**	2018-02-08
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-02-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	3Z4KL / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hypersensitivity, Hypoaesthesia oral, Injection site pain, Injection site paraesthesia, Injection site warmth
SMQs:, Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None Known
Current Illness: No illness reported
Preexisting Conditions: Hypertension
Allergies: Latex Allergy
Diagnostic Lab Data: None
CDC Split Type:
Write-up: After 5 minutes of receiving the vaccination, the patient complained of a warm, tingly sensation at the site of injection (normal reaction) but then added that her lips felt numb, which was puzzling to me. After consulting drug reference materials and the package insert, there was no mention of "numbing" sensations. It was possible that she was experiencing an allergic reaction so I sat with her and kept her talking to keep her relaxed and calm. I then asked her specific questions regarding the areas of affect including "Does it feel as though your tongue is swelling" and "Have you noticed a change in your heart rate or breathing pattern?" She answered no to both of those questions. I had her remain seated for approx. 30min following the vaccination to watch for signs of worsening symptoms or anaphylaxis to which there were none. I had the patient stand up and she said she felt fine except for local pain at the injection site (normal) and the numb lips (abnormal). I let her go home and told her that if anything changed or worsened that she needed to call me or her PCP. Around 4:30pm or so, she had contacted her PCP''s office and talked with the Triage nurse who contacted me for more information. We then collaborated on possible reasons for her adverse reaction including her latex allergy (I wasn''t using latex gloves and all of the materials used in the vaccination were all latex-free) but ruled everything else out except for a generally mild (but alarming to the patient) allergic reaction. The Triage nurse then told the patient to report to the ER should she find her symptoms worsening or anything else that felt abnormal. The Triage nurse was then going to contact the patient in the morning to follow up. The following morning (2/9/18), the patient reported that she was fine and that everything was normal again.

VAERS ID:	739292 (history)	**Vaccinated:**	2018-02-26
Form:	Version 2.0	**Onset:**	2018-02-28
Age:	5.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AF543 / 1	RL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	N023965 / 2	LL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Hypersensitivity, Induration, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow),

Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Was seen in ER 2/28/18
CDC Split Type:
Write-up: Localized hypersensitivity reaction, red, swollen, hot, hard.

VAERS ID:	739320 (history)	**Vaccinated:**	2018-02-02
Form:	Version 2.0	**Onset:**	2018-02-02
Age:	1.25	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C5230AA / 4	- / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT5949KA / 2	- / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	S58703 / 4	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A

Current Illness: None
Preexisting Conditions: None
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: The PENTACEL was incorrectly mixed prior to administration. Two vials of diluent were combined and administered. The vial with the powder Hib was not used.

VAERS ID:	739659 (history)	**Vaccinated:**	2018-02-28
Form:	Version 1.0	**Onset:**	2018-02-28
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2018-03-05
Location:	Vermont	**Days after onset:**	5
		Entered:	2018-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / IM

Administered by: Other **Purchased by:** Private
Symptoms: Asthenia, Chills, Fatigue, Feeling abnormal
SMQs:, Dementia (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine; Mometasone Topical
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US2018035471
Write-up: This case was reported by a consumer via call center representative and described the occurrence of weakness in a 57-year-old male patient who received SHINGRIX. Concomitant products included Levothyroxine and Mometasone Topical. On 28th February 2018 14:00, the patient received the 1st dose of SHINGRIX. On 28th February 2018 20:00, 6 hrs after receiving SHINGRIX, the patient experienced weakness, chills, fuzzy head and fatigue. The patient was treated with TYLENOL. On an unknown date, the outcome of the weakness, chills, fuzzy head and fatigue were not recovered/not resolved. It was unknown if the reporter considered the weakness, chills, fuzzy head and fatigue to be related to SHINGRIX. Additional details were provided as follows: The patient never had a reaction to any vaccine previously. The patient received SHINGRIX in the left deltoid. Three hours before the time of reporting, the patient took TYLENOL and he was feeling better.

VAERS ID:	740272 (history)	**Vaccinated:**	2018-02-19
Form:	Version 2.0	**Onset:**	2018-02-19
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M004328 / UNK	- / SC

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: STERILE DILUENT
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131802USA010985
Write-up: This spontaneous report was received from a pharmacist refers to a patient of unknown age and gender. The patient''s concurrent conditions, medical history, drug reactions and allergies were not reported. The patient''s concomitant medication was reported as sterile diluent. On 19-FEB-2018, the patient was vaccinated with expired dose of VARIVAX (dose, units and frequency not reported) (lot # M004328 and expiration date: 26-JAN-2018) subcutaneously. No adverse effects and no additional information was provided. No product quality complaint was involved. Follow-up information was received from a registered nurse on 01-MAR-2018. The reporter confirmed that the patient did not experience any redness, swelling or fever and that the medication error happened during the dispensing and administration processes. Additionally, the reporter stated that the adverse events were previously reported to the doctor as well as the manufacturer and reported the expiration date for VARIVAX as 24-JAN-2018 with no digital data logger involved.

VAERS ID:	740714 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-03-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / UN

Administered by: Public **Purchased by:** ?
Symptoms: Blister, Decreased immune responsiveness, Herpes zoster, Rash vesicular
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131803USA004856
Write-up: Information has been received from a lawyer regarding a case in litigation concerning a female patient (age unknown). The patient''s medical history, concurrent conditions and concomitant medication use were not provided. During 2008, the patient was vaccinated with ZOSTAVAX, (lot# and route unknown) as recommended for routine adult health maintenance and for the prevention of shingles. The vaccine did not prevent shingles as intended, but rather caused the patient to contract a persistent strain of herpes zoster. During 2016, the patient was treated by a physician for a blistering vesicular outbreak and decreased immune symptoms which was then diagnosed as severe herpes zoster, or shingles. As a direct and proximate result of these malfunctions, the patient suffered painful injuries and damages, and required extensive medical care and treatment. As a further proximate result, the patient has suffered and will continue to suffer significant medical expenses, and pain and suffering, and other damages. Additional information has been requested.

VAERS ID:	740756 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2018-03-14
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** ?
Symptoms: Decreased immune responsiveness, Herpes zoster, Rash vesicular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Routine health maintenance
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131803USA004749
Write-up: This initial spontaneous report was received from a lawyer regarding a case in litigation and refers to a male patient of unknown age. Medical history, concurrent conditions, and concomitant medications were not provided. During 2016, the patient was inoculated (by an unspecified healthcare professional person) with ZOSTAVAX at a health care center as recommended for routine adult health maintenance for the prevention of shingles (dose, route of administration, site of administration and lot # were not provided). The vaccine did not prevent shingles as intended, but rather caused the patient to contract a persistent strain of herpes zoster. During 2016, the patient was treated (by an unspecified healthcare professional) at a physicians" practice for a persistent and severe vesicular rash accompanied by weakened immune symptoms which was diagnosed as herpes zoster, or shingles. As a direct and proximate result of these malfunctions, the patient suffered painful injuries and damages, and required extensive medical care and treatment. As a further proximate result, the patient has suffered and will continue to suffer significant medical expenses, and pain and suffering, and other damages. The outcome of the events was unknown. The lawyer felt the events were related to ZOSTAVAX. Additional information has been requested.

VAERS ID:	743156 (history)	**Vaccinated:**	2018-02-21
Form:	Version 2.0	**Onset:**	2018-02-22
Age:	0.17	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / IM
HIBV: HIB (PEDVAXHIB) / MERCK & CO. INC.	- / UNK	- / IM

PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Death, Unresponsive to stimuli
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2018-03-01
Days after onset: 7
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 8 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Found unresponsive the next morning face down in bassinet. Survived unresponsive ~ 1 week.

VAERS ID:	743765 (history)	**Vaccinated:**	2018-04-04
Form:	Version 2.0	**Onset:**	2018-04-05
Age:	23.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	M043424 / 7+	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, C-reactive protein increased, Computerised tomogram, Injection site erythema, Injection site oedema, Injection site pain, Injection site warmth, Localised oedema, Mobility decreased, Pain in extremity, Pyrexia, Skin warm, Tachycardia, Tenderness, Vomiting, White blood cell count increased
SMQs:, Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Extravasation events (injections, infusions and implants)

(broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations: LOCALIZED REACTION TO FLU VACCINES
Other Medications: SINGULAIR, APRI, MULTIVITAMIN, PROAIR, LORATIDINE, DULERA
Current Illness: NONE
Preexisting Conditions: ASTHMA
Allergies: BACTRIM, SULFA, ANIMAL DANDER, POLLEN
Diagnostic Lab Data: CT SCAN, BLOODWORK
CDC Split Type:
Write-up: BY NOON THE DAY AFTER INJECTION, DEVELOPED FEVER, ARM PAIN, COULDN''T LIFT ARM OR BEND ELBOW. VOMITED X 1. EXAM AT ER REVEALED TENDER AREA OF ERYTHEMA OF LEFT LATERAL ARM NEAR DELTOID MUSCLE. WARM TO TOUCH, ELEVATED WBC AND CRP. CT SCAN SHOWED LOCALIZED EDEMA, TACHYCARDIC.

VAERS ID:	744273 (history)	**Vaccinated:**	2018-04-10
Form:	Version 2.0	**Onset:**	2018-04-10
Age:	58.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	B5EK2 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fatigue, Flushing, Lethargy, Pharyngeal oedema, Swollen tongue, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None on file
Current Illness:
Preexisting Conditions:
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Approximately 3 hours of vaccination, patient started to feel that his throat was swollen, tongue was swollen, airway was restricted. Patient felt very tired and lethargic. Patient was flushed. Patient felt this way for several hours. Patient did not take anything to relieve symptoms. Awoke feeling fine.

VAERS ID:	744774 (history)	**Vaccinated:**	2018-03-24
Form:	Version 2.0	**Onset:**	2018-03-24
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	4492P / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal discomfort, Fatigue, Headache, Injection site erythema, Injection site pain, Injection site swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amoxicillin, metoprolol, atorvastatin, pantoprazole
Current Illness: unknown
Preexisting Conditions: Heart disease, GERD
Allergies: cephalosporins, macrolides, morphine, tetracyclines
Diagnostic Lab Data: She did not seek medical attention.
CDC Split Type:
Write-up: Injection site swelled, became red and very sore. She had a fever, stomach upset,

headache (rather severe) and fatigue for 7 days.

VAERS ID:	744919 (history)	**Vaccinated:**	2018-03-30
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	74.0	**Submitted:**	2018-04-18
Sex:	Female	**Entered:**	2018-04-18
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Injection site pain, Rash, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt states received SHINGRIX at Pharmacy 3/30/18. Had 3 days of intense muscle pain at site and red rash on both hands. Initially thought to be a reaction to MOBIC. See by PCP and questions reaction to SHINGRIX.

VAERS ID:	745489 (history)	**Vaccinated:**	2018-04-20
Form:	Version 2.0	**Onset:**	2018-04-21
Age:	68.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N025384 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cellulitis

SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol and Benadryl after the symptoms started.
Current Illness: None
Preexisting Conditions: Osteoarthritis, Hyperlipidemia, ED
Allergies: Levaquin, Oxycodone, Robaxin, Zoloft, Zithromax, Doxycycline
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm cellulitis seen on 4/23/18 and prescribed a 10 day course of Cephalexin.

VAERS ID:	746175 (history)	**Vaccinated:**	2018-04-24
Form:	Version 2.0	**Onset:**	2018-04-25
Age:	70.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	HG4P3 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Feeling abnormal, Injection site hypersensitivity, Injection site reaction, Injection site swelling, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient started to experience a low grade fever, joint pain, and nausea starting the morning after receiving the vaccination. The low grade fever was around 99 degrees and ended the evening of the 26th. The joint pain and nausea is still continuing as of the 27th. She also stated that her arm is red and swollen around the injection site. In addition to these she experienced feeling disconnected in a manner similar to a light switch flicking on and off. She said she feels something similar when withdrawing from her venlafaxine (she stated that she is still taking the venlafaxine daily, so it is not from actual withdrawal). She went to the doctors on the morning of the 27th and was told to take some BENADRYL for the allergic reaction on her arm and to take TYLENOL or Ibuprofen for the joint pain whichever she preferred.

VAERS ID:	746652 (history)	**Vaccinated:**	2018-04-24
Form:	Version 2.0	**Onset:**	2018-04-27
Age:	79.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	4492P / UNK	UN / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Muscle spasms, Rash
SMQs:, Anaphylactic reaction (broad), Dystonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: metoprolol; allopurinol; diltiazem; furosemide; levothyroxine; lovastatin; potassium; vitamin E; calcium with D
Current Illness: None
Preexisting Conditions: Heart failure; Hypercholesterolemia; Hypothyroid; Afib
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 60 hours post vaccine developed severe muscle spasms. Left arm, back and neck which lasted for about 24 hours. Also developed rash on back.

VAERS ID: 747124 (history)		**Vaccinated:**	2018-04-19
Form:	Version 2.0	**Onset:**	2018-04-19
Age:	66.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N003993 / UNK	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Fatigue, Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth, Oesophageal discomfort, Pain
SMQs:, Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Asthma; Blood pressure high; Cholesterol levels raised; Congenital spinal stenosis; Seasonal allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131804USA010028
Write-up: This spontaneous report was received from a 66 year old male physician referring to himself. With concurrent conditions of asthma, hypertension, increased blood cholesterol, congenital spinal stenosis and seasonal allergy, additionally the patient was vaccinated with PREVENAR 13, 14 months ago. No other medical history, concurrent conditions, drug reactions/allergies and concomitant medications were not provided. On 19-APR-2018, the patient was vaccinated with PNEUMOVAX 23 lot # N003993, expiration date 20-OCT-2018, (strength was not reported) in the left arm for prophylaxis. On the same date, within a few hours after the vaccine, the patient reported he began to experience pain, warmth, swelling and redness in the left arm within a few hours after receiving the PNEUMOVAX 23, and 5 to 6 hours after receiving the vaccination the symptoms extended to his left bicep. On 20-APR-2018, the patient experienced fatigue. The reporter stated that the pain, redness, swelling at the injection site "progressed from the antecubital fossa to the anterior, medial aspect" of his left elbow on 21-APR-2018. On the same date, the physician reported the pain from his left shoulder to the left clavicle. The pain from his left clavicle extended to the mediastinum that increased in severity when he was lying down. The physician reported he began to experience chills and esophageal discomfort that made it difficult to eat and drink. On 21-APR-2018, the patient took 80 mg of prednisone (unknown

manufacturer) and on 22-APR-2018, he took 60 mg of prednisone (unknown manufacturer). No lab tests were performed to the patient. The outcome of generalized pain, oesophageal discomfort, fatigue, injection site warmth, swelling and erythema was reported as recovering, "reported as symptoms improved by 50%". The outcome of chills was reported as recovered. The reporter considered the events to be serious due to disability. The causality between the events and the therapy was not reported.

VAERS ID:	747329 (history)	**Vaccinated:**	2018-04-28
Form:	Version 2.0	**Onset:**	2018-04-29
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Chills, Immediate post-injection reaction, Influenza like illness, Injection site bruising, Injection site discolouration, Injection site erythema, Injection site pain, Injection site swelling, Malaise, Pyrexia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu shot
Other Medications: levothyroxine; vitamin D; vitamin C; LUNESTA; losartan potassium; HCTZ; multivitamin; UBIQUINOL; fish oil
Current Illness: None - very healthy
Preexisting Conditions: Borerline hypertension; Hypothyroid
Allergies: Adverse reactions - not true allergies to tetanus, flu shot, statins
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Immediate deep and intense pain in upper R arm at injection site, then 24 hours later, almost to the minute, spiked a fever to 99.9 deg., chills, felt as if I was coming down with the flu - weak, and general malaise. That lasted for 18 hours then just significant widespread swelling in my upper arm with a reddened three petaled area - looked like the bio-hazard symbol. One full week later, it still hurts and the bruise from the injection is just yellowing-out, but it is still tender to the touch.

VAERS ID: 747960 (history)		**Vaccinated:**	2018-05-02
Form:	Version 2.0	**Onset:**	2018-05-03
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	CH2X7 / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fatigue, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 1 sleep aid night of vaccine, regular vitamins
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: On the day after the vaccine I developed muscle aches, mostly in arms and hands as well as extreme fatigue. The muscle aches went away after two days and the fatigue lasted 4 days. I was told by the very goo pharmacist about the possible side effects. Having such fatigue is most likely an exception. I will make plans to be home and resting for the 4 days after my 2nd round of the Recombinant Zoster vaccine.

VAERS ID: 748620 (history)		**Vaccinated:**	2018-05-10
Form:	Version 2.0	**Onset:**	2018-05-14
Age:	0.58	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	HY2G7 / 2	LL / IM

Administered by: Private **Purchased by:** ?

Symptoms: Diarrhoea, Injection site nodule, Injection site swelling, Irritability
SMQs:, Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient had diarrhea and was fussy that night. That subsided over the next 12-24 hours. However, then 3 days later (yesterday) the patient developed a small nodule at the site of the injection. He has remained well-appearing without signs of lethargy or infection, just the small swelling near the injection site.

VAERS ID:	749199 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-05-18
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** ?
Symptoms: Blister, Herpes zoster, Rash vesicular
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness: Routine health maintenance
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131805USA005995
Write-up: Information has been received on 14-MAY-2018 regarding a case in litigation from a lawyer and a female consumer of unknown age. The patient''s concurrent conditions, medical history and concomitant medications are unknown. During 2013, the patient was inoculated with ZOSTAVAX (lot number and expiration unknown) unknown route at a free clinic as recommended for routine adult health maintenance and for the prevention of shingles. The vaccine did not prevent shingles as intended, and the patient subsequently contracted a persistent strain condition of herpes zoster. During June 2016, the patient was treated for a blistering vesicular outbreak, which was diagnosed as herpes zoster, or shingles. As a direct and proximate result of the ZOSTAVAX and/or despite receiving the ZOSTAVAX for long-term prevention of shingles, the patient suffered painful injuries and damages, and required extensive medical care and treatment. As a further proximate result, the patient has suffered and will continue to suffer significant medical expenses and pain and suffering and other damages. Additional information has been requested.

VAERS ID:	749223 (history)	**Vaccinated:**	2018-04-19
Form:	Version 2.0	**Onset:**	2018-04-20
Age:	66.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	N003993 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site swelling, Systemic inflammatory response syndrome
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tumour lysis syndrome (broad), Sepsis (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril
Current Illness: Asthma
Preexisting Conditions: Asthma
Allergies: Insulin; banana

Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Pt was okay at the time of the injection. The following day he experienced swelling at injection site and a systematic inflammatory response. Pt is a medical doctor so did not seek medical attention from his PCP and took care of treatment on his own. He is now following up with his doctor and an immunologist to pursue further treatment and investigation.

VAERS ID:	749603 (history)	**Vaccinated:**	2018-05-17
Form:	Version 2.0	**Onset:**	2018-05-17
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Decreased appetite, Dizziness, Fatigue, Respiration abnormal
SMQs:, Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Vestibular disorders (broad), Respiratory failure (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: hydrocholothiazide Losartan Potassium 100 mg Doxasozin Mesylate 1.5 mg. calcium turmeric vitamin D 200 mgs.
Current Illness: none
Preexisting Conditions: Rheumatoid arthritis for 36 years. Just had to go off methotrexate due to high liver panel since Nov/Dec. Rheumatologist wanted this 1st, due to that and long time low WBC. For this reason I STRONGLY FEEL OTHERWISE HEALTHY PEOPLE ON MED SWITCHES, LIKE ME, NEED A LOWER DOSE!!!!! OR, THAT AMOUNT OVER 3 INJECTIONS. Why do I, at 130 lbs., get what a 210 man gets??
Allergies: ENBREL, ORENCIA, penicillin, BACTRIM,
Diagnostic Lab Data: not necessary, not life threatening.
CDC Split Type:
Write-up: 1st 18 hrs. - exhaling very deeply, almost labored, lightheaded, fatigued, SHIVERING, loss of appetite. On couch or bed all day. Next 12 hrs- same but shivering and heavy exhale stopped.

VAERS ID: 749948 (history)		**Vaccinated:**	2018-05-14
Form:	Version 2.0	**Onset:**	2018-05-22
Age:	1.25	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	NO26O71 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on right thigh were she had the injection.

VAERS ID: 749963 (history)		**Vaccinated:**	2018-05-14
Form:	Version 2.0	**Onset:**	2018-05-23
Age:	1.25	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	N026071 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin-D pediatric
Current Illness: none
Preexisting Conditions: labial adhesion, acquired
Allergies: no known allergies reported
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash.

VAERS ID:	750175 (history)	**Vaccinated:**	2018-05-22
Form:	Version 2.0	**Onset:**	2018-05-22
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5823AA / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Pruritus, Skin warm
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Redness at injection site and about 6 inches below site. Warm to the touch. Itchy.

VAERS ID:	751546 (history)	**Vaccinated:**	2018-06-04
Form:	Version 2.0	**Onset:**	2018-06-04
Age:	16.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	5953X / 2	LA / SYR
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5917AA / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Cold sweat, Dizziness, Malaise, Nausea, Pallor, Syncope, Tremor, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: He had a similar dizzy spell without fainting or throwing up after a vaccine about 1 year prior.
Other Medications: multi-vitamins
Current Illness: Cold or virus with a fever exactly one month prior.
Preexisting Conditions:
Allergies: OMNICEF
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fainted approx. 2-5 minutes after the injection. Patient was sitting on a chair and the nurse caught him before he fell off. Patient came to quickly and was then nauseous and vomited stomach bile a few times. Patient exhibited cold sweats, dizziness, shakiness, and was faint and pale for approx. 15 minutes. Nurses gave him juice and observed until he could speak and stand up for five minutes. Mother took patient home, where he drank water and ate some toast and crackers. He still felt nauseous and unwell, and fell asleep about two hours after the injection.

VAERS ID: 751633 (history)		**Vaccinated:**	2018-06-01
Form:	Version 2.0	**Onset:**	2018-06-01
Age:	28.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M039318 / 2	LA / SC

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site warmth, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed redness, itching, and pain at injection site on the afternoon of the vaccine (6/1/18). She also developed a fever that was controlled with antipyretics. On 6/4/18, she reports nausea and she still has pain at the injection site. Injection site was warm, but redness was gone. She used ice and cold water to help with the pain and itching at injection site. Recommended to follow up with provider if symptoms to do not improve or get worse.

VAERS ID: 752389 (history)		**Vaccinated:**	2018-06-08
Form:	Version 2.0	**Onset:**	2018-06-08
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	B9739 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Hot flush, Hyperhidrosis
SMQs:, Neuroleptic malignant syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: na
Current Illness: na
Preexisting Conditions: High cholesterol
Allergies: na
Diagnostic Lab Data: na
CDC Split Type:
Write-up: Patient experienced hot flashes and sweating for 10 minutes. He was sitting down and didn"t appear to be dizzy. He remained seated until the hot flashes subsided. He came back in the following day and told me about his experience

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VAERS ID:	752650 (history)	**Vaccinated:**	2018-06-07
Form:	Version 2.0	**Onset:**	2018-06-07
Age:	26.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	N024566 / 2	LA / SC

Administered by: Public **Purchased by:** ?
Symptoms: Diarrhoea, Fatigue, Hypotension, Inappropriate schedule of drug administration, Injection site erythema, Injection site swelling, Local reaction, Nausea, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Pseudomembranous colitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Noninfectious diarrhoea (narrow), Medication errors (narrow), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: Denied acute illness on the screening checklist on the day of vaccine administration.
Preexisting Conditions: Denied long-term health problems on the screening checklist on the day of vaccine administration.
Allergies: Penicillin
Diagnostic Lab Data: None that I know of though clinician did take vital signs at the occupational health clinic.
CDC Split Type:
Write-up: Client came to our local office of health to receive the second dose in her Varicella series. Series was started years ago but never finished. Came in to clinic, filled out the screening form. No contraindications noted. Vaccine was prepared upon client arrival to clinic using aseptic technique, dose of 0.5ml administered in subcutaneous tissue the left arm. No complications during administration. Client tolerated well. She stayed in the office for 15 minutes of observation per protocol and was without complaint at time of leaving office. She called the office the next day 6/8/18 to report that she had experienced a local reaction and possibly a systemic reaction to the vaccine. She reported local redness/swelling at injection site "egg size" per client. She also reported that at 2-3pm the same day of the vaccine she had experience fatigue followed by nausea, vomiting and diarrhea. On the same day as receiving the varicella vaccine at our clinic she had also received a Tdap from an occupational health clinic, she went back to the occupational health clinic the next day 6/8/19 and at that time she reported to the practitioner the reactions from the previous day (fatigue, N/V/D). She reports during the assessment 6/8/19 she was still found to have a mild temperature (99f) and slightly low blood pressure (96 systolic). Client reports that the clinician told her to notify our clinic regarding the systemic reaction so that a report could be filed and that the occupational health clinic would also file a report as she had received a Tdap from them the same day at 9am.

VAERS ID:	753241 (history)	**Vaccinated:**	2018-06-11
Form:	Version 2.0	**Onset:**	2018-06-11
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	Z9RR4 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Insomnia, Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: risandronate monthly
Current Illness: none noted
Preexisting Conditions: bone loss, arthopathies nos
Allergies: on vaccine consent and admin record filled out 6/11 patient checked no box to do you have allergies or reactions to any foods, medications, vaccine or latex? but pharmacy records indicate unknown reactions to nsaids, macrolide antibiotics and penicillins
Diagnostic Lab Data:
CDC Split Type:
Write-up: Insomnia on 6/11/18, nausea including 1 episode of vomiting 6/12/18.

VAERS ID:	753336 (history)	**Vaccinated:**	2018-06-12
Form:	Version 2.0	**Onset:**	2018-06-14
Age:	51.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	HG4P3 / 1	OT / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Singulair; Triamcinolone Acetone; Cyclobenzaprine HCL; Omeprazole; Nortrel
Current Illness: None documented/ known
Preexisting Conditions: None documented /known
Allergies: No known drug/food allergies.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient presents with red, slightly raised area measuring 2 inch x 1 inch circular area at injection site. No symptoms associated - no streaks, warmth, fever, itch, or pain.

VAERS ID: 753786 (history)		**Vaccinated:**	2018-06-14
Form:	Version 2.0	**Onset:**	2018-06-14
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	32GR4 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Influenza like illness, Insomnia, Mobility decreased, Myalgia, Pain, Peripheral swelling
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Angioedema (broad), Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: calcium; vitamin d; clonazepam; gabapentin; magnesium; melaton
Current Illness: none
Preexisting Conditions: allergic rhinitis sinusitis; gastric reflux; osteoarthritis; Raynaud''s
Allergies: adhesives; amlodipine; barley; wheat
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling in affected arm and shoulder, pain that limited movement, difficulty sleeping, flu-like symptoms, joints and muscle aches. Lasted until about noon the next day.

VAERS ID: 754050 (history)		**Vaccinated:**	2018-06-11
Form:	Version 1.0	**Onset:**	2018-06-11
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2018-06-12
Location:	Vermont	**Days after onset:**	1
		Entered:	2018-06-18
		Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N013521 / 2	RA / UN

Administered by: Private **Purchased by:** Private

Symptoms: Asthenia, Dizziness, Injection site pain, Injection site swelling
SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Type 1 DM
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt stopped in office today reporting that the late morning after receiving the PNEUMOVAX 23 vaccine he developed dizziness (off & on), weakness (that was continuous), pain in his right bicep, and a swelling in his right anti cubital space. Sx''s lasted "the rest of that day and the whole next day(yesterday)". Today Sx''s have resolved, except for "slight trace of pain in the right bicep". VAERS filled out an sent in.

VAERS ID:	754462 (history)	**Vaccinated:**	2018-06-01
Form:	Version 2.0	**Onset:**	2018-06-01
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	32GR4 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Decreased appetite, Injection site pain, Nausea, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: NEXIUM; zolpidem; diclofenac
Current Illness: NO
Preexisting Conditions: NONE
Allergies: Codeine
Diagnostic Lab Data: none we are aware of
CDC Split Type:
Write-up: Patient states that "a couple hours after the injection she started running a fever and for the next couple of days had vomiting and pain at injection site". She said that even now, 20 days after injection she still has nausea and has not been able to eat a full meal.

VAERS ID:	754598 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2018-06-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blister, Herpes zoster, Rash vesicular
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Routine health maintenance
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131806USA007067
Write-up: This initial spontaneous report was received from a lawyer regarding a case in litigation and refers to a male patient of unknown age. No information was provided regarding concomitant medications, concurrent conditions or medical history. On or about 03-JUN-2014, the patient was inoculated with the ZOSTAVAX vaccine at a drug store as recommended for routine adult health maintenance for the prevention of shingles (dose, route, and lot # not provided). The vaccine did not prevent shingles as intended and the patient subsequently contracted a persistent strain of herpes zoster. On or about 03-FEB-2015, he was treated by a physician for a blistering vesicular outbreak, which was diagnosed as herpes zoster. As a direct and proximate result of ZOSTAVAX

vaccine, and/or despite receiving ZOSTAVAX for long-term prevention of shingles, the patient suffered painful injuries and damages, and required extensive medical care and treatment. As a further proximate result, the patient has suffered and will continue to suffer significant medical expenses, and pain and suffering, and other damages. The outcome of the events was unknown. Causality assessment was related. Additional information has been requested.

VAERS ID:	756046 (history)	**Vaccinated:**	2018-06-27
Form:	Version 2.0	**Onset:**	2018-06-27
Age:	52.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	HG4P3 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hyperhidrosis, Injection site swelling, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acetaminophen; Ibuprofen
Current Illness: None
Preexisting Conditions: hyperlipidemia
Allergies: Minocycline (dermatologic reaction)
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Immediate swelling at injection site along with nausea, and sweating. This lasted for about 1/2 hr.

VAERS ID:	756595 (history)	**Vaccinated:**	2018-06-29
Form:	Version 2.0	**Onset:**	2018-06-30
Age:	80.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-07-01

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Limb discomfort, Pain in extremity, Peripheral swelling, Pruritus
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Several
Current Illness: None
Preexisting Conditions: None
Allergies: Several
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Have red, itchy, swelled and, pain 3/4 of the way around my arm. It is very uncomfortable. Should I get the second shot?

VAERS ID:	757270 (history)	**Vaccinated:**	2018-06-29
Form:	Version 2.0	**Onset:**	2018-07-02
Age:	65.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-07-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	9YD45 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site rash, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID; Multi-Vitamin
Current Illness: None
Preexisting Conditions: None
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red, warm, tender rash at injection site. Size of 3inx3in square.

VAERS ID:	757114 (history)	**Vaccinated:**	2018-06-20
Form:	Version 2.0	**Onset:**	2018-06-01
Age:	70.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-07-05
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	TP5E5 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Oral herpes
SMQs:, Oropharyngeal infections (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201811
Write-up: This case was reported by a pharmacist via call center representative and described the occurrence of herpes on lip in a 70-year-old female patient who received SHINGRIX (batch number TP5E5, expiry date 15th November 2020) for prophylaxis. On 20th June 2018, the patient received the 1st dose of SHINGRIX (intramuscular) .5 ml. In June 2018, less than a week after receiving SHINGRIX, the patient experienced herpes on lip. The patient was treated with VALTREX. On an unknown date, the outcome of the herpes on lip was not recovered/not resolved. It was unknown if the reporter considered the herpes on lip to be related to SHINGRIX. Additional details were provided as follows: This case was previously reported to the doctor. The patient

received her dose of SHINGRIX in the left deltoid. The patient was experiencing an outbreak of herpes simplex on her lips and her physician had prescribed VALTREX for her. The reporting pharmacist was not sure when the patient started having symptoms of the outbreak or when the outbreak began.

VAERS ID:	757472 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2016-01-19
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2018-07-06
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster, Ophthalmic herpes zoster, Pain, Rash vesicular
SMQs:, Ocular infections (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Routine health maintenance
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131807USA001014
Write-up: Information has been received on 02-JUL-2018 regarding a case in litigation from a lawyer and a male consumer of unknown age. The patient"s concurrent conditions, medical history and concomitant medications are unknown. In 2015, the patient was inoculated with ZOSTAVAX (lot number and expiration unknown) unknown route at a pharmacy, as recommended for routine adult health maintenance and for the prevention of shingles. The vaccine did not prevent shingles as intended, and the patient subsequently contracted a persistent strain condition of herpes zoster. On or about 19-JAN-2016, the patient was treated by a physician at a medical center for a vesicular outbreak, which was then diagnosed as herpes zoster conjunctivitis. The patient was prescribed VALTREX for management of his painful symptoms and chronic pain. As a direct and proximate result of the ZOSTAVAX and/or despite receiving the ZOSTAVAX for long-term prevention of shingles, the patient suffered painful injuries and damages, and required extensive medical care and treatment. As a further proximate result, the patient has suffered and will continue to suffer significant medical expenses and pain and suffering and other damages. Upon internal review, herpes zoster conjunctivitis was considered to be medically significant. Additional information has been requested.

VAERS ID:	757725 (history)	**Vaccinated:**	2018-07-09
Form:	Version 2.0	**Onset:**	2018-07-09
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	393D9 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Neomycin-Polymyxin eye drops
Current Illness: Irritation of left eye
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: MA, drew up vaccine. Asked for assistant on giving immunizations. RN administered expired Tdap. Tdap was in a box that was transfered to Health Center from family Medicine. This specific Tdap vaccine was the only one in that box with that expiration date.

VAERS ID:	757991 (history)	**Vaccinated:**	2018-06-13
Form:	Version 2.0	**Onset:**	2018-06-13
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-07-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	32GR4 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Decreased appetite, Fatigue, Poor quality sleep
SMQs:, Depression (excl suicide and self injury) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: warfarin; metoprolol XL; LEVOTHYROID; amlodipine; MIRALAX; calcium with D
Current Illness:
Preexisting Conditions: atrial fibrillation; hypothyroid
Allergies: penicillin; BACTRIM
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Joint pains, poor appetite, fatigue, poor sleep for 2 days.

VAERS ID:	758178 (history)	**Vaccinated:**	2018-07-09
Form:	Version 1.0	**Onset:**	2018-07-09
Age:	19.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2018-07-11
Location:	Vermont	**Days after onset:**	2
		Entered:	2018-07-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	23F25 / 2	UN / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5917AA / 2	UN / IM

Administered by: Private **Purchased by:** Public
Symptoms: Dizziness, Head injury, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No

Preexisting Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Syncopal episode post vaccination. VS obtained. Reported she felt dizzy and lightheaded and "woke up on the exam room floor". Observation of patient for at least one hour. Pt. struck head on floor - ice to head.

VAERS ID:	759207 (history)	**Vaccinated:**	2018-06-21
Form:	Version 2.0	**Onset:**	2018-06-21
Age:	48.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-07-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Injection site pain, Joint range of motion decreased, X-ray normal
SMQs:, Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: acyclovir
Current Illness: none
Preexisting Conditions: zoster opthalmicus
Allergies: sulfa and prednisolone
Diagnostic Lab Data: x-ray was unremarkable
CDC Split Type:
Write-up: Left shoulder pain with onset decreased range of motion and weakness.

VAERS ID:	759663 (history)	**Vaccinated:**	2018-07-16
Form:	Version 2.0	**Onset:**	2018-07-17
Age:	75.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-07-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N019983 / 4	RA / IM

VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	Y2YKE / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Balance disorder, Blood culture, Chills, Fatigue, Headache, Injected limb mobility decreased, Injection site pain, Insomnia, Laboratory test, Nausea, Pain in extremity, Peripheral swelling, Pyrexia, Skin warm, Tenderness, Tremor, White blood cell count increased
SMQs:, Cardiac failure (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness: N/A
Preexisting Conditions: HTN
Allergies: Neomycin
Diagnostic Lab Data: See above
CDC Split Type:
Write-up: Rec"d SHINGRIX and PNEUMOVAX 23 on 7/16. A few hours later, developed bilateral arm pain at site of injections. Pain overnight so couldn"t sleep on either side/arm. Awoke 7/17 with increased pain and barely able to move arm(s). Also felt fatigued. By afternoon on 7/17 had shaking chills, nausea, headache, fever, weakness, unsteadiness, and severe right arm pain. Was taken to ER found to have a fever of 102. Heart rate 130. WBC count of 22,000. Both arms found to be very warm and tender. R arm swollen and hot. No redness. Treated with intravenous fluids, lab work including blood cultures, pain medication, fever medication, IV steroids and IV antibiotics. No source of infection identified. Was admitted to hospital.

VAERS ID:	759770 (history)	**Vaccinated:**	2018-07-18
Form:	Version 2.0	**Onset:**	2018-07-18
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	R009408 / UNK	RA / IM

TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	9GM3R / UNK	LA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	L7F7E / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Blood alkaline phosphatase increased, Blood lactic acid normal, Chest X-ray normal, Chills, Eosinophil count decreased, Full blood count, Headache, Lymphocyte percentage decreased, Metabolic function test normal, Nausea, Neutrophil count increased, Neutrophil percentage increased, Pyrexia, Red cell distribution width increased, White blood cell count increased
SMQs:, Liver related investigations, signs and symptoms (broad), Acute pancreatitis (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Biliary system related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit B12
Current Illness: no
Preexisting Conditions: none
Allergies: Sulfa drugs
Diagnostic Lab Data: CBC with Diff-WBC 10.6, RDW 16.2 ,Lymph 10, Gran 83, ANC 8.81, EOS 0.02; CMP -normal except alk phos elevated; chest x ray-neg; Lactic acid -neg
CDC Split Type:
Write-up: Fever 101 Chills weakness Nausea Headache patient went to ER.

VAERS ID:	760411 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2015-12-15
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-07-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / UN

Administered by: Private **Purchased by:** ?
Symptoms: Blister, Herpes zoster, Rash vesicular
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Routine health maintenance
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131807USA009188
Write-up: This initial spontaneous report was received from a lawyer regarding a case in litigation and refers to a female patient of unknown age. No information was provided regarding concomitant medications, concurrent conditions or medical history. On or about 11-JUN-2007, the patient was inoculated with ZOSTAVAX at a medical center-primary care as recommended for routine adult health maintenance for the prevention of shingles (dose, route, and lot # not provided). The vaccine did not prevent shingles as intended and the patient subsequently contracted a persistent strain condition of herpes zoster. On or about 15-DEC-2015, the patient was treated by a physician at a medical center-ophthalmology for a blistering vesicular outbreak which was diagnosed as herpes zoster or shingles. As a direct and proximate result of the ZOSTAVAX vaccine, and/or despite receiving ZOSTAVAX for long-term prevention of shingles, the patient suffered painful injuries and damages, and required extensive medical care and treatment. As a further proximate result, the patient has suffered and will continue to suffer significant medical expenses, and pain and suffering, and other damages. The outcome of the events was unknown. Causality assessment was related. Additional information has been requested.

VAERS ID:	760853 (history)	**Vaccinated:**	2018-07-05
Form:	Version 1.0	**Onset:**	2018-07-14
Age:	1.17	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	2018-07-16
Location:	Vermont	**Days after onset:**	2
		Entered:	2018-07-25
		Days after submission:	9

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	5953X / 1	LL / IM

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	N013869 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	N031002 / 1	RL / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site erythema, Injection site nodule, Injection site papule
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Tetralogy of Fallot; DiGeorge sequence; GERD; Thymic hypoplasia; long term anticoagulant; Aspiration risk - fed by tube
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Subcutaneous nodules (x2 on (R) thigh) with overlying erythema and a few pinpoint papules, first noted by mother on 7/14/18 (vaccine given on 7/5/18). Non tender. Recommended topical steroid (HC 1%) BID x 1 wk and monitoring for increased redness, pain, swelling, fevers.

VAERS ID:	763160 (history)	**Vaccinated:**	2018-07-31
Form:	Version 2.0	**Onset:**	2018-07-31
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Contusion, Injection site pain, Nausea, Pain in extremity, Peripheral swelling, Pyrexia, Rash
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: flurbiprofen; birth control pills
Current Illness: None
Preexisting Conditions: None
Allergies: ZOLOFT; iodine; Lobster; Crab
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain at time of injection, rash on arm, swelling of arm causing whole arm to hurt including down to fingers, bruising, nausea, fever (100), joint aches.

VAERS ID:	763564 (history)	**Vaccinated:**	2018-08-01
Form:	Version 2.0	**Onset:**	2018-08-02
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	L757E / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal discomfort, Decreased appetite, Nausea, Pain in extremity, Peripheral coldness
SMQs:, Acute pancreatitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pneumonia vaccine in 2016
Other Medications: Levonthroxine - for low thyroid; Calcium, Omega 3, B12, Vit C
Current Illness: None
Preexisting Conditions: None
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: My hands are ice cold and feel nauseated. Stomach doesn''t feel good - don''t want to

eat. Left arm is sore.

VAERS ID:	764903 (history)	**Vaccinated:**	2018-06-12
Form:	Version 2.0	**Onset:**	2018-06-12
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N019838 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Injection site mass, Injection site rash, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced fever, chills, a large rash around injection site and a hard lump that lasted for 3 weeks.

VAERS ID:	765014 (history)	**Vaccinated:**	2018-08-09
Form:	Version 2.0	**Onset:**	2018-08-09
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5986AA / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Inappropriate schedule of drug administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SINGULAIR 10mg PROAIR Cetirizine 10mg
Current Illness: None
Preexisting Conditions: Seasonal Allergies Food Allergies Asthma
Allergies: Kiwi Pineapple
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Vaccine administered in error. Notified the Dept of Health and they advised us on her plan - will need another MENACTRA booster prior to college (up to 18 years old).

VAERS ID:	765122 (history)	**Vaccinated:**	2018-07-23
Form:	Version 2.0	**Onset:**	2018-07-24
Age:	81.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: nizatidine, rabeprazole sod DR, valsartan, metoprolol succinate ER, atorvastatin, ibuprofen, quinine, travatan Z, multivitamin w/iron, probiotic complex, psyllium, coenzymae Q10, flaxseed oil, calcium citrate & magnesium gluconate, glucosa
Current Illness: none
Preexisting Conditions: lower pack pain L3,4,5 & SI joint R

Allergies: dilaudid, TORADOL, oxycodone
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Muscle pain when muscle (where shot was given) is used to lift and or twist. Sharp pain when used only. This is report only; no visit to PCP. Pain noted next day and has stay the same .

VAERS ID:	766557 (history)	**Vaccinated:**	2018-08-06
Form:	Version 2.0	**Onset:**	2018-08-06
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	N023001 / 1	RA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: NKDA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Order was given by FNP-BC I gave the immunization per protocol. It was double checked by RN.I and FNP-BC were unaware that this vaccine was not to be given over the age of 13 years or older. This was reported to the Dept of health, CDC guidelines states it was given off label and her immunization does count. No Need to re vaccinate.

VAERS ID:	766588 (history)	**Vaccinated:**	2018-06-05
Form:	Version 2.0	**Onset:**	2018-06-06
Age:	60.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	HG4P3 / 1	- / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Neuropathy peripheral
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Neuropathy (idiopathic Neuropathy)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201814
Write-up: This case was reported by a nurse via call center representative and described the occurrence of neuropathy peripheral in a 60-year-old male patient who received SHINGRIX (batch number HG4P3, expiry date 13th July 2020) for prophylaxis. The patient''s past medical history included neuropathy (idiopathic Neuropathy). On 5th June 2018, the patient received the 1st dose of SHINGRIX (intramuscular). On 6th June 2018, 1 days after receiving SHINGRIX, the patient experienced neuropathy peripheral (serious criteria GSK medically significant). On an unknown date, the outcome of the neuropathy peripheral was unknown. It was unknown if the reporter considered the neuropathy peripheral to be related to SHINGRIX. Additional details were provided as follows: The patient had not an occurrence of idiopathic Neuropathy for many years. The patient received SHINGRIX and the next day the patient presented with symptoms.

VAERS ID:	767202 (history)	**Vaccinated:**	2018-08-22
Form:	Version 2.0	**Onset:**	2018-08-22
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC9F4 / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	N025656 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Dyspnoea, Erythema, Joint range of motion decreased, Malaise, Pain in extremity, Swelling
SMQs:, Anaphylactic reaction (narrow), Angioedema (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced right arm soreness, with redness, swelling, and decreased range of motion. She also experienced a general not "feeling well". She had mentioned that 8/22 night, she had to sleep upright, propped up with pillows because she was having difficulty breathing. She is improving with time and no longer had difficulty breathing in the morning.

VAERS ID:	768252 (history)	**Vaccinated:**	2018-08-23
Form:	Version 2.0	**Onset:**	2018-08-23
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-08-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Erythema, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: See Chart
Current Illness: None
Preexisting Conditions: Hypertension, Diabetes Type 2, High Cholesterol
Allergies: Penicillin, Tetracycline, Scallps
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt states area turned red right away, redness continue to get larger, now has hives on other side of arm as well as neck and face.

VAERS ID:	769888 (history)	**Vaccinated:**	2018-08-16
Form:	Version 2.0	**Onset:**	2018-08-16
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	95LX9 / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Fatigue, Inflammation, Nausea, Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very painful, very red and inflamed, swollen, nauseous, tired. Went away Monday.

VAERS ID: 769889 (history)		**Vaccinated:**	2018-07-29
Form:	Version 2.0	**Onset:**	2018-08-26
Age:	68.0	**Days after vaccination:**	28
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	95LX9 / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, Headache, in bed.

VAERS ID: 770627 (history)		**Vaccinated:**	2018-08-01
Form:	Version 2.0	**Onset:**	2018-08-01
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	9GM3R / UNK	LA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	L7F7E / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Cough, Fatigue, Headache, Myalgia, Nausea, Pyrexia, Rash erythematous, Rash pruritic, Respiratory tract infection
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (narrow), Acute pancreatitis

(broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID; ESTRACE; MVI.
Current Illness: None
Preexisting Conditions: None
Allergies: NKA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 08/01/2018, six PM experieced nausea, headache, feverish, shivering, muscle aches throughout the night. Tired the next few days. 08/10/2018, respiratory infection, severe coughing and copious amount of nasal mucous, 3 nights of extreme coughing. To date a slight lingering cough. 08/18/2018, 10AM back of upper arms and upper forehead developed red, raised, itchy rash lasting 2 days treaated with BENADRYL.

VAERS ID:	770742 (history)	**Vaccinated:**	2018-09-10
Form:	Version 1.0	**Onset:**	2018-09-11
Age:	54.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2018-09-13
Location:	Vermont	**Days after onset:**	2
		Entered:	2018-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (FOREIGN) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Other **Purchased by:** Private
Symptoms: Erythema, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very sore arm with red spots.

VAERS ID:	770956 (history)	**Vaccinated:**	2013-08-30
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2018-09-14
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / UN

Administered by: Private **Purchased by:** ?
Symptoms: Blister, Herpes zoster, Rash vesicular
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Routine health maintenance
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131809USA004895
Write-up: This initial spontaneous report was received from a lawyer regarding a case in litigation and refers to a male patient of unknown age. No information was provided regarding concomitant medications, concurrent conditions or medical history. On or about 30-AUG-2013, the patient was inoculated with ZOSTAVAX at a physician''s office as recommended for routine adult health maintenance for the prevention of shingles (dose, route, and lot # not provided). The vaccine did not prevent shingles as intended and the patient subsequently contracted a persistent strain condition of herpes zoster. In 2014, the patient was treated at the same physician''s office office

for a blistering vesicular outbreak which was diagnosed as herpes zoster or shingles. As a direct and proximate result of the ZOSTAVAX vaccine, and/or despite receiving ZOSTAVAX for long-term prevention of shingles, the patient suffered painful injuries and damages, and required extensive medical care and treatment. As a further proximate result, the patient has suffered and will continue to suffer significant medical expenses, and pain and suffering, and other damages. The outcome of the events was unknown. Causality assessment was related. Additional information has been requested.

VAERS ID:	770996 (history)	**Vaccinated:**	2018-08-27
Form:	Version 2.0	**Onset:**	2018-09-06
Age:	6.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	N011005 / 1	LA / SC

Administered by: Public **Purchased by:** ?
Symptoms: Measles post vaccine, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient"s mother called 9/10 to state fever then rash. Fever first night - 101. Rash started 9/6 trunk - face no cough no conjunctivitis. Fever started the night of the vaccination 8/27/18 and rash started 9/6. Seen by a provider on 9/10 and mother reports provider stated it is a reaction to the vaccine, a mild measles case.

VAERS ID: 771041 (history)		**Vaccinated:**	2018-09-10
Form:	Version 2.0	**Onset:**	2018-09-10
Age:	79.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	FZ3ND / 1	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dyspnoea, Feeling abnormal, Pain, Palpitations, Rash pruritic
SMQs:, Anaphylactic reaction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: carbidopa/levodopa, omeprazole, donepezil, loratadine, pravastatin, olmesartan, aspirin, BASAGLAR
Current Illness: none
Preexisting Conditions: diabetes, Parkinson''s, hypertension
Allergies: aminoglycosides- gentamicin ophth ointment
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient received shot on 9/10/18 in the afternoon and sometime in the evening patient felt "like having a heart attack". He had shortness of breath and his heart was racing. He also developed a rash on his arm which was itchy and he felt achy all over.

VAERS ID: 771358 (history)		**Vaccinated:**	2018-09-13
Form:	Version 2.0	**Onset:**	2018-09-13
Age:	2.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	T94429 / 3	LL / IM

Administered by: Public **Purchased by:** ?
Symptoms: Circumstance or information capable of leading to medication error, Underdose

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none known
Preexisting Conditions: none known or indicated on screening checklist
Allergies: none according to screening checklist
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Child in for routine PCV13 vaccine. Placed in side saddle position on mother''s lap, technique indicated/described by CDC. Mom was instructed on how to hold child during this technique. During the injection of the vaccine into the left thigh child moved leg enough that the needle came out of the left before the entire vaccine could be injected, only about 1/2 given. Following the incident a small second puncture site noted just next to the vaccine injection site which must have happened during incident. Area wiped clean and Band-Aid applied. Mom instructed that this dose could not be counted as valid as it was not the complete amount. Mother was very understanding and did schedule another appointment in 1 month to get the dose repeated. She was instructed on aftercare and the child was kept for the 15 minute post immunization observation period. Notification sent to local nurse supervisor, immunization nurse program coordinator and the immunization program chief.

VAERS ID:	771780 (history)	**Vaccinated:**	2018-09-11
Form:	Version 2.0	**Onset:**	2018-09-12
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: High Blood Pressure
Current Illness:
Preexisting Conditions: High Blood Pressure
Allergies: Sensitivity to raw eggs
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, fever, shivering, muscle aches - lasted for the whole day. Took some TYLENOL.

VAERS ID:	772111 (history)	**Vaccinated:**	2018-09-13
Form:	Version 2.0	**Onset:**	2018-09-14
Age:	48.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	- / 1	UN / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Muscle spasms
SMQs:, Retroperitoneal fibrosis (broad), Dystonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Back Spasms, Locked up in lower back where it was very painful to move.

VAERS ID: 772192 (history)		**Vaccinated:**	2018-09-18
Form:	Version 2.0	**Onset:**	2018-09-19
Age:	68.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	XC534 / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Head banging, Hypersomnia, Influenza like illness, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingrix first dose
Other Medications: Hydrchlorathiazide, losartan/potassium, amlodipine. Multi vitamin, coq10, b12.
Current Illness: None
Preexisting Conditions: None
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Like a flu, headache, body ache, no energy, fever, slept all day.

VAERS ID: 772313 (history)		**Vaccinated:**	2018-09-17
Form:	Version 2.0	**Onset:**	2018-09-17
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	JP742 / 2	RA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	N025429 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aspirin
Current Illness: None - Patient has not experienced adverse reaction or developed any symptoms in response to this dose injection.
Preexisting Conditions: None
Allergies: No allergies known/listed
Diagnostic Lab Data: None
CDC Split Type:
Write-up: There has been no adverse events nor symptoms at this time.

VAERS ID:	773384 (history)	**Vaccinated:**	2018-09-20
Form:	Version 2.0	**Onset:**	2018-09-22
Age:	67.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	S74423 / N/A	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Crepitations, Dyspnoea, Dyspnoea exertional, Fatigue, Heart rate irregular
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zolpidem, fluoxetine
Current Illness: none

Preexisting Conditions: irregular heartbeat
Allergies: loop diuretics, sulfonamide, saccharin, sulfa antibiotics, sulfonylureas, thiazide-type diuretics
Diagnostic Lab Data: None yet
CDC Split Type:
Write-up: Patient described crackle noises heard from lungs audible with out stethoscope starting at bedtime 9/22/18. Patient also listened to heart with stethoscope and heard an irregular beat, more than what she normally has. Patient described that symptoms disappeared when she woke up in the morning, only describing tiredness and breathlessness on exertion more than usual. Bedtime 9/23/2018 symptoms returned but in a less intense fashion. 9/24/2018 at bedtime symptoms were gone except for the continued tiredness and breathlessness upon exertion. 9/25/2018 patient will follow up with MD in afternoon time.

VAERS ID:	773387 (history)	**Vaccinated:**	2018-09-24
Form:	Version 2.0	**Onset:**	2018-09-24
Age:	60.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / -

Administered by: Public **Purchased by:** ?
Symptoms: Fatigue, Hyperaesthesia, Influenza like illness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Simvastatin; omeprazole
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Flu like, achy, tired, sensitive all over.

VAERS ID: 773479 (history)		**Vaccinated:**	2018-09-17
Form:	Version 2.0	**Onset:**	2018-09-17
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	B9739 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril
Current Illness: problem desc nephrolithiasis N200, E785 problem DESC Hyperlipidemia
Preexisting Conditions: same above
Allergies: NKA
Diagnostic Lab Data: none the patient had not reported any adverse reaction at this time.
CDC Split Type:
Write-up: The patient was given the SHINGRIX with the diluent of sterile Diluent instead of the Adjuvant suspention component to form the SHINGRIX given on 9/17/2018 in Right Deltoid. This was the patients #2 vaccine. This was discovered on 09/24/2018 when their was an extra Adjuvant suspention component left in the box. The was a message left for the patient to call back to the clinic. For us to notify the patient what had happen. He had not reported any adverse reaction at this time. On 9/24/2018 I had contacted the immunization program to verify what had happen and how soon the patient could get the corrected dose.

VAERS ID: 774287 (history)		**Vaccinated:**	2018-09-05
Form:	Version 2.0	**Onset:**	2018-09-21
Age:	18.0	**Days after vaccination:**	16
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	N027000 / 1	RA / SC

Administered by: School **Purchased by:** ?
Symptoms: Rash vesicular

SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: lactose
Diagnostic Lab Data: Clinical exam 9.21.18
CDC Split Type:
Write-up: Vesicular rash.

VAERS ID:	774681 (history)	**Vaccinated:**	2018-09-28
Form:	Version 2.0	**Onset:**	2018-09-28
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT6310MA / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blindness, Cardiac monitoring, Dizziness, Dyspnoea, Feeling hot, Pain, Pharyngeal oedema
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Oropharyngeal allergic conditions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:

Other Medications: XOPENEX; ADVAIR; hydroxyzine; ZYRTEC; clonidine; escitalopram
Current Illness: Fever 7 days prior to immunization
Preexisting Conditions: Allergies; Asthma; Anxiety
Allergies: Shellfish; sulfa; CECLOR; erythromycin
Diagnostic Lab Data: Blood pressure; Cardiac monitor; Oxygenation levels were taken
CDC Split Type:
Write-up: Approximately a few minutes after immunization, patient started feeling really hot, dizziness, prickly pain from head to toe, then things went black (she could not see anything but remained conscious) and had trouble breathing due to throat swelling. EPI-PEN was administered and EMT arrived and advised patient to go to Emergency room for further care and observation. Patient was given prednisone in emergency room and was observed. Patient was discharged with additional doses of prednisone for the next few days. Provider treating patient in ER.

VAERS ID:	774734 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2018-10-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	UN / UN

Administered by: Unknown **Purchased by:** ?
Symptoms: Kidney transplant rejection
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201817
Write-up: This case was reported by a pharmacist via call center representative and described the occurrence of kidney transplant rejection in a adult patient who received SHINGRIX for prophylaxis. On an unknown date, the patient received SHINGRIX at an unknown dose. On an unknown date, less than a year after receiving SHINGRIX, the patient experienced kidney transplant rejection (serious criteria GSK medically significant). On an unknown date, the outcome of the kidney transplant rejection was unknown. It was unknown if the reporter considered the kidney transplant rejection to be related to SHINGRIX. Additional information received as follows: The age at vaccination was not reported. The age group was not reported but was selected adult

as per vaccine indication. The healthcare professional was a retail pharmacist. The healthcare professional stated receiving a call regarding the administration of SHINGRIX to the patient who had an organ transplant. The healthcare professional stated that a staff member at a physician''s office stated that the patient there recently lost their kidney transplant due to receiving a shingles vaccine but that the patient also had multiple other issues that likely led to the loss of the kidney transplant. The healthcare professional did not have access to this patient, did not know this patient. Retail pharmacy did not administer this vaccine. The healthcare professional did not have any additional information to document for this adverse event. No vaccine or patient information available, only information was received by the healthcare professional in passing conversation over the phone while discussing the different patient.

VAERS ID:	775453 (history)	**Vaccinated:**	2018-10-02
Form:	Version 2.0	**Onset:**	2018-10-02
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	9455T / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Abdominal discomfort, Blood glucose increased, Dizziness, Posture abnormal, Visual impairment
SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow), Anticholinergic syndrome (broad), Dystonia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Unknown
Diagnostic Lab Data: Transported to Medical Center ED. Test and results are unknown to this reporter.
CDC Split Type:
Write-up: On 10/2/18 at approximately 1:30 PM, I administered a flu vaccine per protocol to patient at employee/spouse clinic. Since it was her first flu vaccine, I asked her to stay for a 15

minute observation in the event of any untoward reaction to the vaccine. After 10 minutes elapsed, patient complained of dizziness, lightheadedness and visual disturbances. She was fully oriented, heart rate was palpable and approximately 70, she answered questions appropriately and was not experiencing difficulty breathing. Her eyes closed and she had difficulty sitting up and supporting her head. 911 was called for assistance. I moved her to a supine position which helped somewhat, but she still complained of the above symptoms although they were less severe. In addition, she started complaining of lower abdominal discomfort. Vital signs before EMTs arrived were 86/54, 78 and 20. After EMTs arrived, her vital signs continued to be on the low side. Blood glucose was 129. The decision was made to transport her to the ER for further evaluation. Her husband had been called and arrived to accompany her in the ambulance which departed at approximately 2PM.

VAERS ID:	775641 (history)	**Vaccinated:**	2018-10-01
Form:	Version 2.0	**Onset:**	2018-10-02
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	G2ZF2 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling abnormal, Headache, Injection site erythema, Injection site induration, Injection site pain, Injection site swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness:
Preexisting Conditions:
Allergies: unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced headache, fever, and a "feeling of being out of sorts" the day after but the reason she came in was because around the injection site was red, swollen, hard, and painful to the touch.

VAERS ID:	776110 (history)	**Vaccinated:**	2018-07-24
Form:	Version 2.0	**Onset:**	2018-07-24
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	95LX9 / 1	LL / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site erythema, Injection site swelling, Injection site warmth, Loss of personal independence in daily activities, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: RESTASIS; and Prednisolone Opthalmic drops
Current Illness: N/A
Preexisting Conditions: Dry Eyes
Allergies: No Known Allergies
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Muscle pain began late in the afternoon on 7/24, along with a headache. The headache got progressively worse to the point that it awakened her in the evening and she took 2 TYLENOL. The morning of 7/25/18, she had to get up for 2 appointments. She stated her head throbbed continually and she felt out of herself. She made it to the first appointment but doesn''t recall what was said to her. She immediately returned home and went to bed for the rest of the day. She was exhausted. The headache subsided after lunch 7/25 and then she noticed her arm (at injection site) was swollen, red and hot. She stated the swelling went down to her elbow. She iced it and again took TYLENOL and went back to bed. By 7/26/18 most of her symptoms had subsided. She doesn''t want to receive the 2nd dose.

VAERS ID:	777134 (history)	**Vaccinated:**	2018-10-08
Form:	Version 2.0	**Onset:**	2018-10-08
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-10

		Site /

Vaccination / Manufacturer	Lot / Dose	Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	2544611A / N/A	LA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	ZN22Z / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site cellulitis, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: fluoxetine; ibuprofen; lisinopril; SPIRIVA; SYMBICORT; VENTOLIN
Current Illness:
Preexisting Conditions: Pulmonary emphysema; Sciatica; Tobacco user; Chronic CHF; Depression; Benign hypertension
Allergies: codeine; iodine; penicillins
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever of 99.9 on 10/10, cellulitis of upper arm around injection site - advised BENADRYL PRN and given prescription for antibiotic.

VAERS ID:	778871 (history)	**Vaccinated:**	2018-10-16
Form:	Version 2.0	**Onset:**	2018-10-16
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UJ030AA / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Injection site bruising, Injection site swelling, Myalgia, Neck pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Instant black and blue bruise and swelling at injection site that increased in size over 10 min. Pain and soreness radiating up arm throughout shoulder and neck within minutes as well as pain radiating down left leg, described as "muscle soreness and aches". I asked patient to wait in the store for about 40 min following vaccine, checking up every 10 min. Called her primary care physician that she was supposed to see that day for a flu shot but decided to come to pharmacy instead. Spoke w nurse/MD who advised me that patient was ok to go home and should just be aware if symptoms don"t subside. Counseled patient that she should see her MD if the pain/aches did not get better or got worse throughout the night. Checked up on patient at home 1.5 hours after vaccine and she seemed to be feeling okay, leg was still achy but arm and neck getting better. Advised her to ice arm to decrease swelling.

VAERS ID:	779294 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-10-18
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster, Rash vesicular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131810USA005036
Write-up: Information has been received from a lawyer regarding a case in litigation concerning a female patient of unknown age. The patient''s medical history, concurrent conditions and concomitant medications were not provided. On an unknown date in 2012, the patient was vaccinated with a dose of ZOSTAVAX, (dose, route of administration, anatomical location, lot # and expiration date were not reported) for routine adult health maintenance and for the prevention of shingles. The vaccine did not prevent shingles as intended, and the patient subsequently contracted a persistent strain of herpes zoster (onset date was not provided). On an unknown date in 2016, the patient was treated by a physician for a vesicular rash, which was diagnosed as herpes zoster or shingles. As a direct and proximate result of ZOSTAVAX vaccine, and/or despite receiving ZOSTAVAX for long-term prevention of shingles, the patient suffered painful injuries and damages, and required extensive medical care and treatment. As a further proximate result, the patient has suffered significant medical expenses, and pain and suffering, and other damages. The outcome of the events was unknown. The reporter determined the events to be related to the ZOSTAVAX.

VAERS ID:	779457 (history)	**Vaccinated:**	2018-10-15
Form:	Version 2.0	**Onset:**	2018-10-17
Age:	74.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Nasopharyngitis, Oropharyngeal pain
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: metformin; multivitamin
Current Illness: None
Preexisting Conditions: Sleep Apnea; Type two Diabetes; Mild case - CT lymphoma
Allergies: None that i know of.

Diagnostic Lab Data: None
CDC Split Type:
Write-up: I can''t provide the detail on the vaccine (above) administered except it was the one for seniors. Patient 74 year old Male. After my normal visit with my Primary Care Doctor. On Monday morning October 15th? I had both blood work done and this years Senior -Inactivated Influenza Vaccine administered by nurse. Within two days I have now come down with both a sore throat which has morphed into a full blown cold (my assumption) with associated symptoms. I am reporting this because of the paper work given to be by my provider (VACCINE INFORMATION STATEMENT) regarding the shot administered. I fully understand it may have nothing to do with the vaccine but thought I would report it to you. Thank you, Sent to both Doctor and to (VAERS).

VAERS ID:	779604 (history)	**Vaccinated:**	2018-10-11
Form:	Version 2.0	**Onset:**	2018-10-11
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Contusion, Fatigue, Pain in extremity, Rash, Skin discolouration, Throat irritation
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CALCIUM 250MG
Current Illness: NONE
Preexisting Conditions: NONE
Allergies: ALLERGIES TO DUST/RAGWEED/CAT
Diagnostic Lab Data:
CDC Split Type:
Write-up: MY REACTIONS WERE SORE LT ARM WITHIN 2 HOURS BLACK AND BLUE THAT EVENING ALONG WITH RASH ON LT ARM TO ELBOW APPEARING AROUND 10PM. I HAD SCRATCHY THROAT AND FATIGUE. RASH LASTED UNTIL 10/16 EVENING. BRUISE STILL APPARENT (10/18) 2INCHES IN DIAMETER.

VAERS ID: 780061 (history)		**Vaccinated:**	2018-10-16
Form:	Version 2.0	**Onset:**	2018-10-16
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	95LX9 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Feeling cold, Feeling hot, Lethargy, Pain
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine, glucosamine, omega-3, multivitamin
Current Illness: none
Preexisting Conditions: thyroid disease managed with levothyroxine
Allergies: gluten intolerance
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme cold beginning that night- chilled "to the bone," then developing extreme overheating like being "roasted" during the night into the morning. Overall body soreness and aches the next day for the entire day. Weakness, lethargy. Incapacitating for 24 hours. Then it resolved completely.

VAERS ID: 781076 (history)		**Vaccinated:**	2018-10-22
Form:	Version 2.0	**Onset:**	2018-10-22
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	HY2G7 / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: 39 year old patient received DTap instead of Tdap.

VAERS ID:	781634 (history)	**Vaccinated:**	2018-10-11
Form:	Version 2.0	**Onset:**	2018-10-12
Age:	3.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ025AC / 5	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash papular
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: I do not remember what vaccine it was but she once had a reaction that almost looked like a chemical burn on her leg.
Other Medications: Daily multi vitamin
Current Illness: cold within the month of vaccination
Preexisting Conditions: asthma
Allergies: none
Diagnostic Lab Data: none

CDC Split Type:
Write-up: Pt got a rash on her arm. It was bumpy and red at times. It seemed to flare up when she got hot. Eventually, it spread to her chest and back as well. It was treated with benedryl cream and tablets at first, and later with zyrtec and an ointment that the doctor prescribed. It is finally clearing up and nearly gone.

VAERS ID:	781925 (history)	**Vaccinated:**	2018-10-18
Form:	Version 2.0	**Onset:**	2018-10-18
Age:	63.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	95LX9 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Lethargy, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: flu vaccine caused mild flu symptoms 2016 at age 61
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills began approx. 7 PM night of vaccination, followed by fever two hours later. Mild headache followed and continued into the following day, along with some lethargy.

VAERS ID:	782361 (history)	**Vaccinated:**	2018-10-25
Form:	Version 2.0	**Onset:**	2018-10-25
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-10-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	UN / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blister, Erythema, Pain of skin, Paraesthesia, Swelling
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CARTIA XL; spironolactone; amitriptyline; diclofenac; ZOFRAN; BENADRYL; taurine; magnesium; IMODIUM AD; vitamin B; triamcinolone (topical); artificial tears; omeprazole; CITRACAL; furosemide; betamethasone-clotrimazole (topical); mercaptopu
Current Illness: N/A
Preexisting Conditions: Myalgia; Autoimmune hepatitis; Wrist pain; OA; HTN; Cirrhosis; Eczema; HTN; Paresthesia of skin; Depression
Allergies: TYLENOL; tramadol; Tide (detergent); PCN; amoxicillin; erythromycin; Pineapple; COZAAR; LYRICA; ACEs; HCTZ; nystatin; scopolamine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt reports receiving first dose of SHINGRIX at pharmacy and approximately 10 minutes later she began to have tingling and pain to skin from mid-back wrapping around to front of abdomen in a line. She was seen in PCP office and noted to have raised, red, blistered areas along where she complained of pain. Covering MD and infectious disease MD both examined patient and concur that affected areas are zoster. Pt is being treated with antiviral medication.

VAERS ID:	782906 (history)	**Vaccinated:**	2018-10-17
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	55.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-10-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	L7F7E / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Proair, Dulera
Current Illness: none
Preexisting Conditions: none
Allergies: Shellfish, Zofran
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given only the Adjuvant suspension no adverse reaction was reported.

VAERS ID:	783029 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2018-09-01
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-11-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	UN / UN

Administered by: Unknown **Purchased by:** ?
Symptoms: Neoplasm malignant
SMQs:, Non-haematological malignant tumours (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201819
Write-up: This case was reported by a other health professional via call center representative and

described the occurrence of cancer in a female patient who received SHINGRIX for prophylaxis. On an unknown date, the patient received the 1st dose of SHINGRIX. In September 2018, unknown after receiving SHINGRIX, the patient experienced cancer (serious criteria GSK medically significant). On an unknown date, the outcome of the cancer was unknown. It was unknown if the reporter considered the cancer to be related to SHINGRIX. Additional details were provided as follows: The age at vaccination was not applicable. The reporter stated via online chat that the patient was diagnosed with cancer in September 2018. The patient had already received one dose of SHINGRIX, but the timing was unknown. No other information was provided. The chatter stated that question was urgent and that the patient was waiting at the time of reporting. The reporter stated that the timing was unknown, but if the patient was diagnosed in September it was likely that the patient received the first dose before being diagnosed.

VAERS ID:	783046 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2018-11-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	- / UNK	UN / SC

Administered by: Unknown **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2018SA284662
Write-up: Initial information received on 10-Oct-2018 regarding an unsolicited valid non-serious case received from a pharmacist. This case involves patient who experienced administered the vaccine to a patient SQ instead of IM, while he/she received vaccine FLUZONE QUADRIVALENT. The patient''s past medical history, medical treatment(s), vaccination(s) and family history were not provided. On an unknown date, the patient received a dose of suspect INFLUENZA QUADRIVAL A-B VACCINE lot number not reported via subcutaneous route. It was a case of actual medication

error due to vaccine administered at inappropriate site. The patient outcome is reported as Not Applicable for administered the vaccine to a patient SQ instead of IM. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID:	783192 (history)	**Vaccinated:**	2018-10-29
Form:	Version 2.0	**Onset:**	2018-10-31
Age:	40.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	R012497 / 1	RA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Throat tightness, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: AMITRIPTYLINE HCL; OMEPRAZOLE; OMEPRAZOLE; RANITIDINE HCL; SUMATRIPTAN SUCCINATE
Current Illness: No illness documented or reported. Pt was at the clinic for a yearly visit
Preexisting Conditions: Obesity; PTSD; Sleep Apnea
Allergies: NKDA OR Environmental allergies
Diagnostic Lab Data: Patient sent to ER for observation and evaluation
CDC Split Type:
Write-up: Pt started with small hives early on 10/31/2018 and during the day the pt started to have systemic hives. Patient only had exposure to deodorant with no reaction to application site. Pt presented to the clinic today with systemic hives as well as a "tightness" in his throat.

VAERS ID:	783935 (history)	**Vaccinated:**	2018-10-19
Form:	Version 2.0	**Onset:**	2018-10-21
Age:	0.17	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	9A2KC / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI909AA / 1	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	W28770 / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	N034401 / 1	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Explorative laparotomy, Internal hernia, Intestinal obstruction, Lethargy, Postoperative adhesion, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal obstruction (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 6 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Malrotation of midgut s/p repair, choanal atresia-- unilateral colic
Allergies: None
Diagnostic Lab Data: Exploratory laparotomy revealed partial obstruction related to internal hernia around adhesions from prior surgery.
CDC Split Type:
Write-up: Starting at midnight 2 days after vaccines he developed progressive vomiting which became bilious and associated lethargy.

VAERS ID: 784266 (history)		**Vaccinated:**	2018-10-24
Form:	Version 2.0	**Onset:**	2018-10-24
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Balance disorder, Chills, Headache, Injection site pain, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tramadol, Vitamin B9 L-5-methyltetrahydrofolate, CoQ10, magnesium citrate, lutein, vitamin B12, vitamin B 2 100, vitamin B 1 100mg per day vitamin B 6 100, Cetirizine 5
Current Illness:
Preexisting Conditions: chronic neuralgia, breast carcinoma 2006, Restless Leg syndrome, eye injury 2011 eye surgery 2012, eye surgery October 17 2018
Allergies: Shellfish
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Severe shaking/shivering total body symmetrical, headache frontal bilateral. I did not feel hot to touch. There was no sweating, no nausea, no dizziness, no myalgia, no pain except in upper arm at and near site of injection, no vomiting, no difficulty breathing, no hives, no rash. I didn''t feel cold but tried to fix my shaking by heating the house holding on to heat pads and adding bed covers. I was too shay to drink anything or take a temperature as my arms were wildly moving and my legs were so unsteadies to prevent walking to get to phone or kitchen. After it was over there were no other effects. Shivering/severe shaking lasted for 6 hours from 7 pm Oct 24 until 2 am Oct 25 I discussed this reaction with my physician Dr on Oct 30 at an annual visit because I was planning to get a Flu vaccine. I am holding back on flu vaccine this year in case I have developed some sensitivity to vaccines.

VAERS ID: 784616 (history)		**Vaccinated:**	2018-11-01
Form:	Version 2.0	**Onset:**	2018-11-01
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ041AB / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus, Rhinorrhoea, Throat irritation
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Secundum ASD defect - repaired 6-2011
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O itchy hands/feet/neck at 3 mins after vaccine given - VS remained stable throughout 45 mins of observation - Did have throat clearing and runny nose at 1610 -given BENADRYL at 1605 = symptoms resolved by 1640

VAERS ID: 784785 (history)		**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2018-11-08
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster

SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131811USA000404
Write-up: Information has been received from a lawyer regarding a case in litigation concerning a patient of unknown age and gender. No information was received regarding the patient''s past medical history, concurrent conditions, or concomitant medication. The patient''s healthcare provider (unspecified healthcare professional), recommended and/or prescribed ZOSTAVAX to the patient for its intended purpose of permanent prevention and protection against shingles and zoster-related conditions. On or about 2011, a pharmacist at a pharmacy administered the ZOSTAVAX (lot number, dosage and route of administration not provided) to the patient. On or about 03-DEC-2016, the patient was treated by a registered nurse/RN at a health care facility for shingles. The patient was diagnosed with shingles and/or other zoster-related injuries after and despite being inoculated with the ZOSTAVAX vaccine, and suffered serious physical, emotional, and economic damages as a result of the patient''s injuries. As a direct and proximate result of the ZOSTAVAX vaccine, the patient has and will continue to suffer ongoing injuries, including but not limited to: mental and physical pain and suffering; extensive medical care and treatment for these injuries; significant medical and related expenses as a result of these injuries, including but not limited to medical losses and costs include care for hospitalization, physician care, monitoring, treatment, medications, and supplies; diminished capacity for the enjoyment of life; a diminished quality of life; increased risk of premature death; aggravation of preexisting conditions and activation of latent conditions (unspecified); lost wages; loss of earnings capacity; and other losses and damages. The outcome of the events was considered to be not recovered. Additional information has been requested.

VAERS ID:	784795 (history)	**Vaccinated:**	2018-11-06
Form:	Version 2.0	**Onset:**	2018-11-08
Age:	71.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	HM3NC / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Erythema, Skin discolouration
SMQs:, Anaphylactic reaction (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: HSV suppressive treatment; hypertension; hyperlipidemia; hypothyroidism
Allergies: penicillin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Red /pink on torso, front only. Strip across mid torso above belly button and below bra line. Flat, not raised. No blistering, just skin discoloration. Not itching, not painful. Only noticed because dressing in front of a mirror.

VAERS ID:	785703 (history)	**Vaccinated:**	2018-11-09
Form:	Version 2.0	**Onset:**	2018-11-10
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: SYNTHROID, lisinopril, hydrochlorothiazide
Current Illness: none
Preexisting Conditions: COPD
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient requested pneumonia vaccine, but without verifying the paperwork she filled I gave her FLUARIX vaccine.

VAERS ID:	786071 (history)	**Vaccinated:**	2018-11-12
Form:	Version 2.0	**Onset:**	2018-11-13
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Depression, Fatigue, Hyperaesthesia, Pain of skin
SMQs:, Depression (excl suicide and self injury) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Escitalopram - 20 mg/day taken before bed at night
Current Illness: na
Preexisting Conditions: Prone to dysthymia/controlled w/Escitalopram
Allergies: na
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hours of total skin sensitivity/pain (not muscular), tiredness and depression.

VAERS ID:	786176 (history)	**Vaccinated:**	2018-11-13
Form:	Version 2.0	**Onset:**	2018-11-13
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Musculoskeletal stiffness, Myalgia, Nausea, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Minor cough
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Muscle pain, stiffness, nausea. Started about 2 hours after the vaccine was administered. Went to basketball practice and became nauseated, legs stiffened up, pain in joints, ended up throwing up. Still nauseous today. Did not have any of these symptoms prior to the vaccine. No signs of stomach flu, no fever prior or after.

VAERS ID:	786446 (history)	**Vaccinated:**	2018-10-09
Form:	Version 2.0	**Onset:**	2018-10-09
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	252671 / 1	RA / IM

Administered by: School **Purchased by:** ?
Symptoms: Injection site pain, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes

ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Uknown
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain during administration. Over the next week post-vaccination the pain continued to increase into shoulder. The following week, the patient experienced a great deal of pain in right shoulder and arm making it difficult to do certain tasks. She has been seen by urgent care who prescribed prednisolone. She followed up with her PCP and now has a future appointment with orthopedics for continued pain.

VAERS ID:	786661 (history)	**Vaccinated:**	2018-10-05
Form:	Version 2.0	**Onset:**	2018-10-06
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	H547E / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Patient had reported not feeling well previously after a flu shot
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: Unknown
Allergies: None
Diagnostic Lab Data: None, patient just thought it was interesting and wanted to report it.
CDC Split Type:
Write-up: Patient developed a red circular area around the part of the arm that she had received a small pox vaccine in as a child.

VAERS ID:	786722 (history)	**Vaccinated:**	2018-11-03
Form:	Version 2.0	**Onset:**	2018-11-03
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Mobility decreased, Sleep disorder
SMQs:, Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Red rash at injection site 2016
Other Medications: ZOLOFT; SYNTHROID; calcium; bio-flex; fish oil; CBD oil
Current Illness: None
Preexisting Conditions: Hypothyroidism; Dysthymia
Allergies: sulfa by hx
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Severe pain in upper left arm. (On scale 1-20, it was a 20), lasting 48 hours. Extremely painful to the point of almost going to the emergency room at local hospital. After first 48 hours pain remained, however ranges from 0 to 10. During the initial 24 hours, it required immobilizing my arm. Ibuprofen was ineffective. In addition, following the first 24 hours, I was not able to raise my arm beyond shoulder height for the next 48 hours. Pain continues to be present intermittently, daytime or while sleeping it reaches a level to awaken me. Treatment includes Ibuprofen and topical application of CBD. Sought mendial attention from PCP, OD.

VAERS ID:	786980 (history)	**Vaccinated:**	2018-11-16
Form:	Version 2.0	**Onset:**	2018-11-16
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	YF39908 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Anxiety, Dysphonia, Rash, Rash erythematous, Throat irritation
SMQs:, Anaphylactic reaction (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: B-12, Ferrous sulfate, Vit C, Vit D, Multi vit, Asprin, ESTRACE cream, Melatonin, Gabapentin, Mg, atorvastatin, Glipizide ER, JANUVIA
Current Illness: unknown
Preexisting Conditions: Diabetes II, hyperlipidemia, Hx of CVA, Vit D deficiency, B-12 deficiency, hypomagnesemia
Allergies: FLAGYL, IV iron infusion, nortriptyline, sulfa, metformin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Six hours after vaccine she had rapid onset hoarseness, scratchy throat, erythematous rash on chest, and anxiety.

VAERS ID:	787044 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-11-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131811USA006819
Write-up: Information was received from a lawyer regarding a case in litigation and refers to a female patient of unknown age. Medical history, concurrent conditions, and concomitant medications were not provided. The patient''s healthcare provider (unspecified healthcare professional), recommended and/or prescribed ZOSTAVAX to the patient for its intended purpose of permanent prevention and protection against shingles and zoster-related conditions. In 2015, a healthcare provider (unspecified healthcare professional), at a pharmacy, administered the ZOSTAVAX (lot number, dosage and route of administration not provided) to the patient. In 2016, the patient was treated by an unspecified healthcare professional at a medical center for shingles. The patient was diagnosed with shingles and/or other zoster-related injuries after and despite being inoculated with the ZOSTAVAX vaccine, and suffered serious physical, emotional, and economic damages as a result of the patient''s injuries. As a direct and proximate result of the ZOSTAVAX vaccine, the patient has and will continue to suffer ongoing injuries, including but not limited to: mental and physical pain and suffering; extensive medical care and treatment for these injuries; significant medical and related expenses as a result of these injuries, including but not limited to medical losses and costs include care for hospitalization, physician care, monitoring, treatment, medications, and supplies; diminished capacity for the enjoyment of life; a diminished quality of life; increased risk of premature death; aggravation of preexisting conditions and activation of latent conditions (unspecified); lost wages; loss of earnings capacity; and other losses and damages. The outcome of the events was considered to be not recovered. Additional information has been requested.

VAERS ID:	787276 (history)	**Vaccinated:**	2018-11-18
Form:	Version 2.0	**Onset:**	2018-11-18
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling abnormal, Impaired work ability, Injection site pain, Malaise, Pain in extremity, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Dementia (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Erythromycin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within a few hours, soreness at injection site which was expected, that was the only reaction I had with the first dose, a couple months ago. A few hours after that, my arm felt sore. About 16 hours later, slight malaise, just didn''t feel great. 28 hours after injection, intense malaise; 30 hours after, intense, uncontrolled shaking and severe malaise. Had to miss work the next day.

VAERS ID:	787279 (history)	**Vaccinated:**	2018-11-19
Form:	Version 2.0	**Onset:**	2018-11-19
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	B4J3H / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sodium Fluoride
Current Illness: None
Preexisting Conditions: None
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient was already vaccinated for Influenza on 9/26/18, second one was given in error.

Patient had no adverse reaction to first or second vaccine.

VAERS ID:	787498 (history)	**Vaccinated:**	2018-11-21
Form:	Version 2.0	**Onset:**	2018-11-21
Age:	54.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	YF44409 / 1	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none
Preexisting Conditions: Post kidney transplant
Allergies: none
Diagnostic Lab Data: none as of filing report.
CDC Split Type:
Write-up: Upon administration of the vaccine, pt developed significant localized swelling at administration site. Approximately the size of a marble. Pt reported no other side effects.

VAERS ID:	787524 (history)	**Vaccinated:**	2018-10-09
Form:	Version 2.0	**Onset:**	2018-10-09
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	252671 / 1	AR / IM

Administered by: School **Purchased by:** ?
Symptoms: Joint range of motion decreased, Pain in extremity, X-ray
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: N/A
Diagnostic Lab Data: X-ray
CDC Split Type:
Write-up: In patient''s words "My arm started hurting after the shot, but the pain continued to get much worse and then the pain plateaued at about 1.5 weeks. My range of motion has been extremely limited the last 6 weeks and it has been difficult to perform even the most simple task. I have received care from my primary care physician, x-rays, orthopedic, and am scheduled for physical therapy and a future MRI."

VAERS ID:	788058 (history)	**Vaccinated:**	2018-11-25
Form:	Version 2.0	**Onset:**	2018-11-25
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Axillary pain, Breast pain, Headache, Influenza like illness, Malaise, Muscle spasms, Musculoskeletal disorder, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Lipodystrophy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: New shingles shot (first injection) 1 month ago. Felt like I had the flu for 2.5 days
Other Medications: Meloxicam; baby aspirin; Vit. D3; Calcium
Current Illness: Seasonal allergies
Preexisting Conditions: None
Allergies: Benzoyl peroxide; doxycycline; codeine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe stabbing pains and aches all over body; cramping of both feet; severe headache; loss of use of R arm (arm that was injected) for several hours; loss of energy; general malaise. Started about 7:30 PM after morning injection. Better now, but still have some overall body aches and pains, headache, overall feeling like I"m getting over the flu. Continued pain in R armpit, R breast.

VAERS ID:	788309 (history)	**Vaccinated:**	2018-05-03
Form:	Version 2.0	**Onset:**	2018-05-04
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	B3276 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Sensitivity of teeth, Toothache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin D3; cod liver oil; evening primrose oil; ibuprofen; levothyroxine; lorazepam; multivitamin; PROVENTIL
Current Illness: Unknown
Preexisting Conditions: osteoarthritis, osteopenia lumbar spine, erythema nodosum, cutaneous lupus erythmatosus, hypothyrodism
Allergies: vomiting, nausea with oxycodone and morphine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Onset on dental hypersensitivity within 24 hrs injection. Dental pain lasted 3 months. No known changes in oral hygiene or identified dental issues confounding pain. Patient describes pain as, "cold air on teeth pain."

VAERS ID:	788884 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-11-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Private **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131811USA011592
Write-up: Information has been received on 27-NOV-2018 regarding a case in litigation from a lawyer concerning a female patient of unknown age. There was no information provided regarding the patient''s concurrent conditions, medical history or concomitant medications. The patient''s healthcare provider, recommended and/or prescribed ZOSTAVAX to the patient for its intended purpose of permanent prevention and protection against shingles and zoster-related conditions. On or about 11-OCT-2011, the patient''s healthcare provider at a physician''s office administered the ZOSTAVAX (lot number, expiration, dose and route unknown) to the patient. On or about 26-NOV-2016 the patient was treated by a physician for shingles. The patient was diagnosed with shingles and/or other zoster-related injuries after and despite being inoculated with the ZOSTAVAX, and suffered serious physical, emotional and economic damages as a result of the patient''s injuries. As a direct and proximate result of the ZOSTAVAX, the patient has and will continue to suffer ongoing injuries, including but not limited to: mental and physical pain and suffering; extensive medical care and treatment for these injuries; significant medical and related expenses as a result of these injuries, including but not limited to medical losses and costs include care for hospitalization, physician care, monitoring, treatment, medications, and supplies; diminished capacity for the enjoyment of life; a diminished quality of life; increased risk of premature death, aggravation of preexisting conditions and activation of latent conditions; lost wages; loss of earnings capacity; and other losses and damages. The outcome of the events is unknown. The causality of the events is related. Additional information has been requested.

VAERS ID: 788908 (history)		**Vaccinated:**	2018-10-18
Form:	Version 2.0	**Onset:**	2018-10-21
Age:	72.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA3: INFLUENZA (SEASONAL) (FLUAD) / NOVARTIS VACCINES AND DIAGNOSTICS	250793 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash generalised
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin; B12; Ferrous sulfate
Current Illness: None
Preexisting Conditions: COPD
Allergies: Penicillin; codeine; peanuts
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on arms, legs, back and stomach beginning 3 days after vaccination. Patient received 2 rounds of MEDROL dose-pak, but after completion both times the rash returned.

VAERS ID: 789195 (history)		**Vaccinated:**	2018-11-03
Form:	Version 2.0	**Onset:**	2018-11-05
Age:	53.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	2XF7E / 1	LA / IM

Administered by: Military **Purchased by:** ?

Symptoms: Rosacea
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CLARITIN D
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: Possible egg allergy- has to be denatured
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient fount out two days later that she had a rosacea all over her body. No other symptoms reported.

VAERS ID:	789199 (history)	**Vaccinated:**	2018-11-17
Form:	Version 2.0	**Onset:**	2018-11-22
Age:	68.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	W51924 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Malaise, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol; metformin; citalopram; pantoprazole; simvastatin
Current Illness: unknown to me
Preexisting Conditions: unknown to me

Allergies: penicillin
Diagnostic Lab Data: unknown to me
CDC Split Type:
Write-up: She starting not feeling well on 11/22/18 and by 11/25/18 came into the pharmacy where she had a large red circle raised area with itching. She then went to local clinic for further evaluation.

VAERS ID:	789595 (history)	**Vaccinated:**	2018-11-26
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2018-12-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UJ043AB / UNK	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2018SA328851
Write-up: Initial information received on 28-Nov-2018 regarding an unsolicited valid non-serious case received from a nurse. This case involves a 70 years old male patient who was vaccinated with a 0.5 ml dose of FLUZONE HIGH DOSE (Batch number: UJ043AB, expiration date: 22-May-2019, route: intramuscular and site of administration was right deltoid) on 26-Nov-2018. The patients medical history and concomitant medications were not reported. It was an actual medication error due to incorrect product storage. Nurse states that she accidentally gave a FLUZONE HIGH DOSE injection to a patient after a temperature excursion/no AE. No adverse event reported. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holders compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing

authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error. List of documents held by sender: none.

VAERS ID:	790091 (history)	**Vaccinated:**	2018-11-29
Form:	Version 2.0	**Onset:**	2018-12-05
Age:	41.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
YF: YELLOW FEVER (YF-VAX) / SANOFI PASTEUR	U1680AA / 1	RA / SC

Administered by: Military **Purchased by:** ?
Symptoms: Injection site rash, Rash, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies: PCN, AMXN, Er-Mycin
Diagnostic Lab Data: none, patient noted it 5 days after.
CDC Split Type:
Write-up: Local rash about 1/2 of the patient''s palm size. Raized non erythremous rash around injection site. No itching or respiratory symptoms. Rash is warm to the touch.

VAERS ID:	791383 (history)	**Vaccinated:**	2018-12-03
Form:	Version 2.0	**Onset:**	2018-12-01
Age:	50.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2018-12-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?

Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS2018GS
Write-up: This case was reported by a consumer via call center representative and described the occurrence of dizziness in a 50-year-old female patient who received Shingles vaccine for prophylaxis. On 3rd December 2018, the patient received Shingles vaccine. In December 2018, less than a week after receiving Shingles vaccine, the patient experienced dizziness. On an unknown date, the outcome of the dizziness was unknown. It was unknown if the reporter considered the dizziness to be related to Shingles vaccine. Additional details were reported as follows: The patient received shingles shot the day before reporting. The patient experienced some mild dizziness. The patient asked how long would this persist.

VAERS ID:	792132 (history)	**Vaccinated:**	2018-12-14
Form:	Version 2.0	**Onset:**	2018-12-14
Age:	14.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ087AB / 4	LA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	R017457 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood pressure decreased, Dizziness, Headache, Pain, Pallor, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Dehydration (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Dizzy after HPV #1 7-12-17 - HPV 9 by Merck Co - 12 yr old
Other Medications: None
Current Illness:
Preexisting Conditions:
Allergies: amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt pale - dizzy - faint - at 5 mins after vaccine received - started to vomit several mins after that - severe vomiting and HA x 10 mins - decreased BP also - recovered after 30 mins after vaccine given - H/A and soreness persisted into next day. HA = headache.

VAERS ID:	792161 (history)	**Vaccinated:**	2018-12-14
Form:	Version 2.0	**Onset:**	2018-12-14
Age:	19.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	9455T / N/A	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	R007722 / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site urticaria, Pain in extremity, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PROVENTIL HFA, LEVORA, WELLBUTRIN XL, Methylphenidate

Current Illness: common cold, no fever
Preexisting Conditions: Asthma, Dysmenorrhea, ADHD, Depressive D/O
Allergies: Prednisone
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Red area developed around injection site in the right arm several hours after receiving the PCV23 vaccine and became the size of a half dollar per patient''s mother. Hives also developed in upper right arm after several hours and gradually spread to the lower arm. Right arm described as very sore. Patient denied fever, denied shortness of breath, and denied throat swelling/closing. The vaccines were given on 12/14/2018 and adverse reaction was reported to us by the patient''s mother on 12/17/2018. Patient''s PCP, NP was informed immediately. NP recommended cold compresses, ibuprofen as needed for discomfort, and to follow-up with an office visit if redness persists/worsens or if pt. develops a fever. Explained that the symptoms would improve slowly. NP also informed staff to do VAERS report.

VAERS ID:	792837 (history)	**Vaccinated:**	2018-12-13
Form:	Version 2.0	**Onset:**	2018-12-14
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	G9P35 / 5	RL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	R017626 / 2	LL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain, Dehydration, Full blood count, Henoch-Schonlein purpura, Metabolic function test, Purpura, Red blood cell sedimentation rate, Urine analysis, Vomiting
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vasculitis (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: None known

Preexisting Conditions: None
Allergies: AUGMENTIN ES-600; Penicillins
Diagnostic Lab Data: U/A; CBC; CMP; ESR.
CDC Split Type:
Write-up: Abdominal pain, vomiting, purpura rash (HSP). Admitted to hospital for observation R/t severe abdominal pain, vomiting, dehydration 12/20/2018.

VAERS ID:	793072 (history)	**Vaccinated:**	2018-12-20
Form:	Version 2.0	**Onset:**	2018-12-22
Age:	5.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C5500CA / UNK	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R017628 / UNK	RA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: Adhesives-- not band aids/bandages
Diagnostic Lab Data:
CDC Split Type:
Write-up: Soreness and swelling with redness and warmth that is growing in size at both injection sites; worse on right (MMR). Afebrile. No SOB, or angioedema. Reviewed with Pediatrician. Concerned about developing cellulitis, esp on right. Started on AUGMENTIN 500mg BID x7 days. Use OTC pain relievers. To see PCP tomorrow morning. Margins of erythema marked with skin marker.

VAERS ID: 793416 (history)		**Vaccinated:**	2018-11-19
Form:	Version 2.0	**Onset:**	2018-11-20
Age:	36.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	U6263CA / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Blood test normal, Injected limb mobility decreased, Injection site pain, Rotator cuff syndrome, X-ray normal
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Budesonide Nasal rinse bid, sprinolactone 100mg qhs, tartazone cream Qhs, Combivent QD, Albuterol PRN, Bupinrophine 2mg QD.
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: They did an xray and some bloodwork nothing else yet
CDC Split Type:
Write-up: When Vacine was administered, I remember thinking it was given too high in the arm, and the administrator stated it was VERY hard to push in. About 17 hours after receiving shot I awoke to significant pain in the left shoulder, where I received the shot. Over the next day or so the pain continued but also seemed to worsen whenever I tried to use that arm-as in reaching across, over my head or behind me. After about a week and a half I went to the doctors- he told me just to watch it and take Aleve instead of ibuprofen. After another several days I called back as pain is not lessening-he recommended I go to muscle- skeletal doctor-as well as have x-ray and blood work done (both showed nothing). I was seen at ortho about 3 weeks to a month after administration of shot. That doctor said it was a probable rotator-cuff injury and to even double or triple my aleve intake as well as start PT. (First appointment with PT tomorrow 12/27/18.) In the mean time I followed up with my PCP. (The first doctor I saw was at my PCP''s office but not her.) My regular PCP- prescribed an oral steroid as my pain had not improved or lessened taking aleve or Ibuprofen. My understanding is PT and steroids and if the pain continues then we will do an MRI of the soft tissue. I have been unable to effectively use my left arm related to pain for over one month currently.

VAERS ID: 793858 (history)		**Vaccinated:**	2018-12-24
Form:	Version 1.0	**Onset:**	2018-12-27
Age:	2.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	2018-12-28
Location:	Vermont	**Days after onset:**	1
		Entered:	2018-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	T79X3 / 4	RL / IM
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	TM925 / 2	LL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	3KT7B / 2	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sodium Fluride
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: (R) thigh, half dollar size rash. No fever, no behavior changes. 12/27/18.

VAERS ID: 793975 (history)		**Vaccinated:**	2018-12-28
Form:	Version 2.0	**Onset:**	2018-12-29
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2018-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	992H3 / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site discharge, Injection site erythema, Injection site pain, Injection site

swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: diabetes
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Erythema, pain, swelling and weeping liquid at injection site. Pt sort treatment and was given antibiotic.

VAERS ID:	794728 (history)	**Vaccinated:**	2018-08-29
Form:	Version 2.0	**Onset:**	2018-09-15
Age:	66.0	**Days after vaccination:**	17
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UI997AB / 1	LA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	524S7 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Neuralgic amyotrophy, Radiculitis brachial
SMQs:, Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions: HYPERTENSION
Allergies: PENICILLIN
Diagnostic Lab Data:
CDC Split Type:
Write-up: BRACHIAL NEURITIS, PARSONAGE-TURNER SYNDROME.

VAERS ID:	794753 (history)	**Vaccinated:**	2019-01-04
Form:	Version 2.0	**Onset:**	2019-01-04
Age:	81.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	E3Z7E / UNK	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Body temperature, Chills, Headache, Hyperhidrosis, Malaise, Myalgia, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Spironolactone; bupropion HCL XL; pantoprazole Sod DR; Raloxifene; Atorvastatin; Multivitamin; probiotics; vitamin C; CITRACAL calcium citrate; Equaline Sleep aid; TYLENOL; baby aspirin
Current Illness: None
Preexisting Conditions: blood pressure - being treated, migraine headaches, osteoporosis, stomach
Allergies: Sulfa drug; penicillin; Paba, cashew nuts, benzocaine, hydrochlorothiazide, olmesartan, fragrance - don''t know which one, Paraben Mix, Benoxinate hydrochloride, Baby oil, tags on clothes, topical anesthetic, tape, poison ivy, oak,mango, pistachio nut shells; August 10, 2018 had anaphylaxis shock - probably cause allergic to pecan wood chips smoke. Carry
Diagnostic Lab Data: None
CDC Split Type:
Write-up: All over pain, chills, temperature, sweating, headache, just felt sick all over all night. Next day I am some better but still have chill, muscle pain, and feel sick all over.

VAERS ID:	794828 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-01-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Public **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131901USA000980
Write-up: Information has been received from a lawyer regarding a case in litigation concerning a female patient of unknown age. No information was received regarding the patient''s past medical history, concurrent conditions, or concomitant medication. The patient''s healthcare provider recommended and/or prescribed the ZOSTAVAX to the patient for its intended purpose of permanent prevention and protection against shingles and zoster-related conditions. On an unknown date in 2008, a healthcare provider at a department of health administered the ZOSTAVAX to the patient (lot number, dosage and route of administration not provided). On an unknown date in 2017, the patient was treated by a healthcare provider at a hospital for shingles. The patient was diagnosed with shingles and/or other zoster-related injuries after and despite being inoculated with the ZOSTAVAX vaccine, and suffered serious physical, emotional, and economic damages as a result of her injuries. As a direct and proximate result of the ZOSTAVAX vaccine, the patient has and will continue to suffer ongoing injuries, including but not limited to: mental and physical pain and suffering; extensive medical care and treatment for these injuries; significant medical and related expenses as a result of these injuries, including but not limited to medical losses and costs including care for hospitalization (dates unknown), physician care, monitoring, treatment, medications, and supplies; diminished capacity for the enjoyment of life; a diminished quality of life; increased risk of premature death, aggravation of preexisting conditions and activation of latent conditions (unspecified); lost wages; loss of earnings capacity; and other losses and damages. The outcome of the events was considered to be not recovered. Additional information has been requested.

VAERS ID: 795236 (history)		**Vaccinated:**	2018-12-31
Form:	Version 2.0	**Onset:**	2019-01-02
Age:	53.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	N79Z5 / 2	LA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	AR / -

Administered by: Private **Purchased by:** ?
Symptoms: Erythema
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Hypertension; Diabetes Type 2; High Cholesterol
Allergies: Codeine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received SHINGRIX Vaccine manufactured by GlaxoSmithKline, the next day she noticed a baseball sized area of redness on that arm, not hot or tender, no other symptoms.

VAERS ID: 796128 (history)		**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2019-01-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Private **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131901USA004993
Write-up: This initial spontaneous report was received from a lawyer regarding a case in litigation and refers to a male patient of unknown age. No information was provided regarding concurrent conditions, medical history, or concomitant medications. On or about 03-FEB-2014, a healthcare provider at a family practice administered ZOSTAVAX to the patient to obtain permanent prevention and protection against shingles and zoster-related injuries/conditions (dose, route, and lot # not provided). In 2017, the patient was treated by a healthcare provider at an express care facility for shingles. The patient was diagnosed with shingles and/or other zoster-related injuries after and despite being inoculated with ZOSTAVAX, and suffered serious physical, emotional, and economic damages as a result of the patient''s injuries. As a direct and proximate result of ZOSTAVAX, the patient has and will continue to suffer ongoing injuries, including but not limited to: mental and physical pain and suffering; extensive medical care and treatment for these injuries; significant medical and related expenses as a result of these injuries, including but not limited to medical losses and costs including care for hospitalization, physician care, monitoring, treatment, medications and supplies; diminished capacity for the enjoyment of life; a diminished quality of life; increased risk of premature death, aggravation of preexisting conditions and activation of latent conditions; lost wages; loss of earnings capacity; and other losses and damages. The outcome of the events was not recovered. Causality assessment was related. Additional information has been requested.

VAERS ID:	798468 (history)	**Vaccinated:**	2018-11-09
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	76.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-01-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	H547E / 1	UN / UN

Administered by: Unknown **Purchased by:** ?
Symptoms: Extensive swelling of vaccinated limb, Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic

oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201900
Write-up: This case was reported by a pharmacist via call center representative and described the occurrence of extensive swelling of vaccinated limb in a 76-year-old female patient who received SHINGRIX (batch number H547E, expiry date 22nd February 2021) for prophylaxis. On 9th November 2018, the patient received the 1st dose of SHINGRIX. On 10th November 2018, 1 days after receiving SHINGRIX, the patient experienced extensive swelling of vaccinated limb and injection site erythema. On an unknown date, the outcome of the extensive swelling of vaccinated limb and injection site erythema were recovered/resolved. It was unknown if the reporter considered the extensive swelling of vaccinated limb and injection site erythema to be related to SHINGRIX. Additional details were provided as follows: The patient experienced an area of swelling and redness from the injection site to the elbow. These symptoms persisted for 2 and half to 3 weeks and resolved. The reporter consented to follow up.

VAERS ID:	799059 (history)	**Vaccinated:**	2019-01-28
Form:	Version 2.0	**Onset:**	2019-01-28
Age:	66.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Pain in extremity, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: FLU SHOT; SAME SYMPTOMS
Other Medications: METOPROLOL; ASPIRIN; ALTORVASTATIN; AMLODIPINE; LOSARTAN/HCTZ
Current Illness: NONE
Preexisting Conditions: HIGH BLOOD PRESSURE
Allergies: BANANAS
Diagnostic Lab Data:
CDC Split Type:
Write-up: VERY SORE ARM 12 HOURS AFTER SHOT: CHILLS AND FEVER OF 99.1; SENSITIVE SKIN RASH; ACHY JOINTS; TIRED.

VAERS ID:	799166 (history)	**Vaccinated:**	2019-01-24
Form:	Version 2.0	**Onset:**	2019-01-26
Age:	76.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-01-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UJ052AB / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Hyperhidrosis, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Essential hypertension
Allergies: Sulfa drugs, sertraline, voltaren, amiloride, hydroxychloroquin.
Diagnostic Lab Data: None presently
CDC Split Type:
Write-up: 2 days after vaccination patient experiencing chills and sweats without fever, diffuse pain. No trouble at injection site, no respiratory symptoms. Reported to pharmacy today; directed

patient to reach out to primary care doctor, waiting to hear back from them.

VAERS ID:	801177 (history)	**Vaccinated:**	2019-02-08
Form:	Version 2.0	**Onset:**	2019-02-08
Age:	1.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-02-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C5506AA / 2	LL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	R013540 / 3	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	X34HF / 1	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	N023154 / 1	LL / SC
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	T94429 / 2	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R012531 / 1	RL / SC

Administered by: Public **Purchased by:** ?
Symptoms: Crying, Erythema, Petechiae, Rosacea
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Depression (excl suicide and self injury) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none reported
Preexisting Conditions: None reported during screening
Allergies: Allergy to OMNICEF (antibiotic)
Diagnostic Lab Data: PCP ordered CBC, unsure if was performed. Unknown if there was follow-up with PCP. Attempted to call mother 2/11/19 to check in but no answer, message was left.
CDC Split Type:
Write-up: Child was quite behind on vaccinations after missing several appointments with our office. Came in with mom, VIS statements given and screening checklist completed. Mom denied any illness, client was noted to have rosy cheeks, appearance similar to rosacea, he has fair skin and mom reports as sensitive skin. Child received vaccinations, he did cry pretty hard during the process as one would expect. He was consoled quickly after the injections were complete. Several minutes after the injections checked on client, he was drinking a bottle and interacting appropriately, normal behavior. At that time it was noted he had small petechiae on his face.

Noted on forehead, eye lids and cheeks. None noted anywhere else on his body. We questioned if this was related to the crying during the procedure. We watched the child for the full 15 minutes and maybe a bit longer, no change in rash, no signs of other reaction. Mom was instructed to keep an eye on him and to bring to ED if any changes. Once the child had left we discussed case with each other and decided it would be best to let the Immunization program chief and the child''s PCP know about the event in case it was a reaction to one of the vaccines. Mother was made aware we would be contacting the PCP, at the time of this call she reports child is behaving normally and no change or worsening of rash. PCP called and he did decide to order bloodwork, CBC. When called mother to let her know about the order she was resistant to bring the child in for bloodwork that night. She was encouraged by this nurse to call the PCP to discuss risk versus benefits of that decision. PCP also called by this nurse and made aware of mother''s response, at that point transfer of care to PCP.

VAERS ID:	801323 (history)	**Vaccinated:**	2019-01-25
Form:	Version 2.0	**Onset:**	2019-01-25
Age:	1.5	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	- / UNK	LL / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Abnormal behaviour, Crying, Decreased appetite, Decreased eye contact, Lethargy, Middle insomnia, Pallor, Pyrexia, Screaming, Speech disorder, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Weeks prior had a virus, but was healthy week or so before shot
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever and vomiting began night of shot and continue 19 days later. She has hardly

eaten since the shot, but continues breastfeeding for nutrition. Before the shot she was always smiling and since 1/26 she didn"t smile until 2/12. She hits herself in the head while crying and is inconsolable. She is pale and has stopped using words. Lethargy and frequently wakes crying in the night and wakes up crying. Every night 1/25 and morning since 1/26. If you try to get eye contact she looks away screaming. Previously never had this. Random crying fits throughout the day lasting 15-30 minutes with no common trigger. Her twinkle is gone from her eyes, has a vacant look.

VAERS ID:	801861 (history)	**Vaccinated:**	2018-08-02
Form:	Version 2.0	**Onset:**	2018-08-02
Age:	49.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-02-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

Administered by: Public **Purchased by:** ?
Symptoms: Bedridden, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Possibly Penicillin
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: 48 hours soreness, pain, bed-ridden (note not sure of TDAP manufacture, confirm brand/batch with Community Health Center. Bill did not include additional information other than it was state supplied.

VAERS ID:	802112 (history)	**Vaccinated:**	2019-01-04
Form:	Version 2.0	**Onset:**	2019-01-04
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Alopecia, Back pain, Blood glucose normal, Blood iron increased, Blood thyroid stimulating hormone, Blood urea decreased, C-reactive protein increased, Condition aggravated, Croup infectious, Fatigue, Feeling cold, Glycosylated haemoglobin normal, Haematocrit decreased, Haemoglobin decreased, Injection site erythema, Injection site induration, Metabolic function test normal, Nasal dryness, Night sweats, Platelet count normal, Pyrexia, Thyroxine free normal, Weight decreased, White blood cell count normal
SMQs:, Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 1st SHINGRIX same 36 (Combination, not injection site, no increase in alopecia), Nov 2018
Other Medications: levothyroxine; FLINTSTONES COMPLETE; vit D3; lectin shield supplement; magnesium; aspirin; ketoconazole
Current Illness: 12/26 Onycholysis and paronychia; Alopecia areata; Pre-diabetes; Hypothyroid
Preexisting Conditions: Alopecia areata; Prediabetes; Hypothyroid; Joint hypermobility syndrome
Allergies: fexofenadine; tramadol; latex; squaric acid
Diagnostic Lab Data: CMP normal except BUN, 9 (L); Glucose, 108, not fasting; 02/14/19, CRP elevated, 25.1 (ref less than 10.0 normal); Serum iron, 30 (37-170 nl); Hgb A1C, 6.2% (highest ever); WBC, 8.88; Hemoglobin, 11.3 (L); Hematocrit, 33.9 (L); Platelet, 247; No differential; 02/12/2019, TSH, 0.97; Free T4, 1.4
CDC Split Type:
Write-up: Fever not as high as 101; Chills; Hard, red injection site; Fatigue x 36 hr; Drenching night sweats - continue through today - no sign of stopping. Hair loss worse than ever before - alopecia areata onset age 6. 1 month after SHINGRIX: Patient developed croupy cough Feb 5, 2019. Drenching night sweats got much worse on 2/9/19. (Home scale) weight loss 2/10 - 2/17 and hunger - stabilized at 127 # (Down from 130 # on 2/9/19). 2/8/19, BP 111/68, P 69, O2 sat 99%, lungs clear, heart S1, S2, RRR. HT 169.0 cm; WT 59.4 kg dressed. PCP prescribed fluticasone nasal spray - used it for a days until nose was too dry 2/6/19 - 2/10/19. Hair loss patient stated dramatically worse after 2nd SHINGRIX dose. Alopecia areata ophiasic pattern since childhood. Scalp corticosteroid injections were stopped in 2018. Last dose 10/12/18. Lack of benefit and scalp atrophy were reasons for stopping q 4-6 injections. Onycholysis with intermittent paronychial swelling and pain since summer 2018; did have episode in late Dec (telephone call documented in medical record at dermatology practice) visit on 1/24/19, loose nail remnants were removed of nails beds left 1st and 3rd. She also started topical triamcinolone 0.1% ointment, KENALOG injection were performed by PA-C at dermatology. Patient was also using tea tree oil in

December stopped. Patient has been seeing physical therapist for thoracic back pain and left greater than right functional instability of upper quarters (scapular motion pattern). Previous C-Reactive Protein levels were all under reference lower limits; from 2008-2014. Hgb A1C was 5.8 - 6.0% on 2/14/19.

VAERS ID:	802361 (history)	**Vaccinated:**	2019-02-18
Form:	Version 2.0	**Onset:**	2019-02-18
Age:	0.33	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-02-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	5GB73 / 2	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: No adverse reaction reported.

VAERS ID:	802476 (history)	**Vaccinated:**	2019-02-18
Form:	Version 2.0	**Onset:**	2019-02-18
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-02-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	455KC / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Erythema, Headache, Pain, Paraesthesia, Skin warm, Vaccination

complication
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan, Nifedipine, Clonidine, Repatha, Spironolactone
Current Illness:
Preexisting Conditions: Hyperlipidemia, Exercise induced asthma, osteopenia, hypothyroidism, HTN, Coronary articulorsclerosis, adrenal incidentaloma
Allergies: atenolol, atorvastatin, lisinopril, statins
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Head to toe joint pain and body aches, Raging headache. Localized hot red "egg" with a tingling sensation. Had a smaller similar reaction to the first shot and thought it may be an infection from shot but now know it was a milder overall reaction to the immunization.

VAERS ID:	802641 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2019-02-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Private **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131902USA008578
Write-up: Information has been received from a lawyer regarding a case in litigation concerning an approximately 64 year old male. No information was received regarding the patient''s past medical history, concurrent conditions, or concomitant medication. The patient was prescribed the ZOSTAVAX by a healthcare provider for the long-term prevention of shingles and zoster-related conditions. On or about 20-JUL-2012, the patient was administered the ZOSTAVAX by a health care provider (lot number, dosage and route of administration not provided). On or about 06-OCT-2015, the patient was treated by a by a health care provider for the following injury resulting from his use of ZOSTAVAX: shingles. The patient claims damages as a result of: injury to himself, and economic losses. The outcome of the shingles is unknown. Additional information has been requested.

VAERS ID:	802911 (history)	**Vaccinated:**	2019-02-20
Form:	Version 2.0	**Onset:**	2019-02-21
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	LL552 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 24 hours: chills, muscle aches, nausea.

VAERS ID: 803262 (history) **Vaccinated:** 2019-01-25
Form: Version 1.0 **Onset:** 0000-00-00
Age: 68.0 **Submitted:** 2019-02-25
Sex: Male **Entered:** 2019-02-25
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	9277N / 2	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Facial paralysis
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed Bell''s Palsy.

VAERS ID: 803337 (history) **Vaccinated:** 2019-02-25
Form: Version 2.0 **Onset:** 2019-02-26
Age: 52.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	MX2LT / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Nasopharyngitis, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omega-3 ethyl esters; LATUDA; clonazepam
Current Illness: Bronchitis approximately 1 month
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Cold-like symptoms, achy.

VAERS ID:	803604 (history)	**Vaccinated:**	2019-02-19
Form:	Version 2.0	**Onset:**	2019-02-20
Age:	1.75	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	KZ4TM / 1	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: bilateral otitis 2x since birth; hydrocele in past
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Fever over 104 within 24 hours of administration.

VAERS ID:	804102 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-03-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Adverse reaction, Infection
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS2019GS
Write-up: This case was reported by a consumer via call center representative and described the occurrence of adverse reaction in a female patient who received SHINGRIX for prophylaxis. On an unknown date, the patient received the 1st dose of SHINGRIX. On an unknown date, unknown after receiving SHINGRIX, the patient experienced adverse reaction and infection. The patient was treated with antibiotics nos. On an unknown date, the outcome of the adverse reaction and infection were recovered/resolved. It was unknown if the reporter considered the adverse reaction and infection to be related to SHINGRIX. Additional details were provided as follows: The age at vaccination was not reported. In 2018, the patient got 1st dose of SHINGRIX 3 months before the reporting time. The patient had a reaction that her doctor thought was an infection. The patient took antibiotics and got better. Caller disconnected before the patient could clarify what the reactions were she experienced. This case was 2 of the 2 cases, reported by the same reporter.

VAERS ID:	804179 (history)	**Vaccinated:**	2019-03-04
Form:	Version 2.0	**Onset:**	2019-03-04
Age:	1.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route

MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	R018779 / 1	RL / SC
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	W62465 / 4	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R020650 / 1	LL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No current medications
Current Illness: No illnesses 1 mo prior to vaccine administration on 3/4/2019
Preexisting Conditions: No chronic health care conditions to date
Allergies: No known allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: On 03/04/2019 the patient (12 mo and 8 days old) was inadvertently given both a varicella vaccine and an MMRV vaccine instread of a varicella vaccine and an MMR vaccine. As a result the patient received two doses of varicella on 3/04/2019. There has not been an adverse reaction to date. A member of the nursing staff at the Health Center will call the patient''s parents to discuss the increased risk of seizure with the combination vaccination.

VAERS ID:	804646 (history)	**Vaccinated:**	2019-03-04
Form:	Version 2.0	**Onset:**	2019-03-04
Age:	88.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	L7SY9 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient came in to get his second dose forgetting that he had already received it. He has suffered no ill effects from the extra vaccine. Also his doctor was notified.

VAERS ID:	804912 (history)	**Vaccinated:**	2019-01-29
Form:	Version 2.0	**Onset:**	2019-01-29
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-03-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	32ZG4 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies: NONE
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: PAIN IN ARM AS IF SOMEONE HAD PUNCHED HIM HARD WITH THEIR KNUCKLES. STILL OCCURRING 1 AND A HALF MONTHS LATER. ARM IS STILL SORE ALL THE TIME. RECENTLY STARTING USING A TENS DEVICE THAT HE RECEIVED FOR TENNIS ELBOW IN OTHER ARM. HE USED IT ON ARM PAIN DUE TO INJECTION AND IT MADE IT FEEL BETTER.

VAERS ID:	804930 (history)	**Vaccinated:**	2019-02-22
Form:	Version 2.0	**Onset:**	2019-02-23
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-03-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Myalgia, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Calcium; Magnesium; Potassium; Vitamin D; Vitamin C; Vitamin B complex; Garlic; SAM-e
Current Illness: none
Preexisting Conditions: osteopenia; occasional joint aches; history of Sarcoidosis (greater than 25 years ago)
Allergies: chocolate; nuts; peanuts; fish; seafood
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Woke up morning after the injection with pain in the generalized area of the injection site. As the day progressed the pain spread throughout my body and by 2 PM I took one extra strength TYLENOL and one regular strength Ibuprofen, wrapped up in a heavy blanket and wondered how bad to allow it to get before I went to the hospital. I slept for about 2 hours and woke up with noticeable improvement. As of today 3/10/19 my left arm muscle has bouts of pain handled with TYLENOL.

VAERS ID:	805049 (history)	**Vaccinated:**	2019-03-11
Form:	Version 2.0	**Onset:**	2019-03-11
Age:	1.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	279H2 / 1	LL / SYR

MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	R021095 / 1	LL / SYR
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R022117 / 1	RL / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Gave the paitent an MMRV and Varicella instead of an MMR and Varicella.

VAERS ID:	805311 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-03-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / UN

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZERINC2019106082
Write-up: This is a spontaneous report from a non-contactable consumer. A female patient of an unspecified age received PREVNAR 13, (Lot number and expiration date were not reported), with route of administration and therapy date unspecified, at a single dose for immunization. The patient''s medical history and concomitant medications were not reported. On an unspecified date, both the patient''s forearms broke out in rashes. The outcome of the event, ''both the patient''s forearms broke out in rashes'', was unknown. No follow-up attempts are possible. No further information is expected.

VAERS ID:	806639 (history)	**Vaccinated:**	2019-03-20
Form:	Version 2.0	**Onset:**	2019-03-21
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	D9474 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injected limb mobility decreased, Vaccination site erythema, Vaccination site reaction, Vaccination site swelling
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Venlafaxine, metoprolol sucinate, simvastatin, hydrochlorothiazide, lisinopril
Current Illness:
Preexisting Conditions:
Allergies: Bupropion
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reports local reaction after receiving the vaccine. On Friday 3/22 she came back into the pharmacy and showed the area of vaccination which was still red about 2 inches around injection site. She reports on Thursday 3/21 not being able to really even lift her arm. She states the area was extremely swollen and red.

VAERS ID:	807517 (history)	**Vaccinated:**	2019-03-26
Form:	Version 1.0	**Onset:**	2019-03-27
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2019-03-28
Location:	Vermont	**Days after onset:**	1
		Entered:	2019-03-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	94496 / 5	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	R024015 / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: Injection site erythema, Injection site pain, Injection site swelling, Pain, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: NKA; Hx Febrile Seizure
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain for 2 days. Oblong area around shot site 3" wide and 5-6 inches long, red raised and tender to touch with arm swelling. Hx 3-28-19 no raised red welt. Swelling decreased.

VAERS ID:	807801 (history)	**Vaccinated:**	2019-03-26
Form:	Version 2.0	**Onset:**	2019-03-26
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-03-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	P57AA / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Fatigue, Headache, Injection site reaction, Pruritus, Skin reaction, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none at this pharmacy
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Skin reaction at injection site initial evening growing to 3 x 2 inches over next day, itching, headache severe for first day then slowly abating, shakiness, fatigue. These were not observed when pt got first shot in December-only after 2nd shot in March.

VAERS ID:	808220 (history)	**Vaccinated:**	2019-03-19
Form:	Version 2.0	**Onset:**	2019-03-19
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	R031961 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Chest pain, Headache, Muscle spasms
SMQs:, Retroperitoneal fibrosis (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: PREMARIN; metoprolol tartrate; cyclobenzaprine; amlodipine; buspirone; meloxicam

Current Illness:
Preexisting Conditions: Fibromyalgia; osteoarthritis,;hypertension
Allergies: Meperidine; sulfa antibiotics
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient complained of pain in lower back and spasms, as well as headache. Initially complained of chest pain but says that improved over time.

VAERS ID:	808916 (history)	**Vaccinated:**	2019-04-03
Form:	Version 2.0	**Onset:**	2019-04-03
Age:	1.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R011221 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R024265 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Otalgia, bilateral
Preexisting Conditions: None
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: MMR and Varicella were combined in one injection. MMR reconstituted with one 0.5ml vial of Sterile dilutent. Added to Varicella vial to reconstitute and given as one injection. No reported adverse events from family reported as of 4/8/2019.

VAERS ID: 808917 (history)		**Vaccinated:**	2019-04-03
Form:	Version 2.0	**Onset:**	2019-04-03
Age:	1.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R011221 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R024265 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: MMR and Varicella were combined in one injection. MMR reconstituted with one 0.5ml vial of Sterile Dilutent. Added to Varicella vial to reconstitute and given as one injection. No adverse reactions noted by family as of 04/08/2019.

VAERS ID: 809257 (history)		**Vaccinated:**	2019-04-05
Form:	Version 2.0	**Onset:**	2019-04-05
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (VAQTA) / MERCK & CO. INC.	N031940 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131904USA003480
Write-up: No adverse effects reported; Was inadvertently administered one expired dose of VAQTA; This spontaneous report was received from a nurse practitioner concerning a patient of unknown age and gender. The patient''s concurrent conditions and medical history, as well as concomitant medications, were not reported. On 05-APR-2019, the patient was inadvertently vaccinated with an expire dose of hepatitis a vaccine, inactivated (VAQTA) (dose, frequency, route and anatomical site were unknown) lot # N031940, expiration date 23-NOV-2018, for prophylaxis. No adverse effects were reported.

VAERS ID:	809985 (history)	**Vaccinated:**	2019-04-12
Form:	Version 2.0	**Onset:**	2019-04-12
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	32ZG4 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrochlorothiazide
Current Illness: none
Preexisting Conditions: Elevated blood pressure reading without diagnosis of hypertension

(ICD-796.2) (ICD
Allergies: Contrast Dye (Severe)
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was on nursing schedule to come in for 2nd SHIGNRIX injection, Patient''s name was one list for 2nd injection, vaccine set aside for patient with name on it in refrig. Patient brought into room, confirmed with patient that she was here for 2nd SHINGRIX vaccine, patient said yes, verified patient, allergies, current meds, visits. SHINGRIX given with no problems or concerns. Documented in chart, when documenting, realized it was patients 3rd SHINGRIX vaccine. She had received the other two vaccines on 7/13/18 and 2/7/19. Tried to call immunization staff, unable to reach anyone, tried to call staff, no one available, was given the name of from Health Dept, spoke with him about it and he recommended what to do. Dr. Immunization Provider know, called and spoke with patient husband. Primary care provider, Dr. notified on 3/15/19. On 4/15/19 called patient to check in with her, no adverse effects or concerns.

VAERS ID:	810087 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	66.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-04-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / OT

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US00950751319O4USA006719
Write-up: Shingles; Information has been received from a lawyer regarding a case in litigation concerning an elderly female patient of unknown age. No information was received regarding the patient''s past medical history, concurrent conditions, or concomitant medication. The patient was prescribed the zoster vaccine live (ZOSTAVAX) by a healthcare provider for the long-term prevention of shingles and zoster-related conditions. On an unknown date in 2012, at

approximately age 66, the patient was administered the zoster vaccine live (ZOSTAVAX) by a healthcare provider at a pharmacy (lot number, dosage and route of administration not provided). On an unknown date, the patient was treated by a healthcare provider for the following injury resulting from her zoster vaccine live (ZOSTAVAX) use: Shingles. The patient claimed damages as a result of: injury to herself, loss of consortium, loss of services, and economic losses. The outcome of the shingles is unknown. Additional information has been requested.

VAERS ID:	810773 (history)	**Vaccinated:**	2019-03-23
Form:	Version 2.0	**Onset:**	2019-03-24
Age:	59.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	YF37606 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: GLUCERNA, VITAMIN B, MULTIVITAMIN
Current Illness: NONE
Preexisting Conditions: DIABETES
Allergies: CODIENE, SEA FOOD
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: PATIENT REPORTS THAT HIS ARM STILL HURTS (REPORTED TO PHARMACIST ON 4/19/19) AFTER GETTING THE FLU SHOT. PATIENT RECEIVED THE FLU SHOT ON 03/23/2019

VAERS ID:	810869 (history)	**Vaccinated:**	2019-03-02
Form:	Version 2.0	**Onset:**	2019-03-02
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / SANOFI PASTEUR	N1G402 N / 1	RA / ID

Administered by: Other **Purchased by:** ?
Symptoms: Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash - 2 inch in diameter - still visible 7 weeks later - initially itching. Treated with hydrocortisone 1% and oatmeal poultices

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VAERS ID:	811680 (history)	**Vaccinated:**	2019-04-26
Form:	Version 2.0	**Onset:**	2019-04-27
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Hyperhidrosis, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi-vitamin, calcium/magnesium, glucosamine sulfate
Current Illness: None
Preexisting Conditions: Arthritis
Allergies: Wheat sensitivity, dust, some pollen.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Chills, shivering, joint pain, headache for approximately two hours 2-4 am, then feverish and nauseous for a few more hours, then about 12 to 14 hours of fatigue with mild chills and sweats.

VAERS ID:	812016 (history)	**Vaccinated:**	2019-04-25
Form:	Version 1.0	**Onset:**	2019-04-27
Age:	52.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	2019-04-30
Location:	Vermont	**Days after onset:**	3
		Entered:	2019-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U6179AA / UNK	RA / IM
TD: TD ADSORBED (TDVAX) / MASS. PUB HLTH BIOL LAB	A113A / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: Injection site cellulitis, Injection site induration
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: amlodipine, ASA 81, Mapap 500, Meloxicam
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Areas of induration and cellulitis at both injection sites. Worse on (R) arm. Temp of 99. Sx began 2 days after injection. No issues in past w/imms. Tx with Keflex 500 mg 3x7days. RTC for reevaluation.

VAERS ID: 812055 (history)		**Vaccinated:**	2019-03-13
Form:	Version 2.0	**Onset:**	2019-04-11
Age:	52.0	**Days after vaccination:**	29
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (HEPLISAV-B) / DYNAVAX TECHNOLOGIES CORPORATION	933093 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cardiomyopathy, Myocarditis
SMQs:, Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: Elevated BP without diagnosis of hypertension
Allergies: NKDA
Diagnostic Lab Data: Patient hospitalized from 4/11/19-4/12/19 for dx of idiopathic cardiomyopathy
CDC Split Type:
Write-up: Hospitalization for myocarditis.

VAERS ID: 812992 (history)		**Vaccinated:**	2018-04-27
Form:	Version 2.0	**Onset:**	2018-04-28
Age:	11.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	90651 / 1	RA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Influenza like illness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Same as previously stated to 2nd HPV Gardasil 9 on 11/1/2018 Lot 90651
Other Medications: Had Nausea, Vomiting body ache and flu like symptoms. Fever 103.4
Current Illness: No
Preexisting Conditions: NO
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Reported flu like symptoms managed symptomatically at home

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VAERS ID:	813737 (history)	**Vaccinated:**	2019-02-15
Form:	Version 2.0	**Onset:**	2019-05-03
Age:	57.0	**Days after vaccination:**	77
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Burning sensation, Herpes zoster, Pain, Paraesthesia, Skin ulcer
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: 10 weeks after Shingrix 1st shot I have shingles. Recieved treatment at my GP. It was very painfull with sores on my back and chest with burning and tingles from head to legs

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VAERS ID:	813779 (history)	**Vaccinated:**	2019-04-30
Form:	Version 2.0	**Onset:**	2019-05-13
Age:	62.0	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	RO31679 / 1	LA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: atorvastatin certrizine crisaborole ointment ketoconazole shampoo omeprazole sildenafil
Current Illness: none noted.
Preexisting Conditions: arthritis dermatochalasis eczema Gerd hyperlipidemia type 2 diabetes. Neuropathy
Allergies: Celexa nausea niacin flushing sertraline insomnia diarrhea cramping
Diagnostic Lab Data: none
CDC Split Type:
Write-up: patient received MMR vaccine on 4-30-19 at office visit. patient called office in am on 5-13-19 with chills and rash on chest back and face.

VAERS ID: 814217 (history)		**Vaccinated:**	2019-05-09
Form:	Version 2.0	**Onset:**	2019-05-10
Age:	4.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-05-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Decreased appetite, Diarrhoea, Malaise, Vomiting
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none listed on screening checklist
Preexisting Conditions: none listed on screening checklist
Allergies: none listed on screening checklist
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Child came in for DTaP, he received dose in left deltoid, tolerated well. No adverse reaction noted during 15 minute observation period. Mother of child called the next day to report that he had vomited at 2am, then again at 3am and again at 8am. No fever noted in AM, but at time of the call, 2:30pm, temp of 99. Mom notes poor appetite, malaise. Mom states injection site and arm are unremarkable. This nurse did suggest she also notify the child"s PCP. Called mother back on Monday to check in and she reports Saturday energy was better but still low appetite but seemingly starting to feel better, then Sunday vomited again and had diarrhea. Explained to mom that it is very possible this illness is unrelated but that I would put in a VAERS just to be cautious.

VAERS ID: 815004 (history)		**Vaccinated:**	2019-03-22
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	61.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2019-05-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	4ZF42 / 1	- / -

Administered by: Unknown **Purchased by:** ?

Symptoms: Rash vesicular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201908
Write-up: shingles-like rash on right side of body/rash; This case was reported by a pharmacist via call center representative and described the occurrence of vesicular rash in a 61-year-old male patient who received Herpes zoster (Shingrix) (batch number 4ZF42, expiry date 18th April 2021) for prophylaxis. On 22nd March 2019, the patient received the 1st dose of Shingrix. On 24th March 2019, 2 days after receiving Shingrix, the patient experienced vesicular rash. On an unknown date, the outcome of the vesicular rash was recovered/resolved. It was unknown if the reporter considered the vesicular rash to be related to Shingrix. Additional details were reported as follows: The patient developed a shingles like rash on the right side of his body that resolved after 2 weeks. The patient did not seek medical treatment for the rash.

VAERS ID:	815178 (history)	**Vaccinated:**	2019-04-01
Form:	Version 2.0	**Onset:**	2019-05-06
Age:	66.0	**Days after vaccination:**	35
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Tendon rupture, X-ray
SMQs:, Accidents and injuries (narrow), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID; Losartan; omeprazole; ACTOS; INVOKANA; Metoprolol
Current Illness: none
Preexisting Conditions: diabetes; Graves Dz
Allergies: NKDA
Diagnostic Lab Data: Xray
CDC Split Type:
Write-up: Ruptured proximal biceps tendon.

VAERS ID:	816194 (history)	**Vaccinated:**	2019-05-15
Form:	Version 2.0	**Onset:**	2019-05-21
Age:	1.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LG / SYR
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	- / 1	LG / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Pyrexia, Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Iron supplement
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Hives and fever presented 6 days following the vaccine. Hives started on trunk and spread to arms, legs, face and feet throughout the day/night. Low grade fever was treated with cool cloth (no medication. Hives were treated by pediatrician with 2.25 ml hydroxyzine, ever six hours as needed. Medication was used as needed for four days, until rash/hives had cleared.

VAERS ID:	817028 (history)	**Vaccinated:**	2019-05-31
Form:	Version 2.0	**Onset:**	2019-05-31
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	A4D72 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration, Injection site erythema
SMQs:, Drug abuse and dependence (broad), Extravasation events (injections, infusions and implants) (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: yes; otc medications; dietary supplements; no herbal remedies found in medical record
Current Illness: none
Preexisting Conditions: coronary artery disease; hypothyroidism; gastric esophageal reflux; adhd; martoux positive
Allergies: septra
Diagnostic Lab Data: none
CDC Split Type:
Write-up: patient reports redness at site of injection patient reports that injection was done subcutaneously

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VAERS ID:	818194 (history)	**Vaccinated:**	2019-06-06
Form:	Version 2.0	**Onset:**	2019-06-07
Age:	11.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	R023606 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Erythema, Oedema peripheral, Pain in extremity
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad),

Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none known
Preexisting Conditions: hx of mass in chest, seizures, generalized anxiety disorder, weight loss and plantar wart
Allergies: mushrooms
Diagnostic Lab Data: none
CDC Split Type:
Write-up: HPV vaccine #2 was given upper R deltoid 4 days ago. Arm was hurting that evening, seemed to be hurting more than usual with a vaccine. Developed swelling and pain in right armpit next day. Day before yesterday mom looked at it and it looked terrible, swollen and red all in her armpit. Family was away for a soccer tournament, decided to wait. Has gotten a little better, still a little swollen, still hurting. Otherwise feeling fine. Normal energy, normal appetite. Played soccer this weekend. No fever. No vomiting or diarrhea. Sleeping fine at night.

VAERS ID:	819190 (history)	**Vaccinated:**	2019-06-15
Form:	Version 2.0	**Onset:**	2019-06-16
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Body temperature increased, Chills, Fatigue, Headache, Migraine, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: MMR vaccine was given 9/27/16 at age 48. Severe migraine began less than an hour afterward. Ended up in the hospital to receive
Other Medications: 150mg Lamictal, 60mg ER Propranolol
Current Illness: None
Preexisting Conditions:
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Began with mild headache and nausea. Progressed to migraine within an hour and nausea increased. Became tired with all over muscle achiness. 3 hours later chills began, despite the house being 71 degrees. An hour later temperature (via oral) registered 100.5. Side effects were dissipating by 8pm, and by 10:30AM the following day (6/17/19) no symptoms at all were present.

VAERS ID:	819308 (history)	**Vaccinated:**	2019-06-12
Form:	Version 2.0	**Onset:**	2019-06-13
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-06-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	RO10724 / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Malaise, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: See attached
Current Illness: Asthma
Preexisting Conditions: Asthma, Allergic Rhinitis
Allergies: Soy, oxycodone, sulfa
Diagnostic Lab Data: none 6/17/19 70% better
CDC Split Type:
Write-up: Fever 103-101 Chills Unwellness headache

VAERS ID:	819987 (history)	**Vaccinated:**	2017-03-24
Form:	Version 2.0	**Onset:**	2017-03-24
Age:	0.25	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	DA22F / 2	LG / SYR
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	MD33Y / 1	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Decreased appetite, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 3/10/17 age 3 months, Prevnar, Tremors
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: dairy, soy, coconut.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: My daughter was vaccinated in the late afternoon. She was very sleepy afterward and had no appetite. I put her to bed around 7:00 PM and watched her on the baby monitor. At approximately 11:00 PM I tried to offer her milk, as she was exclusively breastfed, but she would not wake up to eat. I decided to change her diaper, thinking that might help to rouse her. But she did not wake up. This was highly unusual for her, as she was always a very light sleeper. I called the nurse''s line at my pediatrician''s office and she advised me to turn on the lights, undress her, rub her skin, and make some noise as to make her uncomfortable. It took 10-15 minutes to get her to wake up and give an appropriate response by crying.

VAERS ID:	820100 (history)	**Vaccinated:**	2019-05-25
Form:	Version 1.0	**Onset:**	2019-05-25
Age:	68.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2019-06-23
Location:	Vermont	**Days after onset:**	29
		Entered:	2019-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	99D9F / 1	LA / -

Administered by: Other **Purchased by:** Other
Symptoms: Arthralgia, Musculoskeletal pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Healthy
Preexisting Conditions: None Known
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Wrist, Shoulder, Arm Pain within 24 hours of Vaccine

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VAERS ID:	820950 (history)	**Vaccinated:**	2019-06-05
Form:	Version 2.0	**Onset:**	2019-06-23
Age:	12.0	**Days after vaccination:**	18
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	R017134 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Injection site swelling, Musculoskeletal stiffness, Pain
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: multivitamin Vyvanse 20 mg qd Ranitidine 75 mg bid
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: aching pain and stiffness. Tender swollen spot in mid left deltoid.

VAERS ID:	821355 (history)	**Vaccinated:**	2019-07-01
Form:	Version 2.0	**Onset:**	2019-07-01
Age:	1.58	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	UJ084AA / 1	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient was here for Pentacel vaccine. Was only given the Dtap and IPV components, The Hib component was not given. The liquid part of the vaccine was not mixed with the powder part. No adverse effects. Patient returned on 7/2/19 for a Hib vaccine.

VAERS ID:	821817 (history)	**Vaccinated:**	2019-07-02
Form:	Version 2.0	**Onset:**	2019-07-02
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-07-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNKNOWN / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole every other day; acyclovir 400 mg BID
Current Illness: NOne,
Preexisting Conditions: GERD
Allergies: NKDA
Diagnostic Lab Data: NOne
CDC Split Type:
Write-up: Started with pain about 5 hours after injection at injection site. On 7/4/19 at 0800 noted to be very red (3 inches in diameter), hot and indurated, centered around injection site and still quite painful. THis was Second Shingrix he had (previous shingrix about 4 months earlier).

VAERS ID:	822287 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-07-08
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Limb discomfort, Myalgia, Pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131907USA001340
Write-up: Pain in arm for 6 weeks; Heaviness; Discomfort with movement; Muscle soreness; This spontaneous report as received from a pharmacist and a nurse refers to a currently 40 year old female patient. The patient''s medical history, concurrent conditions, drug reactions/allergies and concomitant medications were unknown. On an unknown date, the patient was vaccinated with the first dose of hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9) (Strength, dose, route of administration, anatomical location, lot number and expiry date were unknown) for prophylaxis. On an unknown date, the patient experienced pain in the arm for 6 weeks post administration with hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9). On unknown dates, the patient also experienced heaviness, discomfort with movement and muscle soreness after getting vaccinated with the first dose of hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9). On an unknown date, the patient was vaccinated with the second dose of hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9). However, no adverse experiences were reported with the second dose of hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9). No product quality complaint (PQC) was associated with the report. The outcome of the event of pain in extremity was considered to be recovering (Also reported as "starting to go away now "). The outcome of the events of discomfort, movement disorder and myalgia was considered to be unknown. The reporter did not provide the causality assessment for the reported events with hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9).

VAERS ID:	823726 (history)	**Vaccinated:**	2019-07-10
Form:	Version 2.0	**Onset:**	2019-07-11
Age:	3.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / 2	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None Known
Preexisting Conditions: None
Allergies: None Known
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Localized event. Induration at site with large red area around it

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VAERS ID:	825218 (history)	**Vaccinated:**	2019-07-19
Form:	Version 2.0	**Onset:**	2019-07-19
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-07-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	477S3 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Burning sensation, Pain, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: oscal vitamin d omeprazole
Current Illness: n/a
Preexisting Conditions: GERD
Allergies: penicillin
Diagnostic Lab Data: none Primary provider marked the area outlined it with black pen
CDC Split Type:
Write-up: Rash on left arm, itchy, painful, burning. -patient states that she took antihistamines(cetirizine) which were not helpful -

VAERS ID:	825541 (history)	**Vaccinated:**	2019-07-24
Form:	Version 2.0	**Onset:**	2019-07-24
Age:	2.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	267F9 / 4	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	5953X / 1	LL / IM
HIBV: HIB (HIBERIX) / GLAXOSMITHKLINE BIOLOGICALS	UI950AA / 4	LL / IM

Administered by: Public **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Patient had diarrhea 7/10/2019 that resolved after 1 week
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient Developed Hives on body in random places around 4:00pm post vaccination. Patient given Benadryl PO 3.75ml with some stabilization. No fever or other issues noted, temperament good, eating and drinking as normal. Hives seemed to increase 24 hours post vaccination. Health Dept. RN consulted via phone. Instructed patient mom to contact urgent care or pediatrician given worsening hives. Follow-up call morning of 7/26. Mom reports pediatrician was called and recommended 3.75ml Benadryl PO every 4-6 hours for 48 hours. Patient given Benadryl dose of 3.57ml last night and greatly improved. Mom reports no more hives since last night. 7/25/2019.

VAERS ID:	825543 (history)	**Vaccinated:**	2019-07-25
Form:	Version 2.0	**Onset:**	2019-07-25
Age:	49.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S004548 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Pain, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bupropion XL 150 mg and 300 mg, suboxone 8/2 mg SL film, estradiol 2 mg, spironolactone 100 mg, ibuprofen 400 mg, levothyroxine 75 mcg, finasteride 5 mg, pantoprazole 40 mg, famotidine 40 mg
Current Illness: Unknown
Preexisting Conditions: ulcerative colitis
Allergies: Sulfa drugs
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received vaccine around 7:15 pm and reports feeling pain around 9:00 pm. Describes pain as all over, at the site of injection, and reports a fever of 102. Says it feels like he received a bullet to the arm. Reports throwing up in the night and still in pain as of 8:30 am the next morning.

VAERS ID:	825716 (history)	**Vaccinated:**	2019-07-25
Form:	Version 2.0	**Onset:**	2019-07-26
Age:	11.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN MANUFACTURER	- / UNK	- / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Hypersomnia, Pyrexia, Rash, Streptococcus test negative, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self

injury) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None known
Diagnostic Lab Data: Strep test Came back negativeI can?t say for sure it was from the Vaccinations but I needed to share this information just in case I am to follow up with his primary care physician on Monday when the clinic opens back up.
CDC Split Type:
Write-up: He was injected with the three shots two and one arm one and the other in the upper part of his arm , I am not sure which ones were new to him besides I?m positive the HPV was a new shot to him he hadn?t had that one before. The following day early in the morning he started complaining of a headache and his arms being really sore to the point he couldn?t move them as the day went on he was with my father so my dad had given him Tylenol and he had complained of a headache and been sleeping a lot by the time I got home from work he was complaining of a headache and he put ice pack on his head and took a shower and took more ibuprofen and they came out and I took his temperature and it was 104.6 His symptoms ranged Immense headache high fever of 103.6 to 104.6 vomiting rash on his chest brought him to the ER twice the following day after his shots because it started with an extreme headache and a temperature of 104.6 and a rash they told me it might?ve been strep and sent me home and told me to give him Tylenol 975 mg every 46 hours and check his temperature. Two hours after getting home his temperature spiked back up to 103.7 he was complaining that his head hurt and then puked from one end of my house to the other called the ER back they had me go back down they gave him an anti-vomiting medication and Motrin and told me to alternate the Motrin and the Tylenol and to give them the zofran if needed in the morning And now they thought it might be a virus but they weren?t sure. I can?t say for sure it was from the shop but I needed to share this information just in case I am to follow up with his primary care physician on Monday when the clinic opens back up

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VAERS ID:	827928 (history)	**Vaccinated:**	2013-01-25
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	70.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2019-08-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131908USA002802
Write-up: herpez zoster; This initial spontaneous report was received from a lawyer regarding a case in litigation and refers to a currently 77-year-old male patient. No information was provided regarding medical history, concurrent conditions, or concomitant medications. On or about 25-JAN-2013, the patient was vaccinated with zoster vaccine live (ZOSTAVAX) (lot#, expiration date, dose, dose# and route of administration not specified) for the long-term prevention of shingles and zoster-related conditions by a pharmacist. On an unspecified date, the patient experienced herpes zoster and was treated by a physician. The outcome of herpes zoster was unknown. The reporter considered herpes zoster to be related to Zoster Vaccine Live (ZOSTAVAX).

VAERS ID:	828045 (history)	**Vaccinated:**	2019-08-09
Form:	Version 2.0	**Onset:**	2019-08-09
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	74A7L / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Feeling cold, Headache, Influenza like illness, Pain, Pyrexia, Vaccination complication
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: EC Aspirin 81mg
Current Illness: none
Preexisting Conditions: High blood pressure
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient called on 8/10/19, around 2pm, told me that he wants to report serious vaccine adverse reaction. Couple hours after the second Shingrix shot he started having severe chills, felt extremely cold and had body aches, had high fever (did not measure). The next day he was still feeling flu-like symptoms. I advised him to drink plenty of fluids, rest, tylenol for pain and headache and call doctor if he is not getting better. I explained that it may be expected, these are vaccine related reactions, may last for 24 hours.

VAERS ID:	828153 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-08-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201914
Write-up: Sore arm; This case was reported by a pharmacist via call center representative and

described the occurrence of pain in arm in a adult patient who received Herpes zoster (Shingrix) for prophylaxis. On an unknown date, the patient received the 1st dose of Shingrix. On an unknown date, less than 2 years after receiving Shingrix, the patient experienced pain in arm. On an unknown date, the outcome of the pain in arm was unknown. It was unknown if the reporter considered the pain in arm to be related to Shingrix. Additional information received were as follows: The age at the vaccination was not reported. The age group was not reported but it was selected as adult as per vaccine indication. The patient received Shingrix on an unknown arm. The pharmacist stated that the patient had a very sore arm and was inquiring if an alternate sight (thigh) could be used instead. The caller stated that the patient received the vaccine at another pharmacy and therefore did not had additional information regarding the event.

VAERS ID:	828347 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2019-08-09
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2019-08-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain upper, Asthenia, Chills, Fatigue, Feeling hot, Muscle discomfort, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol, Amlodopine, Atvorastatin, Multiple vitamins, aspirin
Current Illness: Non-smoker, occasional alcohol
Preexisting Conditions: Heart disease, high blood pressure, cancer
Allergies: None known
Diagnostic Lab Data:
CDC Split Type:
Write-up: Several hours of extreme chills, which occurred within 6 hours of receiving shot, followed by fever for about 4 hours. Now, the following day, am experiencing weakness, tiredness, some muscle discomfort and off and on chills and overheating and some stomach pain.

VAERS ID:	828340 (history)	**Vaccinated:**	2019-08-06
Form:	Version 2.0	**Onset:**	2019-08-01
Age:	85.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2019-08-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	H549S / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Diarrhoea
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201914
Write-up: Diarrhea/uncontrollable loose stools; This case was reported by a pharmacist via call center representative and described the occurrence of diarrhea in a 85-year-old male patient who received Herpes zoster (Shingrix) (batch number H549S, expiry date 1st October 2021) for prophylaxis. On 6th August 2019 04:30, the patient received the 1st dose of Shingrix (intramuscular). In August 2019, 23 hrs after receiving Shingrix, the patient experienced diarrhea. On an unknown date, the outcome of the diarrhea was recovering/resolving. It was unknown if the reporter considered the diarrhea to be related to Shingrix. Additional details were provided as follows: The reporter stated that male patient received the first dose of Shingrix and 23 hrs after receiving Shingrix, the patient experienced diarrhea. The reporter stated that, the patient has not attempted to alleviate the symptoms with any treatment at the time of reporting. The reporter consented to follow up. The reporter granted permission for follow up

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VAERS ID:	829022 (history)	**Vaccinated:**	2019-08-06
Form:	Version 2.0	**Onset:**	2019-08-07
Age:		**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	H549S / 1	LA / OT

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anal incontinence, Diarrhoea
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201914
Write-up: uncontrollable loose bowel movements; uncontrollable loose bowel movements; This case was reported by a pharmacist via call center representative and described the occurrence of bowel incontinence in a 85-year-old male patient who received Herpes zoster (Shingrix) (batch number H549S, expiry date 1st October 2021) for prophylaxis. On 6th August 2019, the patient received the 1st dose of Shingrix (intramuscular). On 7th August 2019, 1 days after receiving Shingrix, the patient experienced bowel incontinence and loose bowel. On an unknown date, the outcome of the bowel incontinence and loose bowel were unknown. It was unknown if the reporter considered the bowel incontinence and loose bowel to be related to Shingrix. Additional case details were reported as follows: The age at vaccination was not reported, but it could be 84 or 85 years. The patient received Shingrix in left arm The patient experienced uncontrollable loose bowel movements on the afternoon of the next day of reporting. The reporter gave permission to follow up.

VAERS ID:	829088 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-08-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Hypersomnia, Injection site reaction, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201914
Write-up: Injection site reactions; Fatigue; feel like they need a nap; This case was reported by a pharmacist via call center representative and described the occurrence of injection site reaction in an unspecified number of adult patients who received Herpes zoster (Shingrix) for prophylaxis. On an unknown date, the patient received Shingrix at an unknown dose. On an unknown date, less than 2 years after receiving Shingrix, the patient experienced injection site reaction, fatigue and sleepiness. On an unknown date, the outcome of the injection site reaction, fatigue and sleepiness were unknown. It was unknown if the reporter considered the injection site reaction, fatigue and sleepiness to be related to Shingrix. Additional details were provided as follows: The age at vaccination was not applicable for this report. The reporter stated that the most commonly seen adverse events from Shingrix that they have noted at the pharmacy are local injection site reactions. The reporter stated that about 50% of patients also experience severe fatigue, they get very tired, feel like they need a nap and end up sleeping for 16 hours. The reporter consented to follow up. The reporter granted permission for follow up.

VAERS ID:	829239 (history)	**Vaccinated:**	2019-08-13
Form:	Version 2.0	**Onset:**	2019-08-13
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	5JT9C / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Ear discomfort, Erythema, Hypoacusis, Injection site erythema, Injection site swelling, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hearing impairment (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FOSAMAX, ALLOPURINOL 100MG,, WELLBUTRIN XL 150, METOPROLOL SUCC ER 50
Current Illness: NONE
Preexisting Conditions: GOUT, DEPRESSION, HYPERTENSION
Allergies: PRAVASTATIN, SULFA
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: SWELLING AND REDNESS AT THE INJECTION SIGHT TRAVELED DOWN THE LEFT ARM TO THE LEFT HAND. PATIENT ALSO EXPERIENCING A "PRESSURE SENSATION BEHIND THE LEFT EAR" AND A "SENSE OF PARTIAL HEARING LOSS"

VAERS ID:	830739 (history)	**Vaccinated:**	2019-08-26
Form:	Version 2.0	**Onset:**	2019-08-27
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	0056654-18325 / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chills, Diarrhoea, Headache, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: amitriptyline 10mg at night for migraine treatment/preventive

Current Illness: none
Preexisting Conditions: migraines
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: fever, chills, nausea, joint pain, headache. diarrhea started over night (approx 9-10 hours after injection) started to subside 24 hours after injection, or at least I was able to get out of bed and eat something at that time.

VAERS ID:	830987 (history)	**Vaccinated:**	2019-08-26
Form:	Version 2.0	**Onset:**	2019-08-27
Age:	4.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-08-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	P1A461M / 4	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R028004 / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R034398 / 2	RA / SC

Administered by: Public **Purchased by:** ?
Symptoms: Abdominal pain upper, Decreased appetite, Injection site bruising, Injection site erythema, Injection site swelling, Pain, Pain in extremity, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown. Screening checklist indicates occasional inhaler for treatment of asthma
Current Illness: no indication of illness at time of vaccination.
Preexisting Conditions: Asthma
Allergies: none listed on screening checklist
Diagnostic Lab Data:

CDC Split Type:
Write-up: Child"s mother called 8/29/19 at 9:15 am to report child had experienced a reaction to one of the vaccines, she was looking to find out which vaccine was given in the left arm in the area below the shoulder and not at the back of the arm. *this was the DTaP*. Mother reports the day after the vaccines was given (Tuesday) she noted some redness at the injection site, he also had a mild fever that night 100.4 and did experience vomiting. She report Wednesday the redness had progressed to be from the shoulder to the elbow, and that the area of the injection looked bruised, and she now noted swelling from the shoulder to the elbow. Child reports pain in arm but also generalized pain, neck, back, legs, and stomach with associated vomiting and decreased appetite. Mom reports that she has not taken the child to see his provider yet. This nurse strongly encouraged she get the child in to see his provider as soon as possible, guided mom to be sure to report the severity of the symptoms to doctor when calling to schedule as he should be seen today. Read through the VIS with the mother, outlining the information in the "Risk of Vaccine Reaction" section which does indicate that this type of swelling can occur but it is more rare. Did discuss alternative rare reactions which could include abscess at the site of injection. Again, strongly encouraged she get the child in to be evaluated by his provider.

VAERS ID:	831067 (history)	**Vaccinated:**	2019-08-20
Form:	Version 2.0	**Onset:**	2019-08-22
Age:	57.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-08-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	D9474 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling abnormal, Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: none
Preexisting Conditions: none
Allergies: No known allergies
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Redness and swelling at site of injection and down toward the elbow began on

Thursday (8/22/19) she iced the area and took Benadryl, but the area remained swollen, red and became hot to the touch. On Sunday, 8/25/19, she went to express care and was told to take zyrtec along with the benadryl and continue to ice the area. She did this until Tuesday, 8/27/19, when she returned to express care and was given prednisone 20mg daily and was told to continue zyrtec and icing. Today, 8/29/19, the redness and swelling have come down. It is no longer hot to the touch, but her arm still feels strange.

VAERS ID:	831691 (history)	**Vaccinated:**	2019-03-27
Form:	Version 2.0	**Onset:**	2019-03-27
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-09-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Injected limb mobility decreased, Injection site pain, Injection site reaction, Pain, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole 20 mg. (1 daily), Amlodipine 10 mg. (1 daily), Spironolactone 50 mg. (1 daily), Pravastatin 20 mg. (1 daily), diazepam 5 mg. (as needed for sleep), chlortrimeton (as needed for allergies)
Current Illness: None
Preexisting Conditions: High cholesterol, high blood pressure, GERD, insomnia
Allergies: Allergic to bergamot, iodine, feathers (as in down pillows, duvets, etc.). Also react to mold and mildew with coughing, sneezing, post-nasal drip, etc.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Severe pain at the time of injection followed a day later by a red rash around the site of injection that lasted for a few days. The pain at the injection site has been continuous, is still present 5 months later and shows no signs of abating. I am currently receiving physical therapy to help restore range of motion to my left arm and shoulder. The center of the problem is in the deltoid muscle where I received the shot. My shoulder joint is moving more easily thanks to physical therapy, but even trying to move my arm to the side or behind me is nearly impossible and causes me to experience arm pain in the muscle where I got the shot.

VAERS ID: 832153 (history) **Vaccinated:** 2019-09-03
Form: Version 2.0 **Onset:** 2019-09-01
Age: 0.17 **Submitted:** 0000-00-00
Sex: Male **Entered:** 2019-09-05
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	MG92G / 1	LG / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ03344 / 1	LG / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	AA7112 / 1	LG / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	7744B / 1	LG / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Rotavirus was given as an intramuscular injection, and it is supposed to be given orally. The amount of immunization injected exceeded 1 ml/one site.

VAERS ID: 832847 (history) **Vaccinated:** 2019-08-28
Form: Version 1.0 **Onset:** 2019-08-29
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	- / UNK	- / -

Administered by: Private **Purchased by:** Public
Symptoms: Erythema, Peripheral swelling, Pyrexia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: 0
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: 0
CDC Split Type:
Write-up: Fever, arm redness & swelling 8/29/19

VAERS ID:	833231 (history)	**Vaccinated:**	2019-08-02
Form:	Version 2.0	**Onset:**	2019-08-05
Age:	64.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-09-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	3LL4P / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Herpes zoster, Pruritus, Rash, Rash vesicular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a

Current Illness: no sickness. Had skin cancer biopsy on right rib cage towards the front done the morning of vaccination
Preexisting Conditions: Hypothyroidism
Allergies: latex
Diagnostic Lab Data:
CDC Split Type:
Write-up: itchy arm and leg and turned red. Then bumps with blister centers. Upper legs and arms and abdomen. Then shingles occurred at the site of the biopsy. The bumps occurred for a few weeks and are now all gone. All that remains is shingles at site of biopsy.

VAERS ID:	833517 (history)	**Vaccinated:**	2019-08-20
Form:	Version 2.0	**Onset:**	2019-08-22
Age:	76.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Fatigue, Mobility decreased, Myalgia, Paraesthesia, Paraesthesia oral, Swelling, Synovial cyst
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Diltiazem, metoprolol, calcium, magnesium, lutein zeaxanthin, multi-vitamin
Current Illness: None
Preexisting Conditions: Osteoporosis Small brain aneurysms Hypertension
Allergies: none
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Very tired one day after injection. Next day (second day after vaccine) started having aches in joints mostly on left side of body?knee, ankle, wrist. Then muscles aches on left.. Tingling started in left foot and left hand, traveled up leg. Over the next few days knee and ankle on right

side had aches, and tingling spread to both feet, shins, hands, face including eyelids, inside eyes, inside mouth, side of face. Swelling developed behind left knee which primary care doctor thought could be popliteal cyst from possible arthritis in left knee irritated by immune response to vaccine. Now can?t bend left knee easily. as too painful. Now three and a half weeks out, most joint aches are gone except for left knee but tingling has continued, moving to different parts of body including face, especially eyelids, feet, hands, legs.

VAERS ID:	833899 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-09-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Vertigo
SMQs:, Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS201916
Write-up: Vertigo; This case was reported by a pharmacist via call center representative and described the occurrence of vertigo in a female patient who received Herpes zoster (Shingrix) for prophylaxis. On an unknown date, the patient received the 1st dose of Shingrix. On an unknown date, less than a week after receiving Shingrix, the patient experienced vertigo. On an unknown date, the outcome of the vertigo was recovering/resolving. It was unknown if the reporter considered the vertigo to be related to Shingrix. Additional case details were provided as follows: The age at vaccination was not reported. The patient returned to the pharmacy to discuss vertigo which started after Shingrix administration. The reporter then spoke with the patient 1 week after her dose and the symptoms were subsiding. The reporter had no further details, they were not in the pharmacy at the time of reporting. The reporter consented to follow up.

VAERS ID:	835461 (history)	**Vaccinated:**	2019-09-16
Form:	Version 1.0	**Onset:**	2019-09-17
Age:	1.25	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	2019-09-19
Location:	Vermont	**Days after onset:**	2
		Entered:	2019-09-24
		Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	UI991AAA / 4	RL / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	AA7111 / 4	LL / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: Injection site induration, Injection site swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed hives that resolved over the course of 36 hours without treatment. Patient developed swelling and induction at injection site on left thigh 0.5 cm x 0.5 cm. Resolved without tx.

VAERS ID:	835754 (history)	**Vaccinated:**	2019-09-18
Form:	Version 2.0	**Onset:**	2019-09-18
Age:	81.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA3: INFLUENZA (SEASONAL) (FLUAD) / NOVARTIS VACCINES AND		

DIAGNOSTICS	260388 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site bruising, Injection site pain, Injection site warmth
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: carvedilol, lisinopril (due to stent)
Current Illness: Has stent
Preexisting Conditions: stent
Allergies: no known allergies
Diagnostic Lab Data: none
CDC Split Type:
Write-up: No pain or abnormalities upon administration. Pharmacist covered with bandage. The next day the patient noticed a bruse underneath the bandage. It was a little achy and slightly warm. It didn''t bother her otherwise had no pain or sensation. Kept moving her arm. Has no pain/sensation like a normal bruise. Bowling didn''t irritate it. Just has a visual bruise and it feels a little bit warm. Patient has tried icing but it didn''t change the size. It is however turning yellow (healing) and starting to get slightly smaller. As long as it continues to get smaller, no further medical action is necessary. If patient develops a fever, or experiences pain/tenderness advised her to be checked out.

VAERS ID:	837742 (history)	**Vaccinated:**	2019-09-27
Form:	Version 2.0	**Onset:**	2019-09-27
Age:	0.17	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	UI991AAA / 1	LL / IM
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	UI991AAA / 1	RL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	2L2B9 / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	AA7111 / 1	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	S004397 / 1	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Immunisation, Product preparation issue, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad),

Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Medication errors (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D3 400 iu/ml liquid
Current Illness: none
Preexisting Conditions: none
Allergies: no known drug allergies, no known food or environmental allergies
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient received the dtap/ipv portion of Pentacel vaccine without reconstitution with the hib portion of the vaccine. The patient was then revaccinated with dtap/ipv/hib (pentacle) that was reconstituted properly. These were given the same day but in separate sites. The parents were notified same day of error and the only reaction noted by parents and reported to provider was that the patient slept more than usual, patient did not have any adverse effects from vaccination. No fever, no adverse site reaction. Patient was monitored by parents and reported above to provider more then 24 hours after vaccination.

VAERS ID:	837930 (history)	**Vaccinated:**	2019-10-03
Form:	Version 2.0	**Onset:**	2019-10-03
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / 1	LA / IM
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	R021372 / 1	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R028004 / 1	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R034398 / 1	LA / SC

Administered by: Public **Purchased by:** ?
Symptoms: No adverse event, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none
Preexisting Conditions: none
Allergies: Oak tree pollin
Diagnostic Lab Data:
CDC Split Type:
Write-up: There has not been any adverse reaction noted at this time. VAERS is being filed because child received DTaP instead of Tdap. He is 8 years old and just starting the tetanus containing vaccine series. Measures have been implemented to avoid this error in the future. Vaccine dose will count as first dose of tetanus containing vaccine.

VAERS ID:	839136 (history)	**Vaccinated:**	2019-10-07
Form:	Version 2.0	**Onset:**	2019-10-08
Age:	55.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Injection site pain, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: Bactrin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nurse drove the shot into my upper right arm. 12 hours later, I had a multiple symptoms. They were a headache, a fever, body ache, tenderness at the injection site.

VAERS ID:	839294 (history)	**Vaccinated:**	2019-10-05
Form:	Version 2.0	**Onset:**	2019-10-09
Age:	16.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	R032767 / 3	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R035225 / UNK	RA / -

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Peripheral swelling, Product administered at inappropriate site
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Drug abuse and dependence (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Mom stated Dr. gave that shot in the same spot last time + had same response.
Other Medications: None per mom
Current Illness: None per mom
Preexisting Conditions: None per mom
Allergies: Environmental
Diagnostic Lab Data: None
CDC Split Type:
Write-up: According to student + confirmed w/Dr. Varicella shot was given in (R) Volar aspect of arm. Patient had a red raised reaction measuring 4 inches wide by 3 1/2 inches long. Varicella shot should only be administered SQ in lateral aspect back of arm + outer thighs per package insert.

VAERS ID:	839525 (history)	**Vaccinated:**	2019-10-02
Form:	Version 1.0	**Onset:**	2019-10-03
Age:	61.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	2019-10-07
Location:	Vermont	**Days after onset:**	4
		Entered:	2019-10-09
		Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	2DB5X / UNK	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	R002354 / UNK	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: Fatigue, Full blood count, Injection site erythema, Malaise, Pain in extremity, White blood cell count increased
SMQs:, Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: 0
Preexisting Conditions: Aspirin - allergy,
Allergies:
Diagnostic Lab Data: CBC on 10/3/19: WBC 17.0,
CDC Split Type:
Write-up: Pt returned the day after immunizations with feelings of fatigue + malaise, soreness in L arm. Labs drawn. Pt returned the following day to review lab results, L arm with clear demarcated erythema along L deltoid, no significant swelling or heat. Pt afebrile the whole duration.

VAERS ID:	839950 (history)	**Vaccinated:**	2019-10-09
Form:	Version 2.0	**Onset:**	2019-10-10
Age:	76.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUR4: INFLUENZA (SEASONAL) (FLUBLOK QUADRIVALENT) / PROTEIN SCIENCES CORPORATION	QFAA1919 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash, Skin irritation
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tamsulosin 0.4mg daily
Current Illness: None
Preexisting Conditions:
Allergies: Hydrocodone
Diagnostic Lab Data:
CDC Split Type:
Write-up: A day after the patient received the vaccine, they noticed irritation and a light rash not localized to the injection site. Patient consulted their doctor who suggested the events could be related to the immunization.

VAERS ID:	840023 (history)	**Vaccinated:**	2019-10-07
Form:	Version 2.0	**Onset:**	2019-10-07
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S025133 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cellulitis, Erythema, Injection site erythema, Injection site pain
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: no known allergies
Diagnostic Lab Data: 10/08/2019 : she saw the doctor and was prescribed cephalexin for what

the doctor diagnosed as cellulitis.
CDC Split Type:
Write-up: Patient reported redness and pain at injection site about an hour or more after receiving injection. Then she noticed a black and blue appeared and a red band appeared across her upper arm. By the next day the redness eventually spread to under her arm pit. She came into the pharmacy to tell us and she was advised to see the clinic doctor immediately.

VAERS ID:	840277 (history)	**Vaccinated:**	2019-09-25
Form:	Version 2.0	**Onset:**	2019-09-28
Age:	31.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	7KS9P / UNK	RA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	R007722 / UNK	RA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C5602AA / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal tenderness, Blood culture negative, Fatigue, Full blood count, Headache, Hyperhidrosis, Injection site erythema, Injection site swelling, Lethargy, Lymphadenopathy, Mononucleosis heterophile test negative, Myalgia, Pyrexia, Serum sickness, Viral infection, White blood cell count increased
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Flovent, albuterol
Current Illness: Denies
Preexisting Conditions: migraine, depression, asthma, chronic back pain, GERD, oral HSV
Allergies: Bee stings
Diagnostic Lab Data: Will fax, please contact for information
CDC Split Type:
Write-up: Patient recieved vaccines on Weds 9/25 in clinic. Symptoms started on Saturday, 9/28.

Called on call provider Sunday, 9/29 with complaints of fever of 103F, myalgias and swelling and redness at injection site on right arm. Advised to go to ED. Seen at Hospital ED on 9/29. Reported RUQ tenderness. CBC with elevated WBCs, no other concerning lab results or DIs. Negative mono. Discharged with suspected serum sickness versus viral illness. Seen at clinic by this provider on 9/30 with continuing fever, lethargy, myalgias, significant swelling of right axillary node and moderate swelling of left axillary node, RUQ tenderness. Blood cultures drawn which were negative. Started on Doxycycline 100 mg BID PO x 10 days and prednisone taper (first dose 60 mgs) x 12 days. Patient canceled f/u appt in 4 days. Rescheduled for 10/10, seen in clinic. Symptoms improving - no fever, myalgias or left axillary swelling. Continues to have minimal right sided submandibular and axillary lymphadenopathy., fatigue, headache and sweating. Prescribed Indomethacin 50 mg BID PRN x 14 days and Pantoprazole 20 mg QD x 14 days. Encouraged f/u PRN.

VAERS ID:	840828 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-10-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Influenza like illness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2019438279
Write-up: Experienced flu like symptoms for 2 days from receiving Prevnar 13 and flu together; This is a spontaneous report from a contactable Pharmacist, via a sales representative, who reported similar events for three patients. This is the first of three reports. This Pharmacist reported for a patient that: A patient of unspecified age and gender received pneumococcal 13-val

conj vac (dipht crm197 protein) (PREVNAR 13), at single dose and influenza vaccine (FLU) both via an unspecified route of administration on the same unspecified date for immunisation. The patient medical history and concomitant medications were not reported. The patient experienced flu like symptoms for 2 days on an unspecified date with outcome of recovered. No follow-up attempts are possible. No further information is expected, information about batch number cannot be obtained.; Sender''s Comments: Linked Report(s) : US-PFIZER INC-2019438282 same reporter, same product, same event, and different patient;US-PFIZER INC-2019438281 same reporter, same product, same event, and different patient

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VAERS ID:	840829 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-10-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Influenza like illness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2019438281
Write-up: flu like symptoms; This is a spontaneous report from a contactable pharmacist received via a Pfizer sales representative. This pharmacist reported similar events for three patients. This is the second of three reports. A patient of unspecified age and gender received pneumococcal 13-valent conjugated vaccine (diphtheria crm197 protein) (PREVNAR 13, lot number and expiry date unknown) and influenza vaccine (FLU), both via an unspecified route of administration on an unspecified date at a single dose for immunization. The patient''s medical history and concomitant medications were not reported. The pharmacist reported that the patient experienced side effects from receiving pneumococcal 13-valent conjugated vaccine (diphtheria crm197 protein) and flu

together on an unspecified date. The patient experienced flu like symptoms for 2 days. The outcome of the event was unknown. No follow up attempts are possible, information on the lot/batch number cannot be obtained. No further information is expected.; Sender''s Comments: Linked Report(s) : US-PFIZER INC-2019438279 same reporter, same product, same event, and different patient;US-PFIZER INC-2019438282 same reporter, same product, same event, and different patient

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VAERS ID:	840830 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-10-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Influenza like illness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2019438282
Write-up: flu like symptoms; This is a spontaneous report from a contactable pharmacist received via a Pfizer sales representative. This pharmacist reported similar events for three patients. This is the third of three reports. A patient of unspecified age and gender received pneumococcal 13-valent conjugated vaccine (diphtheria crm197 protein) (PREVNAR 13, lot number and expiry date unknown), and influenza vaccine (FLU), both via an unspecified route of administration on an unspecified date at a single dose for immunization. The patient''s medical history and concomitant medications were not reported. The pharmacist reported that the patient experienced side effects from receiving pneumococcal 13-valent conjugated vaccine (diphtheria crm197 protein) and flu together on an unspecified date. The patient experienced flu like symptoms for 2 days. The

outcome of the event was unknown. No follow up attempts are possible, information on the lot/batch number cannot be obtained. No further information is expected.; Sender''s Comments: Linked Report(s) : US-PFIZER INC-2019438281 same reporter, same product, same event, and different patient;US-PFIZER INC-2019438279 same reporter, same product, same event, and different patient

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VAERS ID:	841068 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	24.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-10-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, Exposure during pregnancy, No adverse event
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2019SA278118
Write-up: expired dose of Fluzone was given to a 24 year old pregnant patient, no AE; expired dose of Fluzone was given to a 24 year old pregnant patient, no AE; Initial information received on 04-Oct-2019 regarding an unsolicited valid non-serious case received from a nurse. This case involves a 24 years old female patient who received expired dose of vaccine INFLUENZA QUADRIVAL A-B VACCINE [FLUZONE QUADRIVALENT] (lot number not reported, that expired in June) via unknown route in unknown administration site on an unknown date, while she was pregnant. Data regarding this pregnancy were received prospectively, i.e. before pregnancy outcome was known. The vaccination occurred at unknown gestation period. The date of last menstrual period was not reported. The estimated due date was not reported. The patient''s past medical history, medical treatment(s), vaccination(s) and family history were not provided. It was an actual medication error case due to expired vaccine used. It was also a case of vaccine exposure during pregnancy. At the time of report, no adverse event was reported. Additionally, at

time of reporting, the outcome of the pregnancy was unknown. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error. Information on the batch number was requested. List of documents held by sender: none.

VAERS ID:	841069 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-10-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT6261JA / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2019SA278130
Write-up: expired Fluzone Quadrivalent was inadvertently administered to a patient/no AE; Initial information received on 04-Oct-2019 regarding an unsolicited valid non-serious case received from a pharmacist. This case involves a patient who received an expired dos of vaccine INFLUENZA QUADRIVAL A-B VACCINE [FLUZONE QUADRIVALENT]. The patient''s past medical history, medical treatment(s), vaccination(s) and family history were not provided. On an unknown date, the patient received a dose of suspect INFLUENZA QUADRIVAL A-B VACCINE lot UT6261JA (Expiration Date: 30-Jun-2019). It was of actual medication error case due to expired vaccine used It was unknown whether adverse event was noticed or not. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive

2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID:	841152 (history)	**Vaccinated:**	2019-10-02
Form:	Version 2.0	**Onset:**	2019-10-02
Age:	73.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Discomfort, Dyspnoea, Mobility decreased
SMQs:, Anaphylactic reaction (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin, lisinopril, metformin, baby aspirin
Current Illness: No
Preexisting Conditions: Type 2 diabetes, blood pressure
Allergies: Bactrim, Pneumonia vaccine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vax- Fluzone HD (unable to enter in box 17) Returned from PCP and started to experience sudden chills. Used covers/blankets to keep warm and eventually fell asleep. Attempted to get up to pee, but I couldn''t move. Body/muscles felt extremely heavy. Took aprox. 20-30 minutes to edge myself to edge of the bed so that I could fall to the floor. Urinated on floor since I was unable to move. Around 3am I was able to inch myself to onto a chair, where I proceeded to call my doctor. Sister took me to see the doctor every day after vaccination. Complained of the above symptoms and labored breathing. Given albuterol.

VAERS ID: 841663 (history)		**Vaccinated:**	2019-09-20
Form:	Version 2.0	**Onset:**	2019-09-30
Age:	19.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	42229 / 1	RA / IM

Administered by: School **Purchased by:** ?
Symptoms: Musculoskeletal pain
SMQs:, Rhabdomyolysis/myopathy (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 0
Current Illness: None known
Preexisting Conditions: Lupus, Bacterial meningitis 2015
Allergies: NKA
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: On 10/9/19 Pt. reported continued shoulder soreness without swelling, redness or increased warmth.

VAERS ID: 842438 (history)		**Vaccinated:**	2019-10-03
Form:	Version 1.0	**Onset:**	2019-10-03
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2019-10-07
Location:	Vermont	**Days after onset:**	4
		Entered:	2019-10-21
		Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	2DB5X / UNK	RA / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	BE554 / 1	RA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1614897 / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: Presyncope
SMQs:, Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: 0
Preexisting Conditions: 0
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: vasovagal reaction to HPV vaccine (#2)

VAERS ID:	843357 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	0.08	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-10-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	- / OT
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / OT
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Gastroenteritis rotavirus, Gene sequencing, Immunology test, Polymerase chain reaction positive, Rotavirus test positive, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: Gene sequencing; Result Unstructured Data: Test Result: see text, Test Result Unit: unknown; Test Name: Enzyme-linked immunosorbent assay; Result Unstructured Data: Test Result: see text, Test Result Unit: unknown; Test Name: PCR; Result Unstructured Data: Test Result: see text, Test Result Unit: unknown
CDC Split Type: USGLAXOSMITHKLINEBD2019GS
Write-up: Vaccination failure; Rotavirus diarrhea; This case was reported in a literature article and described the occurrence of vaccination failure in a 14-week-old patient who received Rota (Rotarix liquid formulation) for prophylaxis. Co-suspect products included Rota (Rotarix liquid formulation) for prophylaxis and Polio Bivalent T1 T3 oral (Oral polio vaccine) for prophylaxis. On an unknown date, the patient received the 1st dose of Rotarix liquid formulation (oral), the 2nd dose of Rotarix liquid formulation (oral) and Oral polio vaccine (oral). On an unknown date, 56 days after receiving Rotarix liquid formulation, 28 days after receiving Rotarix liquid formulation and not applicable after receiving Oral polio vaccine, the patient experienced vaccination failure (serious criteria GSK medically significant) and diarrhea rotavirus (serious criteria GSK medically significant). On an unknown date, the outcome of the vaccination failure and diarrhea rotavirus were unknown. The reporter considered the vaccination failure and diarrhea rotavirus to be related to Rotarix liquid formulation and Rotarix liquid formulation. The reporter considered the diarrhea rotavirus to be related to Oral polio vaccine. Additional details were reported as follows: This case was reported in a literature article and described the vaccination failure in a infant patient of 14-weeks-old of unspecified gender who was vaccinated rotarix vaccine (GlaxoSmithKline) for prophylaxis. The patient was the part of the phase IV double-blind, parallel group, randomized controlled trial from June 2017 through June 2018 at the community research clinic maintained by the International Centre, that aimed to compare vaccine take (primary outcome) among healthy infants randomized to receive either the standard dose or double the standard dose of oral Rotarix vaccine at 6 and 10 weeks of life. Also aimed to evaluate the effect of increased Rotarix inoculum on vaccine take among infants. They hypothesized that an increased vaccine inoculum would lead to improved vaccine take in this population. The study was registered at web site. [In this study, Healthy infants were enrolled within the first week of life. All the enrolled infants does not have any congenital malformations, birth (weight) or enrollment weight was more than the 2000 gm, does not had any immunocompromising condition infants. Infants were randomized using random permuted blocks. Randomization by unique study identification number (SID) was pre-determined 1:1 to the high-dose or standard-dose arm using random permuted blocks (block sizes 4 and 8). The 220 infants were enrolled and randomized (110 per group). By the 220, whom 189 completed the study per-protocol: 97 standard-dose and 92 high-dose infants completed the study per-protocol. The first infant was enrolled on 12th June 2017. Upon achieving targeting enrollment, the final infant was enrolled 25th February 2018 and completed the study on 7th June 2018]. The patient belongs to the high dose arm. No information on patient''s medical or family history or concurrent condition or concomitant condition was provided. On unspecified date between 12th June 2017 to 7th June 2018, at the age of 6 week, the patient received 1st dose of oral rotarix vaccine and at the age of 10 week, the patient received 2nd oral rotarix vaccine (dosage unknown; batch number not provided) and 1 week following the rotarix vaccination and at the age of 11 week, the patient had received oral unspecified polio vaccine (OPV) as per the Expanded Programme on Immunizations (EPI) schedule. [In this study, Rotarix (RV) was a monovalent oral vaccine consisting of an live-attenuated, G1P strain of human rotavirus. It was pre-qualified by

WHO in 2009 and was currently the most widely used RV vaccine in national immunization program. Rotarix was administered on a 2 doses schedule at 6 and 10 weeks of life on the WHO-recommended Expanded Programme on Immunizations (EPI) schedule. Infants in the high-dose arm received 2 doses of Rotarix, each consisting of 1.5 mL of clear liquid, at 6 and 10 weeks of life. Infants in the standard-dose arm received 1st dose of Rotarix (1.5 mL) and one equivalent volume of a sterile, pharmacy grade water at 6 and 10 weeks of life. The lot numbers of vaccines used in this study were AROLB475AI, AROLB580AB, AROLB834BF, AROLB855AA, AROLB832BH, AROLB910AE, AROLB884AF, and AROLB955BJ. To separate oral polio vaccine (OPV) from Rotarix administration, all children in the study received standard EPI vaccines (including OPV) one week following each Rotarix dose at the nearest EPI clinic. EPI vaccine history was recorded by the study team from each infant''s immunization card. Infants were included in the per-protocol population if both vaccine doses were administered within the pre-specified window period for vaccination (week 6 + 7 days for dose 1 and 28-35 days later for dose 2), at least 1 mL of blood was successfully collected at both week 6 and week 14, the first two stool specimens following each vaccine dose were collected within the pre-specified window periods (3-4 days and 6-7 days post-vaccination), and the first dose of OPV was received no earlier than the day of surveillance stool collection at 6-7 days post-1st-dose]. On unspecified date between 12th June 2017 to 7th June 2018, 4 weeks after the 2nd dose of Rotarix, 3 weeks after OPV, the patient had an symptoms of diarrheal episodes. The patient''s stool sample and plasma specimen has been taken for the RV-IgA measurement by enzyme immunoassay (EIA). The stool specimens were tested for RV by qRT-PCRa and positive specimens subsequently underwent conventional RT-PCR to amplify the RV VP8 gene segment followed by Sanger sequencing using VP4F and/or VP4R primers and BLAST analysis to confirm Rotarix vaccine-strain virus. The patient was found the positive for the wild-type strains and has been diagnosed with the two separate wild type asymptomatic infections (P [4] and P [6]), that was detected in three sequential stool specimens. [In this study, Vaccine take was defined as detection of post-vaccination fecal vaccine shedding by real-time reverse transcription polymerase chain reaction with sequence confirmation or plasma rotavirus-specific immunoglobulin A (RV-IgA) seroconversion 4 weeks following the 2nd dose. The vaccine take occurred in 62 high-dose infants versus 69 standard-dose infants. The plasma was collected from all infants pre-vaccination at 6 weeks and again 4 weeks post-dose 2 at 14 weeks for RV-IgA measurement by enzyme immunoassay (EIA). Seropositive was defined as RV-IgA equal or more than 20 U/mL. Seroconversion was defined as seronegative at week 6 pre-vaccination, converting to seropositive post-vaccination at week 14. Infants who were seropositive at week 6 were therefore considered negative for seroconversion analyses but included in analyses for post-vaccination seropositivity. RV-IgA EIA was performed in the research laboratory of the principal investigator. The stool specimens were collected by home visit within 3 days prior to each vaccine dose and 3-4 days, 6-7 days, and 13-14 days after 1st dose and 3-4 days, 6-7 days, and 13-16 days after 2nd dose 2. All stool specimens underwent total nucleic acid extraction with spiking of MS2 phage as RNA extraction. All extracts were tested for RV by qRT-PCR targeting the RV NSP3 gene segment. Amplification was performed on the CFX96 platform by using Ultraplex 1-step ToughMix. ST3-strain NSP3 was cloned into pFastBac1 and serial dilutions of known copy number. Positive specimens subsequently underwent conventional RT-PCR to amplify the RV VP8 gene segment followed by Sanger sequencing using VP4F and/or VP4R primers and BLAST analysis to confirm Rotarix vaccine-strain virus. Fecal vaccine shedding was defined as detection of vaccine strain virus in any scheduled post-vaccination stool specimen by quantitative real-time reverse transcription polymerase chain reaction (qRT-PCR) followed by vaccine strain sequence confirmation. PCR-positive surveillance stool specimens were also tested for RV antigen using the ProSpecT RV microplate EIA. Stool extraction, qRT-PCR, and stool EIA was performed. Positive specimens were transferred for RT-PCR in the laboratory of the principal investigator followed by Sanger sequencing by the core

facility. Active diarrheal surveillance was initiated upon enrollment until study completion at 14 weeks of life. A diarrheal episode was defined as three or more abnormally loose stools (as determined by caregivers) within a 24-hour period. Specimens for each diarrheal episode were collected by home visit and tested for RV using both antigen and PCR detection. 41 infants in the standard-dose arm seroconverted following vaccination, compared to 42 infants in the high-dose Arm. Similar results were observed when the frequency of infants who were seropositive post-vaccination at week 14 (irrespective of baseline RV-IgA) was compared between groups: 42 infants in the standard-dose arm were seropositive post-vaccination compared to 46 infants in the high-dose arm. The overall frequency of fecal vaccine shedding by PCR detection was (N = 118). The kinetics of RV shedding, relative to each dose of Rotarix, by Using PCR detection, 63 infants in the standard-dose arm demonstrated fecal shedding of Rotarix vaccine in any stool specimen at any time point following vaccination, compared to 55 infants in the high-dose arm. After conducting the post-hoc analysis among participants with confirmed vaccine replication, following the first dose, 36 infants in the standard-dose arm had confirmed vaccine replication, compared to 29 infants in the high-dose arm. Following the second dose, 14 infants in the standard-dose arm had confirmed vaccine replication, compared to 17 infants. All PCR-positive specimens underwent stool RV antigen test by EIA. The limit of detection of typical stool RV antigen EIA was approximately 106 particles/mL, whereas the standard dose of Rotarix contains a 106.5 cell culture infective dose (CCID50) of virus, which corresponds to 106 fluorescent focus units (FFU). Detection by EIA only occurs following replication, which achieves stool viral concentrations equivalent to or in excess of the initial inoculum. The 33 patients had Rotarix sequence-confirmed specimens that were also EIA-positive: 19 in the standard-dose arm, compared to 14 in the high-dose arm. Among all PCR-positive stool specimens, 22 were positive for wild-type strains: 2 untypeable, 3 P [4], 3 P[6], and 14 P [8]. Nineteen infants (9 standard-dose, 10 high-dose) had wild-type asymptomatic infections, 10 of whom also shed Rotarix at other time points. One infant had two separate asymptomatic infections (P [4] and P [6]), and another had a single episode of asymptomatic P [4] infection that was detected in three sequential stool specimens. Among the nine who did not shed Rotarix, seven seroconverted, (three standard-dose, four high-dose), meaning seroconversion waslikelydueto natural infection and not vaccination.]. This case was considered of vaccination failure. This case has been considered as serious due to vaccination failure. Treatment was unknown. The outcome of the event was not provided. [In this study, the pre-specified primary outcome was vaccine take, defined as either RV-IgA seroconversion or detection of sequence-confirmed fecal vaccine shedding in any post-vaccination surveillance stool specimen, as described. The pre-specified secondary outcomes were RV-IgA seroconversion alone and fecal vaccine shedding alone. Additional post-hoc assessments were performed to assess RV-IgA seropositivity and three- and four-fold rise in antibody concentration following vaccination, frequency of fecal shedding specimens positive by stool RV antigen EIA, vaccine take using EIA-positive fecal shedding specimens, and to identify infants with confirmed replication of vaccine-strain virus. For vaccine replication analysis, they identified all infants with sequence-confirmed Rotarix shedding, but who demonstrated increasing stool viral burden (as evidenced by lower Cq values) in sequential stool specimens following either vaccine dose (i.e. lower Cq at day 6-7 or 2 weeks compared to Cq at day 3-4 or day 6-7]. The author commented, "Thus, it was unclear if an increased inoculum of vaccine could improve vaccine response, as assessed by vaccine ??take" (a composite measure of either post-vaccination antibody seroconversion or fecal vaccine shedding) in children in low-income countries. We did detect modestly elevated RV-IgA GMC in the high-dose group (116.3 U/mL vs 89.0 U/mL among seropositive infants). Overall, our results are consistent with the finding that oral vaccine immunogenicity, both in terms of frequency of RV-IgA seroconversion and of achievable antibody concentrations, are substantially lower in low-income countries. In contrast, we did observe in post-hoc analysis that children with vaccine replication or EIA-positive shedding had significantly higher RV-IgA responses, with RV-IgA GMC

of 56.3 U/mL among children with confirmed vaccine replication vs 13.4 U/mL in those without, and GMC of 63.0 U/mL in those with EIA-detectable fecal shedding vs 21.7 U/mL in those without. The association between increased immunogenicity with vaccine replication. We defined vaccine replication via detection of increasing stool virus burden over time, which could only be achieved by viral replication. Using PCR detection allowed us to identify children with low-level replication that may have been below the limit of detection of stool EIA. Our results further confirm that the poor response to oral vaccines in low-income settings is strongly influenced by inability to successfully establish replicating gut infection, possibly due to impaired gut health and function. Since the current study used Rotarix, our results may not be generalizable to other vaccines. And finally, since RV-IgA is a suboptimal correlate of risk and vaccine efficacy in low-income countries, it is conceivable that increased inoculum could have had an effect on clinical protection that could not be captured within the scope of this study. However, we confirmed the role of vaccine-strain virus replication in enhanced immunogenicity, underscoring the importance of underlying gut health in responses to vaccine." The author concluded, "Administration of double the standard dose of an oral, live-attenuated rotavirus vaccine (Rotarix) did not improve vaccine take among infants in specific urban area. However, improved immunogenicity in children with vaccine replication irrespective of initial inoculum provides further evidence for the need to promote in-host replication and improved gut health to improve oral vaccine response in low-income settings". This is 1 of the 2 valid cases reported in this literature article. Lab Comments: On unspecified date between 12th June 2017 to 7th June 2018, lab test were done. The patient''s stool sample and plasma specimen has been taken for the RV-IgA measurement by enzyme immunoassay (EIA). The stool specimens were tested for RV by qRT-PCRa and positive specimens subsequently underwent conventional RT-PCR to amplify the RV VP8 gene segment followed by Sanger sequencing using VP4F and/or VP4R primers and BLAST analysis to confirm Rotarix vaccine-strain virus. The patient was found the positive for the wild-type strains and has been diagnosed with the two separate wild type asymptomatic infections (P [4] and P [6]), that was detected in three sequential stool specimens.

VAERS ID:	843834 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-10-28
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2019SA292196
Write-up: a consumer received 2 Fluzone High Dose vaccines in one day/No AE; Initial information received on 18-Oct-2019 regarding an unsolicited valid non-serious case received from other health professional. This case involves patient of an unknown demographics who received two doses of vaccine INFLUENZA USP TRIVAL A-B HIGH DOSE SUBVIRION VACCINE [FLUZONE HIGH DOSE] lot number not reported via unknown route in unknown administration site on an unknown date. The patient''s past medical history, medical treatment(s), vaccination(s) and family history were not provided. It was a case of actual medication error due to extra dose administered. It was given in a nursing home. Pharmacist do have a note saying that some guy was given two doses of Fluzone High-Dose vaccine in the same day. At the time of report no adverse event was reported. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error. Information on the batch number was requested.

VAERS ID:	844694 (history)	**Vaccinated:**	2019-10-28
Form:	Version 2.0	**Onset:**	2019-10-29
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-10-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	261199 / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S025133 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Fluid retention, Headache, Pain in extremity, Peripheral swelling, Pyrexia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole DR 20mg daily Breo Ellipta 200-25 1 puff daily Montelukast 10mg daily
Current Illness: N/A
Preexisting Conditions: Heartburn, Athsma
Allergies: Bactrim, Celexa, Citalopram
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced extreme redness and swelling to outer and inner arm. Inner arm had a sack-like fluid buildup, possibly in lymph system, but was mostly reduced by the time they reported it to this Rph. Very painful, red, sore, came with excessive fever and headache. Patient will be reporting to MD''s office in case cellulitis is suspected and/or antibiotics recommended. Patient experienced this within 12 hours after administration of vaccine by the following morning.

VAERS ID:	845758 (history)	**Vaccinated:**	2019-11-01
Form:	Version 2.0	**Onset:**	2019-11-01
Age:	40.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	3FS25 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Dizziness, Feeling abnormal, Vision blurred
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: Vertigo - 2 years
Allergies: unknown

Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Patient had never had a flu shot before, was not allergic to eggs, was feeling well today and had never had Gillian-Barre Syndrome. He received his shot and sat with my for 15 min. Reported feeling fine and left. Following the above incident, he returned to the room stating ?I think I?m having a reaction, I feel like I?m tripping on acid, I feel off, my vision is blurry and I feel dizzy?. I cleared the room, one employee choose not to leave, patient said it was fine. Employee who did not leave reported that he was a first responder and wanted to stay in case I needed anything. BP was 132/82, pulse was regular. Pupils were equal, round and reactive. Lung and heart sounds WNL. No other symptoms. Patient sat with me for a bit, then said he was going back to his office. I requested that he let someone nearby know how he is feeling and let them check in on him, he said he would. He returned to the room during the clinic and said he was a bit better. Following the completion of the clinic, I checked in with him. Reported still having difficulty with his vision and felt off, but was OK, ?I do have an issue with vertigo, cutting caffeine out has helped. I still feel like I?m looking through things and not at them? Reported being in treatment for 2 years for this issue, unable to find a cause. I requested that he notify his PCP today and report the reaction, as well as not driving himself if he continued to have difficulty seeing. Also recommended future vaccinations be administered at his medical home for observation following.

VAERS ID:	846108 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-11-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Alopecia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS2019AM

Write-up: Hair is thinning; This case was reported by a consumer and described the occurrence of hair thinning in a adult patient who received Herpes zoster (Shingrix) for prophylaxis. Previously administered products included Prednisone with an associated reaction of alopecia (about 2 years ago from the reporting date). On an unknown date, the patient received Shingrix at an unknown dose. On an unknown date, unknown after receiving Shingrix, the patient experienced hair thinning. On an unknown date, the outcome of the hair thinning was unknown. The reporter considered the hair thinning to be possibly related to Shingrix. Additional details were provided as follows: The age at vaccination was not reported. The age group was not reported but it was selected as adult as per vaccine indication. The patient asked was there a corticosteroid in Shingrix. The reason the patient asked was that the patient had noticed that hair was thinning and the only thing the patient could think of that might be causing it was Shingrix, as the patient was not taking any new medications. The patient knew that when the patient was on Prednisone, it caused the patient''s hair to thin for a while, but fortunately, about six months after the patient finished taking the Prednisone, the hair came back to the way it was before.

VAERS ID:	846425 (history)	**Vaccinated:**	2019-09-03
Form:	Version 2.0	**Onset:**	2019-09-07
Age:	0.33	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	BE959 / 2	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Flatulence, Haematochezia, Irritability, Nasal congestion, Nasopharyngitis, Occult blood negative
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Ischaemic colitis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D drops 400IUs/ml, 1ml daily
Current Illness: None
Preexisting Conditions: None
Allergies: None

Diagnostic Lab Data: Occult blood stool POC - negative on 9/17/19 13:38
CDC Split Type:
Write-up: had two diapers with frank blood specks 4 days after rotavirus vaccine on teh 3rd of september. mom states he was gassy, more fussy after the vaccines. drinking well, no fever. she had also started sweet potatoes and wondered if they were the cause. stopped the sweet potato no blood for a week, had a small speck of blood on the 14th in a stool mom had corn the night before, he was again pretty gassy and passed a large stool and lots of "explosive gas" small noticable speck of blood mom eats yoghurt, not much milk says patient has always been a little sensitive to spicey foods, things she eats. otherwise acting well, normal. little cold and stuffiness eating well, happy, no rash no fever no change in spit ups 2-3 diapers with blood. initial two temporally related to rotavirus vaccine. no significant blood or symptoms to suggest intussuception doubt sweet potatoes as cause continuing "speck" noted recently--still from the vaccine, ? from small fissure, ? maternal dietary source (most likely is generally dairy) guaic today is NEGATIVE

VAERS ID:	846521 (history)	**Vaccinated:**	2019-10-07
Form:	Version 2.0	**Onset:**	2019-10-07
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	UJ245AA / N/A	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Joint range of motion decreased, Pain in extremity
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: For a month the patient has experienced limited range of motion in her left arm, along with soreness. She has tried icing and stretching with little results. Patient says the pain has decreased by about 50% since the shot but still has limited motions in activities such as yoga. Patient is following up with her primary car physician.

VAERS ID:	846588 (history)	**Vaccinated:**	2019-11-07
Form:	Version 2.0	**Onset:**	2019-11-07
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / 1	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Body temperature increased, Dizziness, Headache, Hyperhidrosis, Myalgia, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: DTAP
Other Medications: multiple vitamin lisinopril 5 mg qd
Current Illness: none
Preexisting Conditions: none other than osteo arthritis
Allergies: none known
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Received vaccine Thursday at 8:10 am and by approximately 8 pm was feeling body aches. The body aches intensified during the night and when I got up at 6:00 am Friday had a temperature of 102.2 orally and felt lightheaded, weak headache, significant joint and muscle pain . Took 400 mg Ibuprofen by 11:00 am temperature dropped to 101.4. Took additional 400 mg Ibuprofen and temperature dropped to 100.6 by 3 pm. 8 pm temperature rose to 101 with worsening body aches, took 400 mg ibuprofen at that time and awoke at 1:30 am Saturday and was diaphoretic with temperature of 99. Body aches significantly improved, but not resolved. As of 4 pm on Sat improved. I did not call the doctor about the above, but I think it is very important that you know that there are people who have significant adverse reactions to vaccines and that your data should reflect rather than minimizing the side effects of vaccines.

VAERS ID:	847231 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2019-05-24
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-11-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	R025726 / UNK	- / -
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	R024025 / UNK	- / -
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	R016790 / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075131910USA017116
Write-up: No adverse effects reported; multiple unspecified patient were probably administered improperly stored vaccines; This spontaneous report was received from an immunization official referring to multiple patients of unknown age and gender. Information about medical history, concurrent conditions and concomitant therapies was not provided. Since 24-MAY-2019, multiple unspecified patients were probably vaccinated with improperly stored pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX23) (lot # S002639, expiration date 19-NOV-2020) (lot # R024025, expiration date 02-SEP-2020)(strength, dose and route were not reported), hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast)(GARDASIL 9) (lot # R025726, expiration date 26-MAY-2021) (lot # R025730, expiration date 18-JUN-2021) (strength, dose and route were not reported) and rotavirus vaccine, live, oral, pentavalent(ROTATEQ) (lot # R016790, expiration date 20-APR-2020)(orally; strength and dose were not reported) for prophylaxis (product storage error). It was not determined which lots had been administered or not. Temperature excursion was above 9 Centigrade Degrees (mainly at 10.2 Centigrade Degrees) for 15 minutes. Previous temperature excursion was above 9 Centigrade Degrees(mainly at 9 .1 Centigrade) for 15 minutes and above 9 Centigrade Degrees(mainly at 16.5 Centigrade Degrees) for 5 hours and 15 minutes. Data logger was involved. No adverse effects were reported. This is a non-valid case due to lack of patients" identifier and number.

VAERS ID:	847494 (history)	**Vaccinated:**	2019-11-12
Form:	Version 2.0	**Onset:**	2019-11-12
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	7AR35 / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Dizziness, Ear discomfort, Injection site pruritus, Paranasal sinus discomfort, Pruritus, Respiratory tract congestion
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: unknown
Diagnostic Lab Data: unknown
CDC Split Type:
Write-up: experienced: some localized itching at the site of the injection, but no hives, followed by more generalized itching (still no hives). Then I started to feel really congested and could feel quickly worsening sinus pressure, which put pressure in my ears, thus making me feel a little dizzy. But that was where things maxed out and it got better from there. I took a Zyrtec and Aleve and am mostly back to normal. Not sure if it was a reaction to the vaccine itself or something I was exposed to in the process. I do have some environmental allergies and sensitivities, so perhaps that was a factor.

VAERS ID:	847644 (history)	**Vaccinated:**	2019-10-28
Form:	Version 2.0	**Onset:**	2019-10-29
Age:	68.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-14

		Site /

Vaccination / Manufacturer	Lot / Dose	Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	58160-0823-11 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal discomfort, Chills, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bupropion, Rosuvastatin, Minocycline, Multivitamin, Glucosamine, low dose aspirin
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: chills, fever, headache, upset stomach overnight

VAERS ID:	847647 (history)	**Vaccinated:**	2019-10-28
Form:	Version 2.0	**Onset:**	2019-10-29
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN MANUFACTURER	58160-0823-11 / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal discomfort, Chills, Headache, Palpitations, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril, Pravastatin, Omeprazole, Zyrtec D, Multivitamin, Glucosamine, low dose aspirin
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: na
CDC Split Type:
Write-up: Chills, Fever, Headache, Upset stomach, racing heartbeat

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VAERS ID:	848262 (history)	**Vaccinated:**	2019-11-13
Form:	Version 1.0	**Onset:**	2019-11-13
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	2019-11-15
Location:	Vermont	**Days after onset:**	2
		Entered:	2019-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUR4: INFLUENZA (SEASONAL) (FLUBLOK QUADRIVALENT) / PROTEIN SCIENCES CORPORATION	QFAA1939 / 2	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	R016640 / 2	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: Chills, Hyperhidrosis, Pain in extremity, Skin warm
SMQs:, Neuroleptic malignant syndrome (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None

Preexisting Conditions: Penicillin Allergy
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 11/13 - Received vaccine, very sore arm 11/14 - Chills + sweats all day 11/15 - Reduces spread from delt down to elbow warm to touch; MD prescribed Keflex 250 mg QD x 5 days

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VAERS ID:	848469 (history)	**Vaccinated:**	2019-11-07
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2019-11-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2019SA313536
Write-up: consumer received a partial dose of the Pentacel described as the consumer only receiving the Dtap-IPV portion and not the ActHIB, no AE; Initial information received on 08-Nov-2019 regarding an unsolicited valid non-serious case received from a nurse. This case involves an unknown age patient who received a partial dose of the DIPHTHERIA/TETANUS/5 HYBRID AC PERTUSSIS/IPV(MRC5)/HIB(PRP/T) VACCINE [PENTACEL] (lot, expiry date, route and site was not reported) as only receiving the DTAP-IPV portion and not the ACT-HIB, on 07-Nov-2019. The patient''s past medical history, medical treatment(s), vaccination(s) and family history were not provided. It was an actual medication error due to inappropriate reconstitution technique. At the time of reporting the patient had no adverse event. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive and Module VI of the Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

Information on the batch number was requested.

VAERS ID:	848582 (history)	**Vaccinated:**	2019-11-12
Form:	Version 2.0	**Onset:**	2019-11-12
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNKNOWN / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Dysphonia, Fatigue, Hypersomnia, Rhinorrhoea
SMQs:, Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 1st shot of shingrix 5 months ago, age 63
Other Medications: lovastatin, levothyroxin
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 1 week of deep fatigue (sleeping all day, no energy), slight runny nose, hoarseness

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VAERS ID:	848585 (history)	**Vaccinated:**	2019-07-01
Form:	Version 2.0	**Onset:**	2019-07-02
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNKNOWN / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dysphonia, Fatigue, Pyrexia, Rhinorrhoea
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: atorvastatin lunesta
Current Illness: none
Preexisting Conditions: none
Allergies: NSAIDs
Diagnostic Lab Data:
CDC Split Type:
Write-up: One week of extreme fatigue (in bed all day), felt feverish but temp. just slightly elevated, hoarse voice, clear nasal discharge

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VAERS ID:	848967 (history)	**Vaccinated:**	2019-09-26
Form:	Version 2.0	**Onset:**	2019-10-17
Age:	58.0	**Days after vaccination:**	21
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	2DB5X / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Guillain-Barre syndrome, Immunoglobulin therapy
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Demyelination (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 10 days
Extended hospital stay? No
Previous Vaccinations:

Other Medications:
Current Illness: none
Preexisting Conditions: Parkinson"s disease, DM, CAD
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 3 weeks after flu vaccine admitted to the Medical Center Emergency Dept with symptoms consistent with Guillain Barre syndrome. Neurological consult felt consistent with GBS. Treated with 5 days IVIG, transfered to accute rehab on 11/5/19

VAERS ID:	850454 (history)	**Vaccinated:**	2019-10-31
Form:	Version 2.0	**Onset:**	2019-10-31
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ231AB / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fall, Head injury, Headache, Syncope, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced a syncopal event about 5 minutes after influenza vaccination. She fell backwards and hit her head. C/o headache at the back of her head. Vomited about 10-15 minutes after the fall.

VAERS ID:	850459 (history)	**Vaccinated:**	2019-09-25
Form:	Version 2.0	**Onset:**	2019-09-25
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (TDVAX) / MASS. PUB HLTH BIOL LAB	A116A2 / N/A	RA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Ventricular extrasystoles
SMQs:, Ventricular tachyarrhythmias (narrow), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Neupogen 300 mcg/mL - 30 mcg daily omeprazole 20 mg daily tylenol 500 mg prn valacyclovir HCL 500 mg po daily
Current Illness: None
Preexisting Conditions: ITP - Immune mediated cytopenias Asplenia - removed in 2007 due to ITP Neutropenia Herpes Simplex Diverticulitis GERD
Allergies: Ciprofloxacin and Imuran
Diagnostic Lab Data: None
CDC Split Type:
Write-up: After vaccination, he had PVCs for the remainder of the day, through the next 12 hours before complete resolution.

VAERS ID:	851241 (history)	**Vaccinated:**	2019-11-29
Form:	Version 2.0	**Onset:**	2019-12-02
Age:	71.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-12-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	753RM / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Neck pain, Pain in extremity
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluad
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Neck pain. Sore arm.

VAERS ID:	852408 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2019-12-11
Age:	66.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2019-12-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S012246 / UNK	- / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Monoplegia
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: patient received pneumovax23 and reported complete arm paralysis 3 hours after the immunization

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VAERS ID:	852449 (history)	**Vaccinated:**	2019-12-09
Form:	Version 2.0	**Onset:**	2019-12-11
Age:	73.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-12-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	J352N / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Eye inflammation, Eye swelling, Scab, Scratch, Skin haemorrhage, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Corneal disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: sildenafil, hydrocortisone 100mg/60 ml, Havrix 1,440 units/ml vaccine given 12/4/19
Current Illness: None known
Preexisting Conditions: None known
Allergies: NKDA
Diagnostic Lab Data: None known.
CDC Split Type:
Write-up: On approximately 12/11/19 patient developed "scratch marks" and bleeding, scab spots on one side of his face (cheek area) and the other side of face "cheek area" looked like finger scratches. On 12/12/19 the patient''s face looked swollen. The left eye was swollen and inflammed, but not itchy or tearing and no discharge. Patient said vision was not impaired. Patient did not scratch his face. Patient said face was not itchy. Patient at no time had a fever or shortness of breath. No eye pain. No other part of the patient''s body was affected. This description is per patient''s wife after consulting with husband. This was per a phone conversation.

VAERS ID: 853249 (history)		**Vaccinated:**	2019-12-16
Form:	Version 2.0	**Onset:**	2019-12-17
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-12-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C5656AA / UNK	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site cellulitis, Local reaction
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: localized reaction starting the following morning; developed into cellulitis on left anterior thigh (11x11cm)

VAERS ID: 854781 (history)		**Vaccinated:**	2019-12-12
Form:	Version 2.0	**Onset:**	2019-12-12
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE) / SANOFI PASTEUR	49281-0405-65 / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Feeling cold, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: L-Thyroxine Tab 125mg Sertraline Hcl Tab 25mg CBD Softgel 20mg
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Started with being chilled to the bone like I''ve never experience before, shivering wearing two undergarments, two sweaters plus a blanket and sitting in front of a gas-fired fireplace. First vomit occurred approximately 3:30 pm Second vomit occurred approximately 4:15 pm Fever 101.6 deg Called pharmacy for consultation and was advised to contact my immediate healthcare provider if my temperature rose above 101 deg. My temp rose to 101.7 and decided to wait and see if it got any higher, which it didn''t. I had a fever that lasted 36 hours, then I was fine again.

VAERS ID:	854848 (history)	**Vaccinated:**	2019-10-11
Form:	Version 2.0	**Onset:**	2019-10-11
Age:	0.33	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2019-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / IM
HIBV: HIB (HIBERIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	- / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product administered to patient of inappropriate age, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: none
Current Illness: None
Preexisting Conditions: None; born preterm (35w 1d GA).
Allergies: none known.
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 4 month old patient was inadvertently given a dose of Kinrix for dose 2 of IPV and DTaP, though dose 1 was Pediarix. All minimal intervals were met despite this, and patient did not experience any adverse reaction to the vaccine.

VAERS ID:	855626 (history)	**Vaccinated:**	2018-04-25
Form:	Version 2.0	**Onset:**	2018-04-25
Age:	76.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	LT533 / UNK	- / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Electromyogram, Magnetic resonance imaging abdominal, Magnetic resonance imaging brain, Magnetic resonance imaging spinal, Myelitis transverse, Neurological examination
SMQs:, Demyelination (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Hx. lumbar radiculopathy HTN HLD Hypothyroidism
Allergies:
Diagnostic Lab Data: Neurology consult : Pain clinic consult MRI spine, brain, pelvis-5/15/18 EMG studies Neurosurgery, neurology, orthopedics, pain specialist consults/evaluations
CDC Split Type:
Write-up: Transverse Myelitis diagnosis s/p shingrix vaccine. Diagnosis of transverse myelitis affecting rt. flank : RLE s/p shingrix vaccine

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VAERS ID: 856054 (history)		**Vaccinated:**	2019-12-26
Form:	Version 2.0	**Onset:**	2019-12-26
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Induration
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Chewable Multivitamin, Fiber Gummy, Probiotic, Vitamin C, Tylenol prn
Current Illness: Otalgia (L) ear (12/9), Rash (12/18/19)
Preexisting Conditions: Intermittent Asthma, Torticollis
Allergies: NKA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: firm Erythema from mid-arm to elbow lasting 2-3 days.

VAERS ID: 857284 (history)		**Vaccinated:**	2019-12-09
Form:	Version 2.0	**Onset:**	2019-12-01
Age:	51.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-01-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Eye oedema, Eye swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202000
Write-up: swelling; Area appeared filled with fluid; This case was reported by a consumer via call center representative and described the occurrence of eye swelling in a 51-year-old female patient who received Herpes zoster (Shingrix) for prophylaxis. On 9th December 2019, the patient received the 1st dose of Shingrix. In December 2019, 36 hrs after receiving Shingrix, the patient experienced eye swelling and edema. On an unknown date, the outcome of the eye swelling and edema were recovering/resolving. It was unknown if the reporter considered the eye swelling and edema to be related to Shingrix. Additional details were provided as follows: The patient received dose of Shingrix in the left arm. The patient had swelling under both eyes and area appeared filled with fluid. The patient observed when woke up at 4 am on tuesday morning, but thought that it started in the night before. Till the time of reporting, the eye swelling and edema were recovering but not completely resolved. The reporter consented to follow up.

VAERS ID:	857383 (history)	**Vaccinated:**	2019-12-24
Form:	Version 2.0	**Onset:**	2019-12-31
Age:	63.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	477Z7 / 2	LA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	H7JY4 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Corneal oedema, Intraocular pressure increased, Iritis, Ophthalmic herpes zoster
SMQs:, Angioedema (narrow), Glaucoma (narrow), Corneal disorders (narrow), Ocular infections (narrow), Hypersensitivity (narrow), Opportunistic infections (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: ASA 81mg po daily MVI po daily
Current Illness: None
Preexisting Conditions: Serous retinal detachment Pure hypercholesterolemia HTN
Allergies: NKDA
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: Patient called reporting he was seen by opthamologist on 1/14/20 with dx of herpes related eye infection. He reports his symptoms started approx. 7 days after the injection of the second dose of the Shingrix. He reports being placed on Valtrex 500mg po bid and pred forte every 4 hours. At baseline, he is on atenolol and brimonidine twice a day for eye related issues followed by their office. He reports the infection has caused corneal edema of the right eye and elevated IOP and iritis of that eye. He was seen again on 1/20/20 for recheck and will follow up with them in 1 week from that date.

VAERS ID:	857408 (history)	**Vaccinated:**	2020-01-14
Form:	Version 2.0	**Onset:**	2020-01-17
Age:	53.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	5RS7Z / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Swelling, Vaccine positive rechallenge
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu vaccine- received in December 2018
Other Medications: Cyclobenzaprine, Flovent, Proair, Triamterene/HCTZ, Indomethacin, Colchicine
Current Illness: None recorded
Preexisting Conditions: Hypertension, Gout, Obstructive sleep apnea
Allergies: Ace inhibitors, Atenolol, Codeine, Flonase, Percocet, Pneumonia vaccine
Diagnostic Lab Data:
CDC Split Type:

Write-up: Sx- redness, swelling . Was treated supportively w/ ice packs. Pt. had same reaction with last year''s Flu vaccine administration.

VAERS ID:	857472 (history)	**Vaccinated:**	2020-01-14
Form:	Version 2.0	**Onset:**	2020-01-17
Age:	29.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	3505B / UNK	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R024024 / 1	LA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Local reaction, Tenderness, Urticaria, Vaccination complication
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tamiflu 75m Escitalopram Oxalate 10mg, Trazodone 50mg
Current Illness: Flu-like symptoms 1/10/2020
Preexisting Conditions:
Allergies: Penicillins, Toradol, Benadryl, Flagyl
Diagnostic Lab Data:
CDC Split Type:
Write-up: Adverse reaction to vaccine properly administered. Localized reaction To right arm, 5x6cm erythematous irregular shaped raised welt on right posterior upper arm. Tender to palpation. No blisters, no open lesions, no head in the center. Antihistamines recommended.

VAERS ID:	857473 (history)	**Vaccinated:**	2020-01-20
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	11.0	**Submitted:**	2020-01-21
Sex:	Female	**Entered:**	2020-01-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	LJ2265 / 1	NS / IN

Administered by: Private **Purchased by:** Public
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: anxiety autism spectrum disorder
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Administered expired vaccine. No adverse effects noted per parent.

VAERS ID:	857679 (history)	**Vaccinated:**	2020-01-10
Form:	Version 2.0	**Onset:**	2020-01-10
Age:	1.58	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / 1	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: NONE AT THIS TIME

VAERS ID:	857839 (history)	**Vaccinated:**	2020-01-24
Form:	Version 2.0	**Onset:**	2020-01-24
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / SC

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Incorrect route of product administration, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Drug abuse and dependence (broad), Noninfectious encephalopathy/delirium (broad), Medication errors (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine, Vit d and calcium, magnesium and bit b complex
Current Illness: No
Preexisting Conditions: Hypothyroidism
Allergies: Nkda
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shaking chills and headache 3 hours after injection. It is supposed to be an IM injection and was given SC, I am a nurse so know the difference

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VAERS ID:	858320 (history)	**Vaccinated:**	2020-01-21
Form:	Version 2.0	**Onset:**	2020-01-22
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S018405 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Peripheral swelling, Tenderness

SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Unknown
Preexisting Conditions: unknown
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reports she felt normal for the remainder of the day on 1/21/2020 after receiving the vaccine at about 2:30pm. The following morning on 1/22/2020 the patient reports she woke up in the morning and her arm was red with some swelling. Patient reports that her arm felt tender from the elbow to the shoulder and more on the inner side of her arm (under armpit to inner elbow). The patient denied broken skin or blistering. The patient also denied shortness of breath. Patient contacted us on 1/23/2020 to report the reaction, she noted that the redness and swelling were improving, and she denied any itching.

VAERS ID:	858432 (history)	**Vaccinated:**	2020-01-15
Form:	Version 2.0	**Onset:**	2020-01-20
Age:	70.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Burning sensation, Tenderness
SMQs:, Peripheral neuropathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: lisinopril, atenolol, rosuvastatin, buspirone, esomeprazole, famotidine
Current Illness:
Preexisting Conditions: GERD/esophagitis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported feeling burning sensation along rib cage approximately 5 days after vaccination. Patient stated it was sensitive to touch or to lay on, but laying on other said or leaving side along gave relief. Burning sensation escalated for about 5 days, but began to improve on 6th day

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VAERS ID:	860888 (history)	**Vaccinated:**	2020-02-05
Form:	Version 2.0	**Onset:**	2020-02-05
Age:	5.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	HB7L7 / UNK	LL / IM
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	5RS77 / UNK	LL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	S022104 / UNK	RA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Hallucination, Moaning, Pyrexia, Tremor, Vertigo
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flinstone Multivitamin
Current Illness: none
Preexisting Conditions: none

Allergies: none
Diagnostic Lab Data: none symptoms resolved when mom reported.
CDC Split Type:
Write-up: Mother reported patient had fever (unsure how high, no working Thermometer) with hallucinations (everything in room spinning, moving fast, flashing, hands shaking, moaning in sleep. The night following vaccinations

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VAERS ID:	860908 (history)	**Vaccinated:**	2019-10-15
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	68.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-02-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	AP257 / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202001
Write-up: experienced shingles; This case was reported by a pharmacist via call center representative and described the occurrence of shingles in a 68-year-old female patient who received Herpes zoster (Shingrix) (batch number AP257, expiry date 26th November 2021) for prophylaxis. On 15th October 2019, the patient received the 1st dose of Shingrix. On an unknown date, less than 4 months after receiving Shingrix, the patient experienced shingles. On an unknown date, the outcome of the shingles was unknown. It was unknown if the reporter considered the shingles to be related to Shingrix. Additional details were provided as follows: The patient experienced shingles. The reporter did not provide outcome or date of the adverse event The reporter requested information about the administration of the 2nd dose after the adverse event. The reporter consented to follow up.

VAERS ID: 861417 (history)		**Vaccinated:** 0000-00-00	
Form:	Version 2.0	**Onset:**	2020-02-01
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2020-02-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Pneumonia
SMQs:, Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZERINC2020061471
Write-up: I was just diagnosed with pneumonia; I was just diagnosed with pneumonia; This is a spontaneous report from a contactable consumer reported for him/herself. A patient of unspecified age and gender received pneumococcal 13-val conj vac (dipht crm197 protein) (PREVNAR 13) at single dose on unspecified date in 2019 (Nov2019-Dec2019) via unspecified route of administration, for immunization. In Feb2020 the patient was diagnosed with pneumonia. The outcome of the event was unknown. The outcome of the event was unknown. Information on the lot/batch number has been requested.

VAERS ID: 861708 (history)		**Vaccinated:**	2020-01-19
Form:	Version 2.0	**Onset:**	2020-02-05
Age:	59.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-02-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	2K9T2 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Facial paralysis

SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: fasenra,synthroid,vitamin b-12,coq10,omeprazole,metoprolol,symbicort,spiriva,prednisone
Current Illness:
Preexisting Conditions: eosinophilic asthma, hypothyroid
Allergies: sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed Bells Palsy 17 days after vaccination

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VAERS ID:	862561 (history)	**Vaccinated:**	2020-02-19
Form:	Version 2.0	**Onset:**	2020-02-19
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-02-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S012244 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Injection site erythema, Injection site swelling, Injection site warmth, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: acetaminophen (TYLENOL) 500 mg tablet Take 1,000 mg by mouth every 6

hours as needed. ? ? ? albuterol (PROAIR HFA) 90 mcg/actuation inhaler Inhale 1-2 Puffs as directed every 4 to 6 hours as needed for Wheezing. Max: 12 puffs/day. ? aspir
Current Illness: none
Preexisting Conditions: Backache ? Migraine ? Hypothyroidism ? Overweight ? Shoulder pain ? Plantar fasciitis ? PCOS (polycystic ovarian syndrome) ? Depression ? Menses, irregular ? Encounter for IUD insertion ? Other and combined forms of senile cataract ? Amaurosis fugax of left eye ? Headache ? Iris nevus ? VFD (visual field defect) ? Anisocoria ? IIH (idiopathic intracranial hypertension) ? Papilledema associated with increased intracranial pressure ? Lumbar facet arthropathy ? Chronic pain of both knees ? Primary osteoarthritis of both knees ? Right knee pain ? Meniscus, lateral, posterior horn derangement, right ? Obesity (BMI 35.0-39.9 without comorbidity) ? Moderate persistent asthma with acute exacerbation ?
Allergies: avocado kiwi banana and latex
Diagnostic Lab Data: none
CDC Split Type:
Write-up: site swelling, redness warmth, joint aches, fever to 102 degrees

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VAERS ID:	863178 (history)	**Vaccinated:**	2020-02-20
Form:	Version 2.0	**Onset:**	2020-02-23
Age:	43.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	F4EL2 / 1	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	X48141 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site rash, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: flovent, levothyroxine, Proair restasis, tacrolimus, mag, cal.
Current Illness:
Preexisting Conditions: hx stem cell transplant CML
Allergies: diphenhydramine latex ceftazidime
Diagnostic Lab Data: 0
CDC Split Type:
Write-up: severe swelling redness, tenderness of left upper arm with rash - 3 discrete patches

VAERS ID:	863269 (history)	**Vaccinated:**	2019-11-01
Form:	Version 2.0	**Onset:**	2020-02-25
Age:	1.0	**Days after vaccination:**	116
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-02-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132002USA010162
Write-up: No additional adverse symptoms reported; 15-month old patient was inadvertently administered an additional dose of MMR II; This spontaneous report has been received from a physician, referring to a 15 months old patient. The patient''s pertinent medical history, concomitant medication and drug reactions/allergies were not provided. In November 2019 (reported as 3 months ago), the patient was initially vaccinated one dose of measles, mumps, and rubella (wistar ra 27-3) virus vaccine, live (M-M-R II) (strength, frequency, lot# and expiration date were unknown) subcutaneously for prophylaxis at the 12-month well-check visit. On 25-FEB-2020, the patient was inadvertently vaccinated an additional dose of measles, mumps, and rubella (wistar ra 27-3) virus vaccine, live (M-M-R II) (strength, frequency, lot# and expiration date were unknown) subcutaneously for prophylaxis for their 15-month check-up (inappropriate schedule of product administration). No additional adverse symptoms were reported.

VAERS ID: 863688 (history)		**Vaccinated:**	2020-01-13
Form:	Version 2.0	**Onset:**	2020-01-14
Age:	4.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / 5	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flovent
Current Illness: Viral URI
Preexisting Conditions: Asthma
Allergies: Seasonal allergies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Shoulder redness and swelling. No pain.

VAERS ID: 863691 (history)		**Vaccinated:**	2019-09-23
Form:	Version 2.0	**Onset:**	2019-09-24
Age:	12.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	2277M / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Joint range of motion decreased, Malaise, Rash, Respiratory tract congestion, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Arthritis (broad),

Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Day after the vaccine developed some pain in left axilla, left anterior shoulder, and left chest. No redness, warmth. Afebrile. Did have slight decrease in ROM. General malaise, congestion, developed emesis two days afterwards. Also had rash in left armpit. Pain resolved within 2 days and had no further issues. Unclear if vaccine related.

VAERS ID:	863798 (history)	**Vaccinated:**	2020-03-02
Form:	Version 2.0	**Onset:**	2020-03-02
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-03-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	3E279 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Atrial fibrillation, Condition aggravated
SMQs:, Supraventricular tachyarrhythmias (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown - none thru this pharmacy
Current Illness: None
Preexisting Conditions: Pt stated she has had A fib on and off in the past. She has medication on hand for when this occurs

Allergies: No known allergies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Atrial Fibrilation (rapid heart beat)- she has not seen a physician yet. She stated that she is taking medication that she has for this condition (did not state what it was) and she was waiting to see if it subsides on its own.

VAERS ID:	865716 (history)	**Vaccinated:**	2019-10-06
Form:	Version 2.0	**Onset:**	2019-10-06
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-03-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	E2A23 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Discomfort, Immediate post-injection reaction, Pain, Tenderness
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin, Vitamin D3 2000IU and B-Complex
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Visit to physician
CDC Split Type:
Write-up: Soreness right away. Tender when pressure place on it or laying on side. Range of motion reaching upward or trying to reach behind (such as clasping a bra). Has not improved over time. Patient has seen her doctor (MD) about the continuing discomfort. MD suggested exercise/PT and to report adverse reaction.

VAERS ID:	867429 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-04-07
Location:	Vermont		

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	- / UNK	- / OT

Administered by: Other **Purchased by:** ?
Symptoms: Product dose omission
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown patient history
Allergies:
Diagnostic Lab Data:
CDC Split Type: USEMERGENT BIOSOLUTIONSPV
Write-up: MISSED A DOSE OF VIVOTIF; This spontaneous case (PVX2019-1149) was received from a pharmacist on 08-May-2019. It describes a 22-year-old female consumer who "missed a dose of Vivotif". The consumer was receiving oral Vivotif (one dose every other day) for typhoid fever prophylaxis. Case report: The consumer skipped a dose of Vivotif, but she did not know which dose was missed and she started taking the doses. Action taken with Vivotif was not applicable. The clinical outcome of the event "missed a dose of Vivotif" was unknown. Company"s Comment: The causality of the event "missed a dose of Vivotif" was considered as not applicable. ; Sender"s Comments: Company"s Comment: The causality of the event "missed a dose of Vivotif" was considered as not applicable.

VAERS ID:	869144 (history)	**Vaccinated:**	2018-12-20
Form:	Version 2.0	**Onset:**	2018-12-28
Age:		**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
TYP: TYPHOID LIVE ORAL TY21A (VIVOTIF) / BERNA BIOTECH, LTD.	- / 4	- / OT

Administered by: Other **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown patient history.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USEMERGENT BIOSOLUTIONSPV
Write-up: TOOK THIRD DOSE ON DAY 9; This spontaneous case report was received from a pharmacist (PVX2019-002) on 02-Jan-2019. The report describes a 27-year-old adult male consumer who "took third dose on day 9". The consumer was receiving oral Vivotif capsule (every other day) for typhoid prevention. It was reported that the consumer took two doses of Vivotif and then forgot to take it for 5 days and then took the remaining two doses. The doses were taken on 20-Dec-2018, 22-Dec-2018, 28-Dec-2018, and 30-Dec-2018, respectively. The action taken with Vivotif with respect to the event "took third dose on day 9" was not applicable. The clinical outcome of the event "took third dose on day 9" was unknown. Company''s Comment: The causality of the event "took third dose on day 9" was considered as not applicable.; Sender''s Comments: Company''s Comment: The causality of the event "took third dose on day 9" was considered as not applicable.

VAERS ID:	869469 (history)	**Vaccinated:**	2020-03-16
Form:	Version 2.0	**Onset:**	2020-03-16
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	2B3P2 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Confusional state, Gait disturbance, Hypersomnia, Memory impairment
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 1st dose shingrix: chills, shakes, sweats
Other Medications: METHOTREXATE, LEVOTHYROXINE
Current Illness:
Preexisting Conditions:
Allergies: AZITHROMYCINE, PENICILLIN, SHELLFISH
Diagnostic Lab Data:
CDC Split Type:
Write-up: A few hours following vaccination patient reported being "knocked out" and explains that she slept for almost 12 hours which she normally does not do. Patient states when she woke up she was very confused, had trouble recalling simple facts such as place and time. Patient states she also had a hard time walking.

VAERS ID:	869697 (history)	**Vaccinated:**	2020-04-15
Form:	Version 2.0	**Onset:**	2020-04-25
Age:	17.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	SOO1332 / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Eye pain, Head discomfort, Headache, Injection site pain, Laboratory test normal, Lymph node pain, Lymphadenopathy, Mobility decreased, Nausea, Oropharyngeal pain, Pustule, Rash
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Arm very sore after the TDaP
Other Medications: vitamin C, 500mg 2x day,
Current Illness:

Preexisting Conditions: HUS at age 5
Allergies: gluten, some chemical sensitivity
Diagnostic Lab Data: Ophthalmologist checked her out on 3rd day of eye pain. Due to covid, they thought she ought not to go to emergency on the weekend. Her tests came out well.
CDC Split Type:
Write-up: Severe eye pain and our daughter could not look from side to side without pain. Especially in the left eye. Headache. Vision was ok. She could hardly move for two days, very sore right arm where the shot was administered, swollen and painful glands, sore throat, nausea, faintness, weakness all over, pox on chest, rough small bumps under eyes, an increase in head pressure in the days following, feelings of pressure around her brain, back of head, forehead, generally the whole head felt like "a shrinking cap was being pulled over it".

VAERS ID:	870149 (history)	**Vaccinated:**	2020-04-30
Form:	Version 2.0	**Onset:**	2020-05-01
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	C5532AA / 5	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Redness at site started 1 day after vaccine, spread down arm to above elbow. Worsened for 3-4 days and slowly resolved. Almost entirely resolved by today, day 7. Treated with ice and benadryl. No other system manifestations

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VAERS ID: 870511 (history)		**Vaccinated:**	2020-05-07
Form:	Version 2.0	**Onset:**	2020-05-07
Age:	0.33	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	S022755 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None listed
Current Illness: Non listed in the patients chart
Preexisting Conditions: None listed in the patients chart
Allergies: No allergies to medications, food or other products in the patient chart
Diagnostic Lab Data: None
CDC Split Type:
Write-up: The patient was given the Varicella vaccine at 4 months and 3 weeks of age. The patients mother didn''t list any adverse reactions while on the phone 5/7/2020.

VAERS ID: 872549 (history)		**Vaccinated:**	2020-06-04
Form:	Version 2.0	**Onset:**	2020-06-04
Age:	1.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	C2732 / 1	LL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	S030093 / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	S032354 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Wrong product administered

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient was given the wrong vaccine, it was checked by one nurse, and didn"t catch that it was the Proquad just saw the MMR , vaccines were switched around in the freezer and there fore was given the wrong one

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VAERS ID:	874519 (history)	**Vaccinated:**	2019-10-15
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	1.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-06-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Crying, Emotional distress, Muscle twitching, Pain
SMQs:, Dyskinesia (broad), Dystonia (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202010

Write-up: inconsolable; pain; crying; body twitching; This case was reported by a physician via call center representative and described the occurrence of emotional distress in a 18-month-old female patient who received DTPa (Infanrix) (batch number 2C7F9, expiry date 9th February 2021) for prophylaxis. On 15th October 2019, the patient received Infanrix. On 15th October 2019, less than a day after receiving Infanrix, the patient experienced emotional distress, pain, crying and muscle twitching. On an unknown date, the outcome of the emotional distress, pain, crying and muscle twitching were recovered/resolved. It was unknown if the reporter considered the emotional distress, pain, crying and muscle twitching to be related to Infanrix. Additional details were provided as follows: The patient received Shingrix and felt inconsolable, pain, crying and body twitching. The side effects lasted for 72 hours and resolved. The reporter consented to follow up.

VAERS ID:	875194 (history)	**Vaccinated:**	2020-07-01
Form:	Version 2.0	**Onset:**	2020-07-02
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S629542 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Induration, Inflammation, Mass, Pain, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt developed low grade fever 99 for 2 days along with inflamation size of palm of ones hand. c/o hard lump at center of inflamation. and continues to be sore. pt states inflamation {reddness decreased but still sore }

VAERS ID:	876289 (history)	**Vaccinated:**	2020-07-16
Form:	Version 2.0	**Onset:**	2020-07-16
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	T007790 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Fatigue, Feeling hot, Injection site warmth, Muscle spasms
SMQs:, Anaphylactic reaction (broad), Dystonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine was administered in left deltoid at 10:40, reaction began at 10:45. Pt initially had no concerns, then felt a rush of warmth from left shoulder across chest. The warmth across her chest made her cough, denied SOB and chest pain. She then began having spasms down spine and into lower back. This continued for approximately 10 min. Pt then was transported to a lying position on an exam table. Spasms were alleviated. After another 15 minutes or so pt was re-evaluated by doctor (neuro, lung, and heart exams clear), and vitals obtained. Pt stated she felt 100% better and left facility. I called pt at her home two hours later, she stated she felt well, but tired.

VAERS ID:	877313 (history)	**Vaccinated:**	2019-10-31
Form:	Version 2.0	**Onset:**	2019-11-01
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-07-27

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Antiphospholipid antibodies positive, Bedridden, Condition aggravated, Disturbance in attention, Feeling abnormal, Loss of employment, Memory impairment, Renal impairment, Systemic lupus erythematosus, Thinking abnormal
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Systemic lupus erythematosus (narrow), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis, Nuvigil
Current Illness: Narcolepsy, with NAFLD /COPD with PE
Preexisting Conditions: above said pre-existing condition after vaccination I was bed ridden most of Nov -March then diagnosis with lupus and excerbation of brain fog and inability to put thought onto paper - I started the hydrochorliquine in April and I am just starting to be able to do minor paper work task . I sound like person trying to get to the point. That vaccine nearly kilt me and everybody depending on me to get my son"s paper work done.
Allergies: Sulfur based drugs , Cedar wood , Pesticides, Herbicides Chemical hypersensitive
Diagnostic Lab Data: I am not sure of the dates early March April 2020 as improvement with April Lupus diagnosis anti phosphors lipid body test positive thing as it must be said " better" is not "gone"
CDC Split Type:
Write-up: could not get out of bed for months or focus on anything, my kidneys were shutting down and P.E. up grade as serious exacerbation of 2018 P.E. I got the vaccination for transition from a medical LOA I was just starting to get better - when that vaccine nearly killed me. I ended up losing both my jobs as was returning from 2018 P.E. personal medical LOA - I could not remember anything as it is one big blur. I could not fill out this form before last month

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VAERS ID:	877778 (history)	**Vaccinated:**	2015-06-02
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-07-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Extra dose administered, Increased upper airway secretion
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2020285816
Write-up: developing excess mucus dripping down the back of her throat "like motor oil" every time she eats and drinks; This is a spontaneous report from a contactable Consumer (patient). A female patient of an unspecified age received one dose of pneumococcal 13-val conj vac (dipht crm197 protein) (PREVNAR 13) at single dose on 02Jun2015 and on 08Oct2015 for immunization, one at a drugstore and the other at a doctor''s office. The patient medical history and concomitant medications were not reported. On an unspecified date she started developing excess mucus dripping down the back of her throat "like motor oil" every time she eats and drinks. She received lots of medical advice, regarding the mistake with the administration. Could the excess mucus be a side effect? Her phamacist looked up the side effects, and it is not listed as one. The outcome of event unknown. The patient queried whether there was a difference between Prevnar and Prevnar 13. No follow up attempts are needed, information about lot/batch number cannot be obtained.

VAERS ID:	877791 (history)	**Vaccinated:**	2020-07-27
Form:	Version 2.0	**Onset:**	2020-07-28
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-07-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S006778 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling hot, Injection site erythema, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HUMIRA, DYCYCLOMINE, WELCHOL,
Current Illness: CROHN DISEASE
Preexisting Conditions: CROHN DISEASE
Allergies: CEFDINIR, PENICILLIN, HYDROPHONE, CEPHALEXIN, METRONIDAZOLE, MECLIZINE, NEOMYCIN, OXYCODONE
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: REDNESS BELOW INJECTION SITE, SWELLING, HOT, NO FEVER

VAERS ID:	878387 (history)	**Vaccinated:**	2020-06-30
Form:	Version 2.0	**Onset:**	2020-07-06
Age:	12.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U6585AA / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Myoclonus, Tic
SMQs:, Neuroleptic malignant syndrome (broad), Dyskinesia (broad), Dystonia (broad), Noninfectious encephalitis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Tic myoclonus began 6 days post MENACTRA. TAPERED OVER 3 WEEKS AND NOW RESOLVED.

VAERS ID:	878805 (history)	**Vaccinated:**	2020-08-07
Form:	Version 2.0	**Onset:**	2020-08-07
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Myalgia, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Clobetasol 0.05% cream prn for eczema Triamcinolone acetonide cream 0.01% prn eczema Estradiol vaginal cream 0.01% weekly
Current Illness: None
Preexisting Conditions: None
Allergies: Sulfa allergy
Diagnostic Lab Data:
CDC Split Type:
Write-up: left arm soreness but within hours became weak with muscle pain and fever; temp 99.8 progressing to 100.2 over the 24 to 30 hours. Feeling fine by 48 hrs after administration.

VAERS ID: 879254 (history)		**Vaccinated:**	2020-08-03
Form:	Version 2.0	**Onset:**	2020-08-05
Age:	62.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	GB 429 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Ear pain, Facial pain, Headache, Herpes zoster, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Glaucoma (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Endocet, ibuprofen
Current Illness: None
Preexisting Conditions: Chronic pain due to end-stage shoulder arthritis
Allergies: None.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Severe pain in the right side of his head, chin, right ear and right cheek associated with red rash consistent with shingles.

VAERS ID: 879499 (history)		**Vaccinated:**	2020-08-13
Form:	Version 2.0	**Onset:**	2020-08-13
Age:	80.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Chills, Malaise, Myalgia, Pyrexia, Somnolence
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad),

Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: atorvastatin, tamsulosen, aspirin
Current Illness: none
Preexisting Conditions: bundle branch block, CAD
Allergies: penicillin, sulfa, polymxin
Diagnostic Lab Data:
CDC Split Type:
Write-up: weakness, high fever, chills, muscle pain, malaise increased to md/severe after 2 hours. Improvement in pain and fever after 24 hours. Still weak and sleepy.

VAERS ID:	879578 (history)	**Vaccinated:**	2020-08-14
Form:	Version 2.0	**Onset:**	2020-08-15
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site rash, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: triamterene- hctz 37.7-25 mg
Current Illness: none
Preexisting Conditions: none
Allergies: seasonal allergies
Diagnostic Lab Data:
CDC Split Type:

Write-up: swelling, rash developed around injection area

VAERS ID:	879717 (history)	**Vaccinated:**	2020-08-07
Form:	Version 2.0	**Onset:**	2020-08-07
Age:	78.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	X052X / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Lip pruritus, Lip swelling, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: PPD- fainted
Other Medications: dicyclomine 10mg, levothyroxine 137mcg, Ipratropium 0.06% nasal spray, prednisone 5mg, torsemide 20mg, Gabapentin 300mg, Humulin N, novolog, linzess, Mag oxide 400mg, metoprolol succinate 25mg, pantoprazole 40mg, atorvastatin 20mg, midodrin
Current Illness:
Preexisting Conditions: COPD, T2DM,
Allergies: verapamil, tetanus, rituxan, remicade, metformin, latex, cardizem, ativan
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient developed itchy, swollen lips and torso over the course of the day- problem persisted for about 4 days

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VAERS ID:	879926 (history)	**Vaccinated:**	2020-08-17
Form:	Version 2.0	**Onset:**	2020-08-17
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	73T27 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Arthralgia, Axillary pain, Chills, Fatigue, Headache, Injection site erythema, Injection site pain, Injection site swelling, Lethargy, Myalgia, Nausea, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none medications, food or products wasps/vespars
Diagnostic Lab Data: none
CDC Split Type:
Write-up: moderate to severe pain left arm and left side body muscles and joints,- 2 days duration, swelling and redness at injection site up through 3 days+ duration, chills, low grade fever, nausea, fatigue, headache, lethargy - 2 days duration. Side effects significantly affected ability to function for 2 days. No treatment other than bed rest and sleep. Redness, swelling and pain still present in left deltoid area and pain under left armpit when palpating lymph nodes through day 3. Day 3 recovered from all other side effects.

VAERS ID:	880710 (history)	**Vaccinated:**	2020-08-24
Form:	Version 2.0	**Onset:**	2020-08-24
Age:	4.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / 1	RL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	S021732 / 2	LL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Crying, Decreased appetite, Hypersomnia, Injection site erythema, Injection site pain, Neck pain, Pain, Pyrexia, Screaming, Thirst decreased, Urine output decreased

SMQs:, Acute renal failure (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Chronic kidney disease (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Pediatric Multivitamin (Gummies girls multivitamins) once daily.
Current Illness: None
Preexisting Conditions: None
Allergies: NKA
Diagnostic Lab Data: After speaking with the patients mother it was recommended that the patient present to Urgent Care today for further evaluation.
CDC Split Type:
Write-up: Spoke with patient''s mother at approximately 2:30pm the following day after the immunizations. Mom reports that the patient screamed as she was getting the vaccines and didn''t stop crying for hours, and this is not typical at all for the patient with vaccines. Mom reports that last evening she had a low grade fever (did not have specific #), and kept complaining of pain in the site of the MMRV. Mom reports localized 2 inch area of redness around the MMRV injection site. More concerning patient slept until 1pm today, only urinated once in almost 18 hr period. Patient has fever of 104.5F, reduced with Tylenol 1 hr after administration and currently at 100F. Patient also complaining of neck pain. Hurts to tilt neck back to drink small dose cup of Tylenol. No appetite, not wanting to drink. Low energy.

VAERS ID:	880781 (history)	**Vaccinated:**	2020-08-26
Form:	Version 2.0	**Onset:**	2020-08-26
Age:	16.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R023504 / 1	RA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No medications
Current Illness: No dx
Preexisting Conditions: N/A
Allergies: No allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: Gave expired vaccine. No reaction

VAERS ID:	881048 (history)	**Vaccinated:**	2020-08-27
Form:	Version 2.0	**Onset:**	2020-08-27
Age:	93.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ444AA / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Dizziness
SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis 2.5mg, Calcitriol 0.25mcg, Pravastatin, Losartan, Carvedilol
Current Illness: NO
Preexisting Conditions: Hypertension
Allergies: NO
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient felt dizzy after maybe about 5-10minutes of receiving Fluzone HD, as pt was walking out of the store. He had to lay down on the floor as he was feeling weak.He was attended by an EMT, and was taken to hospital.

VAERS ID:	881387 (history)	**Vaccinated:**	2020-06-26
Form:	Version 1.0	**Onset:**	2020-06-26
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	2020-08-28
Location:	Vermont	**Days after onset:**	63
		Entered:	2020-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1621931 / UNK	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: Injection site nodule, Muscular weakness, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: needs ultrasound
CDC Split Type:
Write-up: Arm pain & weakness since injection. Able to feel nodule where injection was.

VAERS ID:	881296 (history)	**Vaccinated:**	2020-07-24
Form:	Version 2.0	**Onset:**	2020-07-25
Age:	70.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-08-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	YC2CP / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia

and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: no
Preexisting Conditions: no
Allergies: no allergies
Diagnostic Lab Data: none
CDC Split Type:
Write-up: she had large rash on left lower arm. There was no itching or irritation

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VAERS ID:	882000 (history)	**Vaccinated:**	2020-08-20
Form:	Version 2.0	**Onset:**	2020-08-21
Age:	67.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	T009744 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: atorvastatin 20mg Lisinopril 10mg ASA 81mg, metformin 500 mg
Current Illness: none
Preexisting Conditions: DM, Neuropathy
Allergies: Hydrocodone
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Swollen left arm. Started swelling last night ~ 1/2 egg at injection site , now spreading

and sore

VAERS ID:	881917 (history)	**Vaccinated:**	2020-09-03
Form:	Version 2.0	**Onset:**	2020-09-03
Age:	0.33	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	1637642 / N/A	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D liquid
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: NA at this time.
CDC Split Type:
Write-up: Pt was given HPV vaccine at 4 months of age. No adverse effects at present time. Pt''s Mother and provider were notified. Will monitor and research info on possible side effects.

VAERS ID:	882121 (history)	**Vaccinated:**	2020-09-02
Form:	Version 2.0	**Onset:**	2020-09-02
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	S015459 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration, No adverse event
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Alprazolam Skyla
Current Illness: Unknown
Preexisting Conditions: N/A
Allergies: Apple Environmental Allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: Varicella vaccine was administered intramuscularly instead of Subcutaneously into the Left Deltoid. No know adverse reactions known currently

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VAERS ID:	882336 (history)	**Vaccinated:**	2020-09-05
Form:	Version 2.0	**Onset:**	2020-09-05
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	AFLURIA PFS 202 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Conjunctivitis, Eye discharge, Eye irritation, Eye swelling, Eyelid margin crusting, Ocular hyperaemia
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Angioedema (narrow), Glaucoma (broad), Corneal disorders (broad), Conjunctival disorders (narrow), Periorbital and eyelid disorders (narrow), Ocular infections (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Atenolol 25mg Aspirin .81mg Hydrochlorothiazide 25mg
Current Illness: none
Preexisting Conditions: resistant hypertension
Allergies: epinephrine
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Pinkeye. Swollen right and left eye. Both red and burning, draining. Right eye stuck shut and crusty upon awakening the next morning. Continued to be swollen and red.

VAERS ID:	883210 (history)	**Vaccinated:**	2020-09-11
Form:	Version 2.0	**Onset:**	2020-09-11
Age:	14.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	S013712 / 2	LA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: MMRV was administered rather than MMR for a patient over the age of 12. Spoke to immunization registry, they stated that both doses will still count toward series and to not re-dose either. Pt shouldn''t experience any adverse effects from MMRV.

VAERS ID: 883724 (history)		**Vaccinated:**	2020-09-11
Form:	Version 2.0	**Onset:**	2020-09-12
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C5688AA / UNK	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	3X2KX / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: Autism Spectrum
Allergies: seasonal
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Large Amount Swelling & Redness on Left Arm at Immunization site-9/12/20, About 800pm, Earlier in the day, complaints of Left shoulder itching. Advised cool compress, Antihistamine, Tylenol

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VAERS ID: 883966 (history)		**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-09-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / 4	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132008USA013986
Write-up: patient got 4 injections of the vaccine instead of 3 injections; patient got 4 injections of the vaccine instead of 3 injections; It is unknown what the brand name of the HPV vaccine was; No other AE reported; This spontaneous report was received from a consumer referring to her currently 18-year-old daughter. No information regarding her pertinent medical history, drug reactions or allergies and concomitant therapies was provided. On an unknown date, the patient was vaccinated with the first dose of unspecified human papillomavirus (HPV) vaccine (manufacturer unknown), for prophylaxis. On unknown dates, the patient received another 3 doses of vaccine (inappropriate schedule of product administration, extra dose administered). No adverse event was reported.

VAERS ID:	884144 (history)	**Vaccinated:**	2020-08-26
Form:	Version 2.0	**Onset:**	2020-08-26
Age:	18.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
MENB: MENINGOCOCCAL B (BEXSERO) / NOVARTIS VACCINES AND DIAGNOSTICS	ABXA92AZ / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Allergy test negative, Dizziness, Gastritis, Laboratory test normal, Malaise, Presyncope, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific inflammation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Epiduogel- Clindamycin Phos & cleanser
Current Illness: Vomiting 8-11-2020/Nausea-? dehydration $gheat exhaustion
Preexisting Conditions:
Allergies: Seasonal allergies
Diagnostic Lab Data: Lab tests including testing for celiac are normal.
CDC Split Type:
Write-up: Vagal episode Feeling unwell, dizzy vomiting, felt faint, nausea Onset of symptoms within 15 minutes of injection Symptoms persisted - Zofran ODT given in office. Family member called to drive patient home Nausea continues ~ 2 weeks after administration - now ? gastritis - started on PPI for acid suppression

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VAERS ID:	884182 (history)	**Vaccinated:**	1991-03-01
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	33.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2020-09-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / OT

Administered by: Private **Purchased by:** ?
Symptoms: Guillain-Barre syndrome
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Demyelination (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202018
Write-up: Guillain-Barr?; This case was reported by a pharmacist via call center representative and described the occurrence of guillain barre syndrome in a 33-year-old male patient who received Hepatitis B vaccine for prophylaxis. Co-suspect products included INFLUENZA

VACCINE for prophylaxis. In March 1991, the patient received Hepatitis B vaccine (intramuscular) and INFLUENZA VACCINE. On an unknown date, between 1 and 2 weeks after receiving Hepatitis B vaccine and 1 week after receiving INFLUENZA VACCINE, the patient experienced guillain barre syndrome (serious criteria GSK medically significant). On an unknown date, the outcome of the guillain barre syndrome was recovered/resolved. It was unknown if the reporter considered the guillain barre syndrome to be related to Hepatitis B vaccine. Additional details were reported as follows: The case was reported by patient"s wife. The patient had guillain barre syndrome approximately 1 to 2 weeks after receiving a flu shot and a hepatitis B vaccine in March 1991. The clinical staff associated guillain barre syndrome with the flu vaccine. Brand name and manufacturer of flu vaccine was unknown. It was unknown if the reporter considered the guillain barre syndrome to be related to influenza vaccine.

VAERS ID:	885601 (history)	**Vaccinated:**	2020-09-22
Form:	Version 2.0	**Onset:**	2020-09-23
Age:	26.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	P100247696 / N/A	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Axillary pain, Injection site erythema, Injection site induration, Injection site mass, Injection site swelling, Skin warm
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Redness, swelling around injection site with hard lump. Pain in armpit. Hot to touch. Diameter about 3 inches. Started to improve 24 Sept 2020 in the afternoon.

VAERS ID: 886170 (history)		**Vaccinated:**	2020-09-26
Form:	Version 2.0	**Onset:**	2020-09-26
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	R021372 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: claritin 10mg,
Current Illness: UTI
Preexisting Conditions: n/a
Allergies: N/a
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: No adverse effects, there was a vaccine error. Pt was supposed to receive adult Hep B (Energix) and was given pediatric vaccine (Recombivax HB)

VAERS ID: 886246 (history)		**Vaccinated:**	2020-09-28
Form:	Version 2.0	**Onset:**	2020-09-28
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT7011MA / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood glucose increased, Headache, Nausea, Syncope, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia

(broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin
Current Illness: None
Preexisting Conditions: Migraine
Allergies: None
Diagnostic Lab Data: Blood Glucose = 126
CDC Split Type:
Write-up: Vasovagal syncope, prolonged recovery with nausea, vomiting, headache X4 hours

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VAERS ID:	886636 (history)	**Vaccinated:**	2020-09-29
Form:	Version 2.0	**Onset:**	2020-09-29
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	- / 1	RA / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fatigue, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit D 3, Escitalopram, thyroxine
Current Illness: none
Preexisting Conditions: hypothyroidism, vitiligo , depression

Allergies: penicillin
Diagnostic Lab Data: none yet
CDC Split Type:
Write-up: Fatigue, Severe headache, Nausea

VAERS ID:	886867 (history)	**Vaccinated:**	2020-09-24
Form:	Version 2.0	**Onset:**	2020-09-24
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	93FR9 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Condition aggravated, Herpes virus infection, Migraine, Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: chlorthalidone 25 mg 1/2 tab once daily Maxalt prn migraine ambien prn insomnia vitamin D
Current Illness:
Preexisting Conditions: positive ANA chronic dry eye hx semicircular canal dehiscience migraines kidney stones osteopenia
Allergies: SULFA medications
Diagnostic Lab Data: none
CDC Split Type:
Write-up: migraine within hours of vaccine that lasted three days. Nausea that began during the night that I got the vaccine--I vomited approximately 4 - 9 am. The day after the vaccine I experienced a herpes outbreak, the first in over a decade. I am still dealing with that outbreak six days later. I think the immune system gets so stressed responding to the vaccine that anything else latent in the body has time to rear up. That is what seems to be happening for me and others.

VAERS ID:	887012 (history)	**Vaccinated:**	2020-09-11
Form:	Version 2.0	**Onset:**	2020-09-13
Age:	65.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Blister, Injected limb mobility decreased, Pain in extremity
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: predniSONE 5 mg Tab Xeljanz XR 11 mg Tablet sr leflunomide 20 mg Tab RABEprazole 20 mg Tbec CALCIUM CARB/D3/MAGNESIUM/ZINC (CALCIUM CARB-D3-MAG OX-ZINC OX ORAL) advill
Current Illness: none
Preexisting Conditions: Inflammatory arthritis
Allergies: Codeine Pregabalin Rabeprazole(generic version)
Diagnostic Lab Data: scheduled EMG 10-13-2020
CDC Split Type:
Write-up: left arm blisters and pain lost shoulder use as of now blisters are drying up arm still not useable 10-1-2020

VAERS ID:	887247 (history)	**Vaccinated:**	2020-08-31
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	18.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-10-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (IMOVAX) / SANOFI PASTEUR	- / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2020SA266239
Write-up: patient who was back for second Imovax injection, the first being 24 days ago, no AE; Initial information received on 25-Sep-2020 regarding an unsolicited valid non-serious case from a nurse. This case involves a 18 years old female patient who was vaccinated with first dose of RABIES (HDC) VACCINE [IMOVAX RABIES] vaccine and the patient came back for second dose after 24 days of first dose administration (PT:inappropriate schedule of product administration). Medical history and concomitant medications were not reported. On an unknown date, the patient received the first dose of RABIES (HDC) VACCINE and on 31-Aug-2020, the patient also received 0.5 ml of the second dose of same vaccine (injection,lot number and expiration date were not reported for bot the regimens) via unknown route in unknown administration site for unknown indication. It was an actual medication error case due to inappropriate schedule of vaccine administration . No adverse event reported at the time of reporting. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error. There will be no information on the batch number for this case.

VAERS ID:	887979 (history)	**Vaccinated:**	2020-07-16
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	0.5	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2020-10-05
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / 1	LL / IM

Administered by: Other **Purchased by:** ?
Symptoms: Off label use, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Kinrix was given. Emailed state. "Does not need to be repeated but considered off label and vaccine adminstration error."

VAERS ID:	888143 (history)	**Vaccinated:**	2020-09-23
Form:	Version 2.0	**Onset:**	2020-10-01
Age:	62.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	49281-0420-50 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster, Pain, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 1959 Smallpox Vaccine- developed Cowpox
Other Medications: Preservation vitamins Flovent inhaler Singular Pepcid 81 mg aspirin Omeprazole
Current Illness: Allergies
Preexisting Conditions: Allergies Rheumatoid Arthritis Fibromyalgia
Allergies: Penicillin Tree Nuts Macrodantin Mold spores Sulfa Seasonal grasses Latex. Pollens Bee sting. Cats
Diagnostic Lab Data: Doctors visit on 10/05/2020. No tests needed.
CDC Split Type:
Write-up: 8 days after flu shot (10/01/2020) came down with Shingles. Confirmed by doctor visit 4

days later (on 10/05/2020) and began medication for rash (Valacyclovir) and pain (Gabapenten)

VAERS ID:	888387 (history)	**Vaccinated:**	2020-08-07
Form:	Version 2.0	**Onset:**	2020-08-07
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood test, Electrocardiogram, Extrasystoles, Fatigue, Headache, Heart rate increased, Neck pain, Pain in extremity, Palpitations, X-ray
SMQs:, Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Tachyarrhythmia terms, nonspecific (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Dehydration (broad), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamins: Multiple, B-Complex, D, Flax , C
Current Illness: None
Preexisting Conditions: None
Allergies: Amoxicillin
Diagnostic Lab Data: EKG"s at Clinic and Emergency Room on August 10, 2020. As well as X-Ray and blood work in Emergency Room.
CDC Split Type:
Write-up: Painful arm into neck, Headache, Fatique, Rapid heart beat, Palpitations, Skipped Heart Beats Told by pharmacist to contact primary care physician. Got sent to Clinic where an EKG was taken, skipped heart beats noted. Got sent to Emergency Room and monitored for 2-3 hours. Rapid heart beat slowed down as did palpitations that night which was the 3rd day after vaccine was given. Was then referred to Cardiologist who detected skipped heart beats but said I was healthy and not to be concerned. He suggested not getting another Pneumo Vaccine. Though most of the reactions ceased after third day I still have skipped heart beats and palpitations at times.

VAERS ID:	888629 (history)	**Vaccinated:**	2020-10-08
Form:	Version 2.0	**Onset:**	2020-10-08
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	279836 / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Dizziness, Lip injury, Loss of consciousness, Tooth fracture
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: N/A
Preexisting Conditions: NO
Allergies: NO
Diagnostic Lab Data:
CDC Split Type:
Write-up: PATIENT RECEIVED FLUCELVAX. SHE WAS CHECKING OUT OF FLU CLINIC AND SHE PASSED OUT, CUT HER LOWER LIP WITH HER FRONT TEETH AND CHIPPED HER UPPER FRONT RIGHT TOOTH. SHE QUICKLY REGAINED CONSCIOUSNESS BUT CONTINUED TO FEEL FAINT. SHE WAS TRANSPORTED TO THE HOSPITAL FOR FOLLOW UP.

VAERS ID:	888793 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2020-10-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / OT

Administered by: Other **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132010USA001488
Write-up: shingles; Information has been received from a lawyer regarding a case in litigation and refers to a patient of unknown age and gender. No information was provided regarding medical history, concurrent conditions, or concomitant medications. In 2018, the patient was inoculated with zoster vaccine live (ZOSTAVAX) (strength, dose, dose number, route, anatomical site of vaccination, lot number and expiration date were not provided) as prescribed and/or administered by a healthcare provider for the long-term prevention of shingles and/or zoster-related conditions. On an unknown date (reported as subsequent to patient''s zoster vaccine live (ZOSTAVAX) inoculation), the patient was treated by a healthcare provider for shingles (herpes zoster). On an unknown date, the patient was admitted to the hospital due to the event. As a direct and proximate result of patient''s use of the zoster vaccine live (ZOSTAVAX) vaccine, the patient had and would continue suffer ongoing injuries, including but not limited to: mental and physical pain and suffering; medical care and treatment for these injuries; significant medical and related expenses as a result of these injuries, including but not limited to medical losses and costs include care for hospitalization, physician care, monitoring, treatment, medications, and supplies; diminished capacity for the enjoyment of life; diminished quality of life; increased risk of premature death, aggravation of preexisting conditions and activation of latent conditions; and other losses and damages; and would continue to suffer such losses, and damages in the future. At the time of this report, the outcome of herpes zoster was unknown. The lawyer considered the event to be related to zoster vaccine live (ZOSTAVAX).

VAERS ID:	888955 (history)	**Vaccinated:**	2020-10-09
Form:	Version 2.0	**Onset:**	2020-10-09
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Chills, Headache, Influenza, Insomnia, Myalgia, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingrex, age 50 shot 1 - same symptoms flu, fever, chills, muscle pain
Other Medications: Metoporol succinnate Eliquis Trazodone Sildenefil
Current Illness: None
Preexisting Conditions: AFIB
Allergies: None
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Sore arm (4-5 hrs); flu like symptoms (6-7 hrs) - full on flu symptoms, pain in muscles, joints, headache, fever (102 F) chills, insomnia (7-15 hrs).

VAERS ID:	888990 (history)	**Vaccinated:**	2020-10-07
Form:	Version 2.0	**Onset:**	2020-10-07
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	MY7J5 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Chills, Diarrhoea, Pain in extremity
SMQs:, Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: tamsulosin 0.4mg, chlorthalidone 25mg
Current Illness: none
Preexisting Conditions: Had previous lower back pain/surgery.
Allergies: penicillin, sulfa drugs
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient said within a couple hours his arm was quite sore. He also reported loose stool, chills, and his lower back pain seemed to come back as though the nerve was aggravated.

VAERS ID:	888991 (history)	**Vaccinated:**	2020-10-07
Form:	Version 2.0	**Onset:**	2020-10-07
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	MY7J5 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Fatigue, Gastrointestinal disorder, Headache, Muscle spasms, Nausea, Pain
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: lorazepam 1mg, restasis 0.05% eye drop
Current Illness: None
Preexisting Conditions: Cancer survivor
Allergies: Penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported soreness within a couple hours of injection. She also reported fatigue, chills, foot cramps, nausea, loose stool, and lower digestive tract issues. She''s also had a headache that has been present as of current (10/10/20) but she said it has been getting better.

VAERS ID:	889655 (history)	**Vaccinated:**	2020-10-13
Form:	Version 2.0	**Onset:**	2020-10-13
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	T020638 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site reaction, Muscular weakness, Pain in extremity, Radicular pain
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: To manage this acute pain, acetaminophen 500 mg every 6 hours, ibuprofen 400 mg every 6 hours. Routine medications include over-the-counter vitamin B12, turmeric, collagen powder.
Current Illness: None.
Preexisting Conditions: Osteoarthritis. Status post ORIF of left ankle.
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe radicular pain at injection site and traveling down arm, causing significant weakness of left arm. Developed over several hours following injection. No associated redness, warmth, discharge at injection site. No systemic symptoms.

VAERS ID:	890009 (history)	**Vaccinated:**	2020-10-14
Form:	Version 2.0	**Onset:**	2020-10-14
Age:	47.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT6681KA / 1	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin Tart cherry extract Fish oil Albuterol sulfate flonase allergy relief CoQ10
Current Illness:
Preexisting Conditions: asthma
Allergies: no known drug allergies
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Expired vaccine administered. Vaccine expiration date was 6/30/2020., vaccine administered on 10/14/2020. Patient denied negative reaction after administration, no signs/symptoms of a reaction. Per recommendation of a website, repeat vaccine should be administered. Based on that recommendation the visit provider will contact the patient to disuss/ arrange repeat clinic visit for a second vaccine.. What should we do if a dose of expired vaccine is given to a patient? The dose should be repeated. If the expired dose is a live virus vaccine, you should wait at least 4 weeks after the previous (expired) dose was given before repeating it. If the expired dose is not a live vaccine, the dose should be repeated as soon as possible. If you prefer, you can perform serologic testing to check for immunity for certain vaccinations (e.g., measles, mumps, rubella, varicella, and hepatitis A).

VAERS ID:	890078 (history)	**Vaccinated:**	2020-10-05
Form:	Version 2.0	**Onset:**	2020-10-05
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) / SEQIRUS, INC.	279818 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Pain

SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient has had pain for 10 days at injection site and radiating around her back shoulder med

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VAERS ID:	890879 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-10-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incomplete course of vaccination, Product supply issue
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202020
Write-up: could not get her 2nd dose/ because the vaccine was not available; This case was

reported by a consumer via call center representative and described the occurrence of product supply issue in a 62-year-old female patient who received Herpes zoster (Shingrix) for prophylaxis. Previously administered products included Shingrix (1st dose received in September 2018). On an unknown date, the patient received the 2nd dose of Shingrix. On an unknown date, unknown after receiving Shingrix, the patient experienced product supply issue. On an unknown date, the outcome of the product supply issue was unknown. Additional details were provided as follows: The age at vaccination was not applicable for this report. Lot and expiration date of Shingrix vaccine was unknown. The patient reported that, she never completed the series of Shingrix vaccination as she could not get her 2nd dose because it was not available during that time, which led to product supply issue. The patient did not consent to follow-up.

VAERS ID:	890884 (history)	**Vaccinated:**	2020-10-17
Form:	Version 2.0	**Onset:**	2020-10-18
Age:	7.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U7012BA / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Peripheral swelling, Pyrexia, Skin warm
SMQs:, Cardiac failure (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: None
CDC Split Type:
Write-up: The following morning after receiving vaccine, left arm became swollen and warm to touch. Fevers T-101.8/102.6 Advised cool compresses, antihistamine, Tylenol or Ibuprofen increasing fluid intake

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VAERS ID:	891141 (history)	**Vaccinated:**	2020-10-01
Form:	Version 2.0	**Onset:**	2020-10-15
Age:	70.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ5181AB / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthritis, Body temperature increased, Condition aggravated, Influenza, Pain of skin, Pericarditis, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Chronic kidney disease (broad), Arthritis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: albuterol sulfate (HFA Aerosol Inhaler) albuteroL 90 mcg/actuation Inhale 2 puffs into the lungs every 6 hours as needed for Wheezing. Use with spacer Dispense: 1 Inhaler ? diclofenac sodium (Gel) VOLTAREN 1 % Apply 4 g topically 4 times d
Current Illness: none
Preexisting Conditions: Attention deficit hyperactivity disorder (ADHD) Edit Overview Unprioritized ??Change Dx Resolve Overview ritalin since 2003 ???????? Worked well but stopped for HTN ???????? ?? Depression Create Overview Unprioritized ??Change Dx Resolve HTN (hypertension) Edit Overview Unprioritized ??Change Dx Resolve S/P Lapidus and 2nd toe weil osteotomy 11/7/2016 ange Dx Resolve Claw toe, acquired Create Overview Unprioritized ?? Change Dx Resolve Osteopenia
Allergies: Chlorhexidine Gluconate Hives, Itching High 10/27/2016 Past Updates... Adverse Reactions/Drug Intolerances Betadine [Povidone-iodine (with Soap)]
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I had a violent reaction to my high-dose flu shot last thurs 3pm. By around 9pm, uncontrollable shaking, skin hurt, wherever I have arthritis became enflamed. I started taking Advil but even with that I had temp of 101 but became normal the next day. The worst was that it triggered my pericarditis very badly - the worst in many, many years. So painful I had to sleep sitting up. I have been treating with Advil and much, much better. Flu symptoms now gone.

VAERS ID:	891731 (history)	**Vaccinated:**	2020-10-08
Form:	Version 2.0	**Onset:**	2020-10-08
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUR4: INFLUENZA (SEASONAL) (FLUBLOK QUADRIVALENT) / PROTEIN SCIENCES CORPORATION	QFAA2019 / UNK	- / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: hypertension, depression, hyperlipidemia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: received flublok 10/8/2020 and within 20 minutes developed diffuse hives

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VAERS ID:	891784 (history)	**Vaccinated:**	2020-10-16
Form:	Version 2.0	**Onset:**	2020-10-17
Age:	3.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U7012BA / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site swelling

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin D; miralax, BeneFiber.
Current Illness:
Preexisting Conditions:
Allergies: None Known
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: SWELLING and redness oF Right arm, initially at The injection site with progression to Below Elbow. Not Streaking, Doubt cellulitis Not a systemic allergic reaction

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VAERS ID:	892308 (history)	**Vaccinated:**	2020-09-30
Form:	Version 2.0	**Onset:**	2020-10-01
Age:	82.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) / SEQIRUS, INC.	279815 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain in extremity, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Ever since getting the vaccine the patient''s arm and hand hurt and is tingling

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VAERS ID:	892604 (history)	**Vaccinated:**	2020-07-10
Form:	Version 2.0	**Onset:**	2020-07-01
Age:	76.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-10-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / OT

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arrhythmia, Bundle branch block right, Chills, Electrocardiogram abnormal, Endometrial thickening, Fatigue, Hysterectomy, Injection site discomfort, Injection site warmth, Malaise, Palpitations, Sinus arrhythmia, Uterine dilation and curettage
SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Conduction defects (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Uterine and fallopian tube tumours of unspecified malignancy (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Endometrial cancer; Eyeglasses wearer; Ovarian adenocarcinoma
Preexisting Conditions: Medical History/Concurrent Conditions: Palpitation (during menopause)
Allergies:
Diagnostic Lab Data: Test Date: 202007; Test Name: EKG; Result Unstructured Data: (Test Result:see text,Unit:unknown); Comments: EKG- showed dysrhythmia: sinus arrhythmia and possible right bundle branch block.
CDC Split Type: USGLAXOSMITHKLINEUS202020
Write-up: palpitations; Fatigue; chills; Malaise; Heat at the injection site; Local discomfort / Injection site; Sinus arrhythmia; Possible right bundle branch block; Thickened endometrium; Dysrhythmia; This case was reported by a nurse via call center representative and described the occurrence of dysrhythmias in a 76-year-old female patient who received Herpes zoster (Shingrix) for prophylaxis. The patient''s past medical history included palpitation (during menopause). Concurrent medical conditions included eyeglasses wearer, endometrial cancer and ovarian adenocarcinoma. On 10th July 2020, the patient received the 1st dose of Shingrix (intramuscular).

On 10th July 2020, less than a day after receiving Shingrix, the patient experienced injection site warmth and injection site discomfort. On 11th July 2020, the patient experienced fatigue, chills and malaise. On 12th July 2020, the patient experienced palpitation. In July 2020, the patient experienced dysrhythmias (serious criteria GSK medically significant), sinus arrhythmia, right bundle branch block and endometrial thickening. In July 2020, the outcome of the injection site warmth, injection site discomfort, fatigue, chills and malaise were recovered/resolved. On 14th October 2020, the outcome of the palpitation was recovered/resolved. On an unknown date, the outcome of the dysrhythmias, sinus arrhythmia, right bundle branch block and endometrial thickening were unknown. It was unknown if the reporter considered the dysrhythmias, injection site warmth, injection site discomfort, sinus arrhythmia, right bundle branch block, fatigue, malaise, palpitation and endometrial thickening to be related to Shingrix. The reporter considered the chills to be related to Shingrix. Additional information was provided as follows: The case was reported by patient her self who was a retired nurse. The patient received vaccine intramuscularly in the left deltoid. The patient experienced local discomfort and heat at the injection site which resolved. On Saturday 11th July 2020 the patient experienced chills and fatigue/malaise. On Sunday evening 12th July 2020 the patient began experiencing palpitations. She mentioned that she was not sure if the palpitations were related to the Shingrix or not because she had other stressors (she learned that her husband had cancer). On 28th July 2020 she learned the results of her Dilation and Curettage which was that she had a thickened endometrium which required a hysterectomy. An EKG (Electrocardiogram) was done which showed dysrhythmia, sinus arrhythmia and possible right bundle branch block. Due to the results of the EKG and because the palpitations had not yet resolved her hysterectomy surgery had to be postponed. She did have the hysterectomy surgeryon 14th October 2020. The palpitations had stopped by 14th October 2020. There were no complications during surgery, there was no dysrhythmia during the surgery. The patient had endometrial cancer and possible adenocarcinoma of the ovary as well. She might require chemotherapy. She had not yet had a follow up EKG but she was scheduled to have one. The reporter consented to follow up.

VAERS ID:	892744 (history)	**Vaccinated:**	2020-10-16
Form:	Version 2.0	**Onset:**	2020-10-16
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / N/A	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Injection site injury, Insomnia, Loss of personal independence in daily activities, Myalgia, Pain, Pain in extremity, Poor quality sleep, Product administered at inappropriate site, Sleep disorder
SMQs:, Rhabdomyolysis/myopathy (broad), Dementia (broad), Drug abuse and dependence (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: sinustitus
Preexisting Conditions: None
Allergies: erythromycin
Diagnostic Lab Data: Please contact Physical Therapy for specifics
CDC Split Type:
Write-up: While having my flu vaccination at approximately 9:30 AM on Ocotber 16, 2020, I thought she seemed to be a bit high with the placement of the needle, but since I do not look, I could not see. It felt a bit "thick" going in, but I was not sure what that meant. Within a few hours of having the injection, my muscle felt a bit sore - which is the usual reaction - but by midafternoon 3:30 pm, there was this very intense pain on the front of my shoulder, that did not feel muscular. It intensified into the evening until I went to bed around 9 pm and took 600MG of Advil to calm the pain. I awoke around 2:30 with such pain in front of my arm, I was awake for about an hour and then took 400 mg of Advil to return to some unrestful sleep as I could not get comfortable. This has continued every night since - icing the front of my shoulder and taking 600 mg of Advil before sleep and then being awakened between 2-3:30 am due to the pain in my arm. It is difficult to get comfortable even with the ice and Advil. During the day on Saturday 10/17, Sunday 10/18 the pain was evident all day but most excruciating when I attempted to move my right arm back - to put my hand in my right pant or jacket pocket or to pull up my pants on the right side. Additionally, I could not buckle with my right hand but had to reach over with my left. There were times over those two days and every day since that moving my right arm just the slightest ?wrong way? causes such excruciating pain, it takes my breath away. On Monday 10/19 I called to make a doctor?s appointment, but they could not see me for two days. I already had a previously schedule PT appointment for Wednesday 10/21, that I did not need for the previous issues but decided to keep it and have MPT examine my shoulder and arm and make a diagnosis. She examined me and wrote her observations which can be obtained at Physical Therapy. She recommended to ice it whenever it hurts and limit any range of motions that aggravated it but to do hanging circles to keep the shoulder moving and reduce the risk of frozen shoulder. We made a follow-up appointment for 10/26. 10/25/20 The pain continues every day and night and has severely restricted my active lifestyle. It has also interrupted any sense of restful sleep as I am aware of the pain every time I turn over and awakened every morning between 2-3:30AM. This lack of restful sleep severely affects my ability to be clearheaded and productive in my job. 10/26/20 I visited Physical Therapist again today at 7:45 am. She did some laser therapy and some message and taped it with KT tape. She believes that either a tendon or bursae were struck with the needle and that is what is causing the pain. She also explained that this could be a 4-6-week recovery. My shoulder felt calm when I left PT and for about 7 hours. If is now fatigued and had some ? toothache? pain radiating out.

VAERS ID:	893175 (history)	**Vaccinated:**	2019-01-10
Form:	Version 2.0	**Onset:**	2020-10-14
Age:		**Days after vaccination:**	643
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	1621929 / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: GARDASIL 9 SYRINGE (DEVICE)
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132010USA006063
Write-up: No adverse event; patient received his first GARDASIL 9 vaccine on 10 JAN 2019 and his second one on 14 OCT 2020. He was on the two dose series.; This spontaneous report was received from a nurse practitioner, referring to a 13 year old male patient. No information regarding the patient''s medical history, concurrent conditions or concomitant therapies was provided. On 10-JAN-2019, he received a dose of HPV rL1 6 11 16 18 31 33 45 52 58 VLP vaccine (yeast) (GARDASIL 9) 0,5 ml lot# 1621929, expiration date: 06-DEC-2021 for prophylaxis. On 14-OCT-2020, the patient received the second dose. He was on the two dose series. However, no adverse event was reported. combinationproductreport: Yes; brandname: GARDASIL 9 SYRINGE (DEVICE); commondevicename: HPV rL1 6 11 16 18 31 33 45 52 58 VLP vaccine (yeast); productcode: FMF; devicetype: SYRINGE, PISTON (FMF); manufacturername: Merck Sharp & Dohme Corp. ; devicelotnumber: 1621929; expirationdate: 06-DEC-2021; deviceage and unit: 0 ; malfunction: Unknown; deviceusage: Unknown; evaluatedbymfr: Not returned to manufacturer; reasonfornoneval: 81 Other; labeledsingleusedevice: No; mdcpreportability: No; mdcpreprationale: Case information does not meet the criteria for Reportability

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VAERS ID:	893196 (history)	**Vaccinated:**	2020-10-10
Form:	Version 2.0	**Onset:**	2020-10-10
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Mobility decreased, Pain, Pain in extremity
SMQs:, Parkinson-like events (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth Control - Orsythia
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: After an in person appointment with my NP, the NP believes it is reaction of my muscle and not an injury to the bursa.
CDC Split Type:
Write-up: Starting within an hour of vaccination, I had major soreness in upper arm and had difficulty lifting arm. This is normal for me for the 2 days after vaccination but my pain is still consistent on 10/28 - 18 days after the injection. Pain moving, pushing, pulling, lifting, twisting across upper arm directly below tip of shoulder bone that affects everything I do. I tried taking the NP recommended does of 600mg 3x a day of ibuprofen for 5 days and did not feel any change besides a slight dulling of the pain. Today, 10/28, I began the NP prescribed Prednisone which I will take for 5 days. I had no pain before this injection.

VAERS ID:	893400 (history)	**Vaccinated:**	2020-10-28
Form:	Version 2.0	**Onset:**	2020-10-29
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Lethargy, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad),

Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Fever, headache, lethargy
Other Medications: Nexium, Crestor, Naltrexone
Current Illness: None
Preexisting Conditions: CRPS
Allergies: Asparagus
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, headache, lethargy

VAERS ID:	893760 (history)	**Vaccinated:**	2020-10-22
Form:	Version 2.0	**Onset:**	2020-10-22
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-10-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal discomfort, Erythema, Fatigue, Feeling cold, Headache, Injection site pain, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202021
Write-up: tiredness; headache; stomach upset; Feeling of chills; pharmacist gave the shingrix vaccine it was hurting and the pain; Arm is sore, painful/ leg ache; Arm is sore, painful and slightly red; This case was reported by a consumer via call center representative and described the occurrence of injection site pain in a 72-year-old female patient who received Herpes zoster (Shingrix) for prophylaxis. Concomitant products included Flu Seasonal QIV Dresden (Influenza vaccine Quadrivalent 2020-2021 season). On 22nd October 2020, the patient received the 1st dose of Shingrix. On 22nd October 2020, immediately after receiving Shingrix, the patient experienced injection site pain, pain in extremity and erythema of extremities. On 23rd October 2020, the patient experienced tiredness, headache, upset stomach and chilliness. On an unknown date, the outcome of the injection site pain, pain in extremity, erythema of extremities, tiredness, headache, upset stomach and chilliness were unknown. It was unknown if the reporter considered the injection site pain, pain in extremity, erythema of extremities, tiredness, headache, upset stomach and chilliness to be related to Shingrix. Additional details were reported as follows: This case was reported by patient for herself. On 20th October 2020, the patient received Flu vaccine in left arm. On 22nd October 2020, the patient received the first dose of the Shingrix in her right arm. The patient stated when the pharmacist gave the Shingrix it was hurting, and the pain continued and now the right arm was sore, painful and slightly red. On the day of reporting, 1 day after receiving Shingrix, the patient woke up with feeling of chills, stomach upset, headache, leg ache and tiredness. The reporter consented to follow up.

VAERS ID:	895446 (history)	**Vaccinated:**	2020-10-19
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	77.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2020-11-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ546AA / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product distribution issue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2020SA297931
Write-up: Shipment had been in transit to long with no AE; Initial information regarding an unsolicited valid Non-serious case was received from a pharmacist via The Agency (Reference number- 00325402) and transmitted to Sanofi on 21-Oct-2020. It was reported that a 77-year old female patient who received INFLUENZA QUADRIVAL A-B HIGH DOSE HV VACCINE [FLUZONE HIGH-DOSE QUADRIVALENT (lot number: UJ546AA, expiry date: 06/30/2021, Route: Via intramuscular in the right arm) which received delay shipment (Product distribution issue) on 19-oct-2020 and vaccine will administrated as soon as they received for prophylactic vaccination. The patient''s medical history, past medical treatment, vaccination, concomitant medication and family history were not provided. It was an actual medication error case due to product shipment delay. At the time of reporting, no adverse event was reported. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID:	895454 (history)	**Vaccinated:**	2020-11-08
Form:	Version 2.0	**Onset:**	2020-11-09
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) / SEQIRUS, INC.	70461-0120-03 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Accident, Arthralgia, Chills, Condition aggravated, Fatigue, Gait disturbance, No reaction on previous exposure to drug, Pain
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none

Current Illness: None
Preexisting Conditions: None
Allergies: demerol
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Around 3:00 AM I woke up shivering. The shivering was severe although I didn''t feel all that cold. It was borderline uncontrollable and it was difficult to walk (and I had an accident on the way to the bathroom). I have never had a similar reaction to a flu vaccination before, though I have received them yearly for decades. In addition, the usual level of arthritic pain I have in my shoulders and hips was exacerbated. I fell asleep in perhaps two hours after putting a heating pad on my chest and on one especially sore shoulder, and I was still shivering when I drifted off. I am fatigued and achey today, but feel much better than I did during the night, and not shivering.

VAERS ID:	895976 (history)	**Vaccinated:**	2020-11-09
Form:	Version 2.0	**Onset:**	2020-11-09
Age:	6.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	J2J9R / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: No adverse event observed. Adult dose of Hepatitis B vaccine was mistakenly administered instead of pediatric dosage. Dept of health contacted and patient''s family notified.

VAERS ID:	896116 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2020-11-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Injection site erythema, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Muscle/joint pain and chills lasting for about 10 hours beginning about 9 hours after injection. Redness at injection site - about 6 inch circle.

VAERS ID:	896285 (history)	**Vaccinated:**	2020-10-28
Form:	Version 2.0	**Onset:**	2020-11-12
Age:	69.0	**Days after vaccination:**	15
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) / SEQIRUS, INC.	279821 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Mobility decreased, Muscle spasms
SMQs:, Dystonia (broad), Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: KIDDNEY TRANSPLANT (NO DATE), CHRONIC PAIN.
Allergies: NKA
Diagnostic Lab Data: nothing so far
CDC Split Type:
Write-up: 2 weeks after vaccination patient is complaining of severe pain in the injection site, (like someone punched him), limited mobility, muscle cramp. No bruising, no swelling, no lump. He did not have any symptoms after injection, usual injection site pain next day after inoculation, nothing major. Then about 2 weeks later it started, it has been hurting him for about 3 days now. I advised to call his doctor, use ice or warm compress, Arnica gel on painful area.

VAERS ID:	896629 (history)	**Vaccinated:**	2020-10-30
Form:	Version 2.0	**Onset:**	2020-10-30
Age:	28.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-11-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ533AA / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Mobility decreased, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Parkinson-like events (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient complained of severe muscle pain and difficulty moving arm for more than a week after shot. Patient refused to see medical doctor to evaluate

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VAERS ID:	896746 (history)	**Vaccinated:**	2020-10-19
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	68.0	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2020-11-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ546AA / UNK	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product distribution issue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2020SA297615
Write-up: Shipment had been in transit to long with no AE; Initial information regarding an unsolicited valid Non-serious case was received from a pharmacist. (Reference number-00325689) and transmitted to Sanofi on 21-Oct-2020. It was reported that a 68-year old patient (gender not reported) who received INFLUENZA QUADRIVAL A-B HIGH DOSE HV VACCINE [FLUZONE HIGH-DOSE QUADRIVALENT (lot number: UJ546AA, expiry date: 06/30/2021, Route: Via intramuscular in the right arm) which received delay shipment (Product distribution issue) on

19-oct-2020 and vaccine will administrated as soon as they received for prophylactic vaccination. The patient''s medical history, past medical treatment, vaccination, concomitant medication and family history were not provided. It was an actual medication error case due to product shipment delay. At the time of reporting, no adverse event was reported. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID:	897367 (history)	**Vaccinated:**	2020-10-07
Form:	Version 2.0	**Onset:**	2020-10-08
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) / SEQIRUS, INC.	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Bursitis, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Went to MD, is doing physical therapy.
CDC Split Type:
Write-up: Caused arm Pain and inflammation in Bursa of Shoulder

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VAERS ID:	898038 (history)	**Vaccinated:**	2020-11-17
Form:	Version 2.0	**Onset:**	2020-11-19
Age:	61.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	2FS5G / 2	RA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C5631AA / 1	- / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	2737P / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Peripheral swelling, Rash
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm red & swollen. Red area about 4 inches long, 2-3 wide. Rash all chest and breasts to top of belly

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VAERS ID:	898129 (history)	**Vaccinated:**	2020-11-10
Form:	Version 2.0	**Onset:**	2020-11-15
Age:	66.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Guillain-Barre syndrome
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Demyelination (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 8 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: enalapril/HCTZ, famotidine, naproxen, sildenafil,
Current Illness: none
Preexisting Conditions: hypertension, GERD
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Guillain-Barre

VAERS ID:	899201 (history)	**Vaccinated:**	2020-10-19
Form:	Version 2.0	**Onset:**	2020-10-19
Age:	83.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-11-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ546AA / UNK	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2020SA298606
Write-up: the shipment had been in transit to long with no AE; FLUZONE HIGH DOSE QUADRIVLAENT administered after the vaccine was in transit to long with no AE; Initial information received on 21-Oct-2020 regarding an unsolicited valid non-serious case received from a pharmacist. This case involves a 83 years old female patient who received a 0.7 mL dose of INFLUENZA QUADRIVAL A-B HIGH DOSE HV VACCINE [FLUZONE HIGH-DOSE QUADRIVALENT] (lot number: UJ546AA, expiry date: 30-Jun-2021) via intramuscular route in the left arm on an 19-Oct-2020 for prophylactic vaccination. It was also reported that shipment had been in transit to long (product storage error and product distribution issue). The patient''s medical history, past medical treatments, vaccinations and family history were not provided. No concomitant medication was given to the patient. It was an actual medication error due incorrect product storage. It was a case of product shipment delay. At the time of report, no adverse event was reported. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID:	899202 (history)	**Vaccinated:**	2020-10-19
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	71.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2020-11-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ546AA / UNK	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product distribution issue, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2020SA298655
Write-up: The patient was administered the vaccine which was in transit to long/no AE; The vaccine was in transit to long/no AE; Initial information regarding an unsolicited valid non-serious case was received from a pharmacist via The Agency (Reference number- 00325681) and transmitted to Sanofi on 21-Oct-2020.. This case involves a 71 year old male patient who was administered 0.7 ml INFLUENZA QUADRIVAL A-B HIGH DOSE HV VACCINE [FLUZONE HIGH-DOSE QUADRIVALENT] (lot UJ546AA, expiry date: 30-Jun-2021) via intramuscular route in the left arm for prophylactic vaccination on 19-Oct-2020 (product storage error and product distribution issue) Medical history, medical treatment(s), vaccination(s), concomitant medications and family history were not provided. It was a case of an actual medication error due to incorrect product storage. It was also a case of product shipment delay. At the time of report, no adverse event was reported. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID:	899452 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2020-12-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ546AA / UNK	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product distribution issue, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USSA2020SA298725
Write-up: the shipment had been in transit to long with no AE; FLUZONE HIGH DOSE QUADRIVLAENT administered after the vaccine was in transit to long with no AE; Initial information received on 21-Oct-2020 regarding an unsolicited valid non-serious case received from a pharmacist. This case involves a 80 years old male patient who received a 0.7 mL dose of INFLUENZA QUADRIVAL A-B HIGH DOSE HV VACCINE [FLUZONE HIGH-DOSE QUADRIVALENT] (lot number: UJ546AA, expiry date: 30-Jun-2021) via intramuscular route and left arm site on an unknown date for prophylactic vaccination which was administered after the vaccine in the shipment had been in transit to long (product storage error and product distribution issue). The patient''s medical history, past medical treatments, vaccinations and family history were not provided. No concomitant medication was given to the patient. It was an actual medication error due incorrect product storage. It was a case of product shipment delay. At the time of report, no adverse event was reported. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder''s compliance with the requirements set out in Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID:	900223 (history)	**Vaccinated:**	2020-12-02
Form:	Version 2.0	**Onset:**	2020-12-02
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chills, Headache, Lethargy, Myalgia, Pyrexia, Tremor
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Simponi, Relafen, Cyclobenzaprine
Current Illness: N/A
Preexisting Conditions: Spondylarthritis
Allergies: Shellfish, Salt water fish, kelp, fresh water fish
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Started with extreme chills, shaking, woke up during the night with muscle pain. Next morning woke up with a low grade fever, lethargy, joint and muscle pain, headache. Symptoms lasted about 36 hours

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VAERS ID:	900904 (history)	**Vaccinated:**	2020-12-01
Form:	Version 2.0	**Onset:**	2020-12-07
Age:	66.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Injection site pain, Musculoskeletal stiffness, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Soreness fe ver Headache tired
Other Medications: Medical marijuana
Current Illness: None
Preexisting Conditions: None
Allergies: Antibiotics
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Headache, muscle pain, stiff and. sore at site. of injection

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VAERS ID: 901726 (history)		**Vaccinated:**	2020-12-09
Form:	Version 2.0	**Onset:**	2020-12-11
Age:	60.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	237PS / N/A	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Joint swelling, Pain, Pruritus, Skin warm
SMQs:, Anaphylactic reaction (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient woke up on day 2 with a swollen shoulder that was warm, itchy, and painful. Pain was radiating. She was counseled to apply ice to the site, and to contact her primary care provider.

VAERS ID: 902154 (history)		**Vaccinated:**	2020-11-13
Form:	Version 2.0	**Onset:**	2020-11-13
Age:	21.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U7045DA / 1	RA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Amnesia, Fatigue, Seizure, Tremor, Unresponsive to stimuli, Urinary incontinence
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Dementia (broad), Convulsions (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No prescriptions, over-the-counter medications, dietary supplements, or herbal remedies being taken at the time of vaccination.
Current Illness: No other illnesses at the time of vaccination and up to one month prior.
Preexisting Conditions: No chronic or long-standing health conditions.
Allergies: No allergies to medications, food, or other products.
Diagnostic Lab Data: No medical tests and laboratory results related to the adverse event.
CDC Split Type:
Write-up: After his flu shot on 11/13, he was being driven home by his brother and he started seizing. He was shaking and unresponsive and urinated in the car seat. Brother pulled the car over and shook patient who came around. He was very tired afterward, and did not remember the event. He also had a seizure after a series of immunizations as a young child, but not sure which shot caused it that time. Mom thinks flu vaccine was one of the shots given that day. We will no longer give him flu shots.

VAERS ID:	902266 (history)	**Vaccinated:**	2020-12-11
Form:	Version 2.0	**Onset:**	2020-12-11
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	DJ7723 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Extra dose administered, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: amlodipine 5mg desmopressin acetate 0.1mg levothyroxine 175mcg simvastatin 20mg Flonase nasal spray
Current Illness:
Preexisting Conditions: -Essential Hypertension -Osteopenia -Hyperlipidemia -Hypothyroidism -Craniopharyngioma -Pan hypopituitarism
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received a second dose of PCV-13 on 12/11/2020 in error. She was due to receive her PPSV23 vaccine instead. Patient had already received first dose of PCV-13 on 4/18/2018.

VAERS ID:	902439 (history)	**Vaccinated:**	2020-12-07
Form:	Version 2.0	**Onset:**	2020-12-07
Age:	0.25	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	- / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	- / 2	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient was due for 4 month vaccines. Per Mother''s request he received 2 of the 4 month schedule vaccines. I had another nurse check vaccines to be given. We read Rotateq as Dec 20 20. Vaccines administered. When I went to enter Rotateq in the patient''s chart I could not find the LOT number. I checked Roteq again and noted the date printed was 5 Dec 2020. I immediately let the patient''s PCP know. I also went to my Supervisor and called the patient''s Mother to inform her of the incident and that son would need to repeat Rotateq. I removed the vaccine from the refrigerator and wrote expired on it and gave it to my supervisor. I also filled out an unusual occurrence form. No harm came to the child but he will have to repeat Rotateq.

VAERS ID:	902752 (history)	**Vaccinated:**	2020-12-15
Form:	Version 2.0	**Onset:**	2020-12-15
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Fatigue, Headache, Loss of consciousness, Nausea, Pain, Pain in extremity, Sleep disorder
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine Liothyronine Mirtazapine Curcumin
Current Illness: n/a
Preexisting Conditions: Vitaligo
Allergies: Benadryl
Diagnostic Lab Data:
CDC Split Type:
Write-up: Erratic night''s sleep-achy limbs-headache. Upon getting up in the morning I felt nauseous, exhausted & weak. Had a dizzy spell and passed out. Diastolic BP 44. Tired & achy all day.

VAERS ID:	903682 (history)	**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Feeling hot, Heart rate increased, Paraesthesia, Rash, Rash erythematous, Rash macular, Tearfulness
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Depression (excl suicide and self injury) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Pt has history of extreme anxiety
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 2 minutes after injection, patient started to feel very hot and with increased heart rate. Pt states that she feels "tingly" and is tearful. Pt denies difficulty breathing. Patient then started to have a red blotchy rash on her neck and chest. No redness at injection site. Pt brought to Emergency room for evaluation/observation. Pt able to talk in full sentences. Pt states that she has a history of anxiety and has gone into SVT because of anxiety in the past. Pt received steroids in ER.

VAERS ID:	904042 (history)	**Vaccinated:**	2020-12-17
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	46.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-19

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Gout, Pain in extremity
SMQs:, Arthritis (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: None
Preexisting Conditions: None
Allergies: BANANA
Diagnostic Lab Data: No
CDC Split Type:
Write-up: Right Foot Pain - sudden onset/similar to gout pain, however affecting the entire foot region and not the large toe.

VAERS ID:	904389 (history)	**Vaccinated:**	2020-12-19
Form:	Version 2.0	**Onset:**	2020-12-19
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1685 / UNK	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Chills, Dizziness, Feeling abnormal, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: Chrons disease..... gets infusions
Allergies: Unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: Employee reported chills, shaking, dizziness "like you feel after you faint, spacey".

VAERS ID:	906873 (history)	**Vaccinated:**	2020-12-16
Form:	Version 2.0	**Onset:**	2020-12-17
Age:	49.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature increased
SMQs:, Neuroleptic malignant syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Temp 100.8 next day, took Motrin and all issues resolved Outcome: Resolved and fine

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VAERS ID:	906892 (history)	**Vaccinated:**	2020-12-16
Form:	Version 2.0	**Onset:**	2020-12-17
Age:	61.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, fatigue and chills day after vaccine and following day, symptoms then resolved

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VAERS ID:	906908 (history)	**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Fatigue, Headache, Induration, Mass, Nausea, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific

symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: significant headaches, nausea, fatigue and local redness/swelling/hard lump/itching.Outcome: Resolved and fine

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VAERS ID:	907628 (history)	**Vaccinated:**	2020-12-21
Form:	Version 2.0	**Onset:**	2020-12-21
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Dyspnoea, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Employee received vaccine, stayed 15 minutes and left ?. came back within 5-10 minutes c/o throat tightness and difficulty breathing

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VAERS ID:	907637 (history)	**Vaccinated:**	2020-12-21
Form:	Version 2.0	**Onset:**	2020-12-21
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Dysphagia, Hypoaesthesia oral, Paraesthesia oral, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: has had previous rx to an injection, carries epipen
Other Medications:
Current Illness:
Preexisting Conditions: Hx myasthenia gravis Carries epi pen for allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Employee received vaccine, within 10minutes, c/o of weakness, dizziness, shaking.... no complaints of Shortness of breath or tightness... refused to receive any additional treatment. Continued monitoring for another 2 hours, no additional symptoms, then developed numbness and tingling around mouth and trouble swallowing.... sent to ER.

VAERS ID:	908021 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	47.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyskinesia, Injection site pain, Muscle twitching
SMQs:, Neuroleptic malignant syndrome (broad), Dyskinesia (narrow), Dystonia (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamins, D, C, B complex, magnesium oxide supplement, red rice yeast extract, fish oil,
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: Sulfa
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: I have been experiencing intermittent, involuntary twitching of my my left thumb that started around 12;00 noon. There is no numbness or tingling (normal injection site ache, however) or recognizable pattern of when the twitching occurs, and the twitching does not seem to last longer than 10 seconds at the most before stopping. 1-3 minutes will pass before my thumb starts twitching again. Other digits do not seem to be affected. I did not experience this prior to the COVID-19 vaccine administration and not have any neurological conditions that this would be a symptom of.

VAERS ID:	908588 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	38.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20A / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: itchy nose and chin. Lasted about 5 minutes

VAERS ID:	908601 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	49.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20A / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dry mouth, Flushing, Rash macular
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: blotchy rash flanks, not itchy. "Flushed" head to toe. Dry Mouth

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VAERS ID:	908615 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20A / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizzy

VAERS ID:	908628 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20A / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site hypoaesthesia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: line of numbness from injection site down arm

VAERS ID:	908633 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20A / 1	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Flushing, Limb discomfort, Pharyngeal paraesthesia, Productive cough, Rash
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: ED evaluation developed rash and throat got phlemy
CDC Split Type:
Write-up: flush on legs and arms, transient throat tingles that resolved. Arms heavy

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VAERS ID:	908783 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-24
Age:	51.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Alopecia, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: bumps on wrists with loss of hair, itchiness

VAERS ID: 908885 (history)		**Vaccinated:**	2020-12-22
Form:	Version 2.0	**Onset:**	2020-12-22
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Headache, Nausea, Retching
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: cinnamon
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Pt was dizzy became nausea, and developed a headache. BP was163/105. She was obcerved for almost an hour and then had dry heaves. She was sent to Er for further treatment and observation

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VAERS ID: 908971 (history)		**Vaccinated:**	2020-12-17
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Unknown **Purchased by:** ?

Symptoms: Arthralgia, Fatigue, Headache, Nausea, Pain, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Nabumetone, Verapamil , potassium chloride, methotrexate injection, leucovorine, folic acid, HCTZ, protonix, trazadone, advair, singular, estradiol, progestrone.
Current Illness: No
Preexisting Conditions: NO
Allergies: No
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: I had a intense headache, nausea & vomitting, body aches, joint pain and fatigue.

VAERS ID:	909219 (history)	**Vaccinated:**	2020-12-26
Form:	Version 2.0	**Onset:**	2020-12-26
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood pressure increased, Dizziness, Nausea, Tension
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Cardiomyopathy (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lovastatin
Current Illness: none
Preexisting Conditions: Hyperlipidemia

Allergies: none
Diagnostic Lab Data: elevated BP
CDC Split Type:
Write-up: Dizziness,Nausea, and Tense

VAERS ID:	909263 (history)	**Vaccinated:**	2020-12-26
Form:	Version 2.0	**Onset:**	2020-12-26
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bradycardia, Dizziness, Hyperhidrosis, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: no
Preexisting Conditions: none
Allergies: wasps,fire ants, and seasonal pollens
Diagnostic Lab Data: bradycardia HR 53, BP 93/53
CDC Split Type:
Write-up: lightheaded, sweaty, and nausea. Past hx of vasovagal reactions to needles

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VAERS ID:	909616 (history)	**Vaccinated:**	2020-12-27
Form:	Version 2.0	**Onset:**	2020-12-27
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Feeling abnormal, Hypoaesthesia, Paraesthesia, Tachycardia
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Guillain-Barre syndrome (broad), Dehydration (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received vaccine at 0930... was checked on and feeling well ?. at 0950, she raised her hand and stated she was having tachycardia, "not feeling right" and c/o numbness and tingling in legs. METs team called and pulse was 130 and was taken to ER here at MC via wheelchair.

VAERS ID:	909676 (history)	**Vaccinated:**	2020-12-22
Form:	Version 2.0	**Onset:**	2020-12-24
Age:	29.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH 9899 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site mass, Injection site swelling, Lymphadenopathy, Neck pain, SARS-CoV-2 test negative
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Effexor, mirena IUD
Current Illness:
Preexisting Conditions: Asthma, eczema, allergies
Allergies: Sulfa drugs, penicillin, bees
Diagnostic Lab Data: 12/26/2020 covid test, negative result
CDC Split Type:
Write-up: On the morning of the 24th I noticed a large, circular, red, raised lump on the head of my humerus above the injection site. As the day went on, my neck became sore, and I could feel swollen lymph nodes. No fever, no sore throat, no cough.

VAERS ID:	910234 (history)	**Vaccinated:**	2020-12-27
Form:	Version 2.0	**Onset:**	2020-12-27
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain upper, Chills, Fatigue, Rhinorrhoea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acetaminophen, Alendronate, Aleve, Vitamin C, B complex, Vitamin D3, Botox, Calcium Carbonate, Carbamazepine, Gas-ex, Magnesium, Ocuvite, Oxybutynin, Paroxetine, Pramipeole, Trazodone, Venlafaxine.
Current Illness: No
Preexisting Conditions: Left Hemi from TBI,
Allergies: Coating of Advil, Mesh Tape,
Diagnostic Lab Data: no
CDC Split Type:
Write-up: Major chills, fatigue, stomach ache, runny nose,

VAERS ID: 910622 (history)		**Vaccinated:**	2020-12-27
Form:	Version 2.0	**Onset:**	2020-12-27
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / UNK	- / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Headache, Injection site erythema, Injection site pain, Injection site swelling, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprozole
Current Illness: None
Preexisting Conditions: GERD
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea and lightheadedness began about 20 minutes after administration. Lightheadedness abated after about 1 hour, nausea intensified and persisted, abated after about 26 hours. Fatigue began about 2 hours after administration. Fatigue abated after 24 hours. Severe headache (migraine) began about 2 hours after administration, still persists at 28 hours mark. Injection site tenderness, swelling and redness (2-inch diameter, bright red) noted about 8 hours after administration, tenderness persists, redness beginning to abate at 28 hours.

VAERS ID: 911582 (history)		**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	55.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain upper, Body temperature increased, Chills, Cough, Diarrhoea, Dizziness, Fatigue, Heart rate increased, Insomnia, Malaise, Myalgia, Rhinorrhoea, Tremor
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole Baby aspirin Lisinopril Atorvastatin Vit D Magnesium
Current Illness:
Preexisting Conditions: Coronary artery disease, S/P CABGx3, 2016
Allergies: None known
Diagnostic Lab Data: None
CDC Split Type:
Write-up: ~12 hours following vaccination, and now for about 12 hours, fatigue, sleeplessness, malaise, chills, shakes, elevated temp (100.4), elevated resting heart rate (73 v. normal of 50), light-headed, muscle aches, stomach pain, diarrhea, runny nose, dry cough

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VAERS ID:	911884 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Dysphagia, Dysphonia, Dyspnoea, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious

encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Employee received vaccine, c/o shortness of breath, throat tightness, difficulty swallowing, difficulty breathing and hoarseness. METS team called and Employee taken to Emergency Room.

VAERS ID:	911903 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	21.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L201A / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Nausea, Taste disorder, Throat tightness
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies: Morphine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. received vaccine, at 640pm... at 705 pm, c/o throat tightness, nausea, mouth tasting like chemical. METS team called, taken to Emergency Room

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VAERS ID:	912148 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0111J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest X-ray, Dizziness, Electrocardiogram, Nausea, Pharyngeal swelling, Throat tightness
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluticasone inhaler PRN
Current Illness: None
Preexisting Conditions: GERD Multinodular goiter Headaches Diverticulosis
Allergies: Morphine Betadine
Diagnostic Lab Data: Chest x-ray, EKGx2
CDC Split Type:
Write-up: Dizzy, nausea at 1 hour Throat tightness, felt "swollen" Worked x 2 1/2 hours then reported to nurse, sent to ER

VAERS ID:	912498 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-24
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1685 / 1	LA / OT

Administered by: Other **Purchased by:** ?
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: GERD; Penicillin allergy; Postpartum depression
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2020512138
Write-up: Tenderness in injection site; This is a spontaneous report from a non-contactable Other HCP (patient). A 34-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) Lot number EJ1685, via Intramuscular route of administration on 23Dec2020 11:15 at single dose on left arm for COVID-19 immunization. Medical history included Gastrooesophageal reflux disease (GERD), Postpartum Depression. Concomitant medication included sertraline. The patient previously received nickel, amoxicillin, penicilline, hepatitis b vaccine and had allergies. The patient had not received other vaccine in four weeks. The patient had no covid prior vaccination. The patient had no covid tested post vaccination. The patient experienced Tenderness in injection site on 24Dec2020. The outcome of the event was resolving. No follow-up attempts are possible. No further information is expected.

VAERS ID:	912656 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / UNK	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood pressure increased, Dry mouth, Dysgeusia, Oral discomfort, Palpitations
SMQs:, Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypertension (narrow), Cardiomyopathy (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole, Vitamin D, Vitamin B2, Amlodipine
Current Illness:
Preexisting Conditions: Asthma/Osteoporosis
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Strange taste in mouth, heart felt like it was pounding out of chest, blood pressure 195/100 (elevated), dry/burning mouth Was brought to ED and given Benadryl and Lorazepam

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VAERS ID:	913439 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2020-12-29
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site pain, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Imitrex 50mg prn Ibuprofen prn Acyclovir 200 mg daily Multivitamin daily N-acetyl cysteine daily Rhodiola Rosea daily
Current Illness: URI one month prior with negative Covid test HSV2 outbreak
Preexisting Conditions: Migraine HSV2 Osteopenia
Allergies: Penicillin Sucralose
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, fatigue, muscle pain soreness at injection site

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VAERS ID:	913811 (history)	**Vaccinated:**	2020-12-24
Form:	Version 2.0	**Onset:**	2020-12-24
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL 1284 / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness:
Preexisting Conditions:
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Had LOC syncapol episode walking from seminar room (where injection took place) to the room across the hallway to wait for 15 mins post injection stated BP was low but do not know

exact numbers

VAERS ID:	914164 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypoaesthesia, Hypoaesthesia oral
SMQs:, Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Oral Benadryl and IV fluids
CDC Split Type:
Write-up: numbness in lips and face, and arms

VAERS ID:	915706 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	27.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2020-12-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site inflammation, Injection site pruritus, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: nexplanon in the same arm.
Current Illness: no
Preexisting Conditions: no
Allergies: possible breaded allergy. penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1 week after vaccination, itching, redness, inflamed warm area at injection site. No temperature or other symptoms.

VAERS ID:	916920 (history)	**Vaccinated:**	1992-07-10
Form:	Version 2.0	**Onset:**	2020-12-29
Age:	28.0	**Days after vaccination:**	10399
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine
Current Illness: non e
Preexisting Conditions: hypothyroidism
Allergies: nka
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Headsache,vertigo, and nausea

VAERS ID:	916932 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2020-12-29
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine,atorvastatin
Current Illness: none
Preexisting Conditions: hypothyroidism,hyperlipidemia
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: lightheaded,dizzy, and nausea

VAERS ID:	916942 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2020-12-29
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Feeling hot, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine
Current Illness: non e
Preexisting Conditions: hypothyroidism
Allergies: erythromicin,lactose
Diagnostic Lab Data: none
CDC Split Type:
Write-up: nausea,woozy, and hot

VAERS ID:	917071 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2020-12-29
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Injection site bruising, Injection site pain, Muscle swelling
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Melatonin at HS
Current Illness: None
Preexisting Conditions:
Allergies: She?ll fish
Diagnostic Lab Data:
CDC Split Type:

Write-up: Instant swelling of deltoid. Decreased within 20 minutes. Pain at injection site and bruising after.

VAERS ID:	917367 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-24
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash erythematous, Skin plaque, Swelling of eyelid
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Periorbital and eyelid disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: mild intermittent asthma, eczema, seasonal allergies
Allergies: shellfish- anaphylaxis, sudafed, pineapple-anaphylaxis
Diagnostic Lab Data:
CDC Split Type:
Write-up: Erythematous plaques/rash starting one day after vaccine that worsened at day 7 to eyelid swelling

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VAERS ID:	917510 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Chest pain, Dizziness, Erythema, Fatigue, Feeling hot, Immediate post-injection reaction, Impaired driving ability, Paraesthesia oral, Rash, Rash erythematous, Rash pruritic, Somnolence, Swollen tongue, Tongue biting, Tongue discomfort
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (broad), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None on the day of vaccination
Current Illness: None
Preexisting Conditions: Asthma, allergies , raynauds
Allergies: Shellfish, tomatoes, string beans, and cinnamon
Diagnostic Lab Data:
CDC Split Type:
Write-up: Almost immediately to maybe 3 minutes after I received the vaccine my tongue started tingling and the sides of my tongue began to burn. I also had a slight red rash on my chest that began to burn and itch. These are similar to the reaction I have after I eat cinnamon. It wasn?t severe like my shellfish allergy where I go into anaphylactic, but it was definitely a reaction. My tongue was then slightly swollen that day into the next day. Very slightly swollen. Just enough that I noticed it because I kept biting my tongue. The burning and tingling lasted for maybe an hour after. I was slightly dizzy as well, but nothing too bad. I was seen by the ER team to make sure I didn?t go into anaphylactic and then I was allowed to return home. Others I walked by stated my face was bright red and I got very hot. Following that I had extreme exhaustion. I couldn?t even make it home without having to pull my car over to try and wake myself up. I am feeling fine now, but just wanted to make this known for study purposes. I plan on getting the second shot on 1-19-21.

VAERS ID:	918947 (history)	**Vaccinated:**	2020-10-30
Form:	Version 2.0	**Onset:**	2020-10-30
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Mobility decreased, Pain, Pyrexia, Vaccination site movement impairment
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aspirin Zubeta Lanzoprazole Famotadine Dulera Citirizine Vitamin D3 Vitamin B complex
Current Illness:
Preexisting Conditions: Asthma CVD
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received a pneumovax23 shot mid to high RH deltoid at a pharmacy with both people seated. 16hrs later, severe pain limits the ability to lift RH arm above the shoulder. Accompanied by Fever (99.5-101.5) unresponsive to 500mg Tylenol.

VAERS ID:	917670 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Cough, Hot flush, Pruritus, Throat irritation
SMQs:, Anaphylactic reaction (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After receiving vaccine, c/o burning throat, coughing, face itching, hot flashes.

VAERS ID:	917732 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Feeling jittery, Hyperhidrosis, Palpitations
SMQs:, Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid
Current Illness: None
Preexisting Conditions: Thyroid disease
Allergies: Sulfa Methimazole Cephalosporins
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Diaphoretic palms, palpitations, jitteriness.

VAERS ID:	917820 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Chills, Dizziness, Hypoaesthesia, Musculoskeletal discomfort
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After vaccine administered, c/o being lightheaded, dizziness, neck heavy, jaw numbness. Pulse 90-130. Chills

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VAERS ID:	918278 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025L20A / 1	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pruritus, Injection site warmth
SMQs:
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Arm itchy at injection site, warm feeling at injection site

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VAERS ID:	918287 (history)	**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort, Feeling hot, Paraesthesia, Skin reaction
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: felt hot, prickly, right arm red. Later felt chest tightness

VAERS ID: 918297 (history)		**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	32.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: arm pain

VAERS ID: 918324 (history)		**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: arm pain

VAERS ID:	918332 (history)	**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: arm numbness

VAERS ID:	918350 (history)	**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	39.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Anxiety, Heart rate increased, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: nausea, elevated pulse, anxious; declined Emergency department evaluation.

VAERS ID:	918366 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: arm tingling

VAERS ID:	918372 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	59.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site paraesthesia, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: left arm injection with hand tingling

VAERS ID:	918373 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	22.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: shortness of breath developed 10 minutes after receiving vaccine. No other syptoms

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VAERS ID:	918382 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: left arm numbness

VAERS ID:	918390 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: tightness in throat, had initial itching in arm

VAERS ID:	918422 (history)	**Vaccinated:**	2020-10-22
Form:	Version 2.0	**Onset:**	2020-10-22
Age:	80.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus, Skin discolouration
SMQs:, Anaphylactic reaction (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 4/11/2001 Influenza
Other Medications: see medical record
Current Illness: See medical record
Preexisting Conditions: See medical record
Allergies: Penicillin, Influenza, Gatifloxacin
Diagnostic Lab Data:
CDC Split Type:
Write-up: See medical record note dated 12/31/20. Itching, discoloration of both arms.

VAERS ID: 918924 (history)		**Vaccinated:**	2020-12-24
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	35.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Feeling hot, Rash erythematous, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Gummy Multivitamin
Current Illness: none
Preexisting Conditions: none
Allergies: Penicillin, Sulfa. Have reactions to raw fruits and vegetables including apples, peaches, pears, pears, snap peas, almonds (w/ skin)
Diagnostic Lab Data: none
CDC Split Type:
Write-up: red hot rash appeared 1 week after received vaccine. it was slightly itchy. Rash grew slightly on 2nd day but decreased in redness, still hot. Third day size and redness decreased as well as temperature. 4th day gone.

VAERS ID: 918997 (history)		**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	26.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025L20A / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Pain of skin, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: after injection on 12/23 had red, raised, warm area lasting 3 days. On friday 1/1/2021 noticed that area came back, warm , red, raised and tender to touch. This lasted until Sunday 1/3/2021. On monday 1/4/21 the is a small amount of redness.

VAERS ID:	919233 (history)	**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-04
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Covid-19 vaccine was administered to individual < 18 years of age in error. No adverse event was observed or reported.

VAERS ID:	919712 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2020-12-29
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	GL1284 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypoaesthesia, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan, amlodipine, multivitamin
Current Illness: None
Preexisting Conditions: High blood pressure
Allergies: None
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Half an hour after receiving vaccine in left arm, my left face started with a tingling, numb feeling like when you get anesthesia from a dental procedure and it is thawing out. It was just the left side of my face, same side I got the vaccine. Could feel a dividing line in the middle of my face. It lasted with the same intensity for 3 days. It then started to subside slowly for the next 3 days and then was totally gone.

VAERS ID:	920030 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-24
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-05

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Myalgia, Oropharyngeal pain, SARS-CoV-2 test
SMQs:, Rhabdomyolysis/myopathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20201226; Test Name: Nasal Swab/PCR; Test Result: Negative
CDC Split Type: USPFIZER INC2020514068
Write-up: Severe fatigue; chills; headache; sore throat; muscle aches; This is a spontaneous report from a contactable Other HCP (patient). A 41-year-old female (not pregnant) patient received first dose bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/lot number not provided), via an unspecified route of administration in left arm on 23Dec2020 16:45 at single dose for COVID-19 immunisation. Facility where the most recent COVID-19 vaccine was administered was hospital. The patient medical history was not reported. Prior to vaccination, the patient was not diagnosed with COVID-19. No allergies to medications, food, or other products. The patient''s concomitant medications were not reported. The patient experienced severe fatigue, chills, headache, sore throat, muscle aches on 24Dec2020. Case was non-serious. The patient underwent lab tests and procedures which included covid test type post vaccination=Nasal Swab, covid test name post vaccination=PCR, covid test date=26Dec2020, covid test result=Negative. The patient not received any other vaccines within 4 weeks prior to the COVID vaccine. The outcome of events was recovering. Information on the lot/batch number has been requested.

VAERS ID:	920311 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	31.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: iron supplement 65mg
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: moderate redness, itching and mild swelling about 3 inches in diameter around left deltoid that appeared 8 days after vaccine injection. Took Tylenol and left alone. Gradually improved and slowly resolved over next few days

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VAERS ID:	920570 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	61.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Induration, Rash, Skin warm
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: warm hard circle on arm

VAERS ID:	921959 (history)	**Vaccinated:**	2020-12-27
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	32.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: no
Preexisting Conditions: none known
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Initially redness amd swelling. resolved on 12/29/20, redness, swelling and pain reocurred on 1/3/21, Better on 1/5/21

VAERS ID:	921979 (history)	**Vaccinated:**	2020-12-27
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	29.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Nausea, Swelling, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: no
Preexisting Conditions: none
Allergies: nka
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Redness and swelling next day, which resolved but 4 days later developed recurrent swellingwith nausea and vomiting

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VAERS ID:	921998 (history)	**Vaccinated:**	2020-12-27
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: swelling and redness next day, resolved, but reocurred 8 days later

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VAERS ID:	922018 (history)	**Vaccinated:**	2020-12-26
Form:	Version 2.0	**Onset:**	2020-12-27
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none
Preexisting Conditions: unknown
Allergies: none known
Diagnostic Lab Data: none
CDC Split Type:
Write-up: redmess,swelling, and itchy

VAERS ID: 922853 (history)		**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-04
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Dizziness, Gait disturbance, Muscular weakness, Paraesthesia
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After vaccine administration, c/o of dizziness, "woozy", after 30 minutes c/o bilateral leg tingling/weakness, difficulty ambulating.

VAERS ID: 923720 (history)		**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / UNK	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Eye pain, Fatigue, Headache, Hypoaesthesia, Lacrimation increased, Myalgia, Nausea, Neck pain, Paraesthesia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Lacrimal disorders (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021001589
Write-up: muscle aches; eyes watering and won''t stop; Neck pain; feeling tired; eyes hurt; feels very weak; headache; Nausea; left arm numbness; left arm tingling; left hand numbness/left side of face and head numb; left hand tingling; Dizziness; This is a spontaneous report from a contactable consumer (patient). A 46-years-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (Lot Number: EL1284), intramuscular on 30Dec2020 04:45 at single dose at left deltoid as Covid vaccine for coronavirus. Medical history was none. There were no concomitant medications. The patient stated that she had Covid vaccine. She had dizziness, headache, nausea, left arm hand numbness and tingling, feels very weak, left side of face and head numb, all on 30Dec2020, neck pain and feeling tired, muscle aches, eyes watering and won''t stop, eyes hurt in the morning, all on 31Dec2020. Treatment was None. Headache, eyes watering and won''t stop, feels very weak and tired, eyes hurt was reported as worsened. Outcome of Nausea, left arm numbness was recovering, of other events were not recovered.

VAERS ID:	924421 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	54.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pain, Rash

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol, Lisinopril, MVI
Current Illness: Palpitations
Preexisting Conditions: DM II , diet control Htn sp Bariatric Surgery
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe local rash and pain that started 7 days after administration.

VAERS ID:	927937 (history)	**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	0.17	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	4977T / 1	LL / IM
HIBV: HIB (PEDVAXHIB) / MERCK & CO. INC.	T005736 / 1	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	CK0843 / 1	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1742460 / 1	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Cyanosis, Irritability, Pyrexia, Skin discolouration
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fussiness in the afternoon on 01-04-2021 and trouble falling asleep after receiving vaccines, with fever of 101F. In the morning on 01-05-21 MOM found that his lips and nose were blue. She quickly stirred him awake & his color returned to pink in under 30 seconds. Seen in clinic 01-05-2021. exam reassuring. patient is well appearing and hydrated.

VAERS ID:	925296 (history)	**Vaccinated:**	2020-12-24
Form:	Version 2.0	**Onset:**	2021-01-03
Age:	54.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site pruritus, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local reaction at vaccine site 10 days after shot, red, warm, hard, itchy. Had hospitalist look at and they recommended Benadryl. Symptoms resolved

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VAERS ID: 925331 (history)		**Vaccinated:**	2020-12-24
Form:	Version 2.0	**Onset:**	2020-12-24
Age:	56.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very tired day after symptoms

VAERS ID: 925476 (history)		**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	36.0	**Days after vaccination:**	1
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Head ache day after vaccine

VAERS ID:	925501 (history)	**Vaccinated:**	2020-12-24
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	49.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site rash, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 7 days after vaccine developed local red, rash at injection site. Rash resolved on its own
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 7 days after vaccine developed local red, rash at injection site. Rash resolved on its own

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VAERS ID: 925523 (history)		**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Discomfort, Dizziness, Headache, Injection site pain, Pain
SMQs:, Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Many PVC"s, almost constant heart palpitations, documented with Holter Monitor (3100 in 24 hours) after flu vaccine in 2011. 55
Other Medications: None
Current Illness: None
Preexisting Conditions: GERD Known PVC"s. Normal heart
Allergies: None
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Mild headache, pressure over forehead/eyes. Feeling feverish. Temp 97.6 oral. Generalized aches and pains. Slight dizziness. The next day, all symptoms gone. Injection site/sore arm for 3 days.

VAERS ID: 925527 (history)		**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Has a history of hypersensitivity reactions.
Diagnostic Lab Data: BP 132/80, HR 82, RR 18; O2 99%
CDC Split Type:
Write-up: BP 132/80 HR 82 RR 18 O2 99% Developed Hives 5-7 minutes after injection. No respiratory distress. Given 50 mg of PO Benadryl and hives lessened. No worsening of symptoms. Has a history of hypersensitivity reactions. Released after 1 hr with strict instructions to self monitor.

VAERS ID:	925550 (history)	**Vaccinated:**	2020-12-24
Form:	Version 2.0	**Onset:**	2021-01-03
Age:	63.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: cephalosporins, thimerosol

Diagnostic Lab Data: have not sought medical treatment, home therapy only with antihistamine
CDC Split Type:
Write-up: 1 1/2 weeks after injection developed itching and swelling to site which has progressed to cover most of left upper arm with reddened, swollen area

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VAERS ID:	925775 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2020-12-29
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Pain in extremity, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: BP 140/100 HR 90 RR 18 O2 99 Temp 97.8 Sudden onset of Left arm pain, rash, redness 5 minutes after infection. No respiratory distress or worsening symptoms. Stayed and observed for 30 minutes and then released

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VAERS ID:	925789 (history)	**Vaccinated:**	2021-01-05
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	45.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Throat irritation
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Began to develop ?tickle in throat? 8 minutes after injection, no rash, no respiratory distress, VS stable. Observed for 30 minutes and then released. Symptoms resolved with Benadryl. 25 mg of Benadryl

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VAERS ID:	926170 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Feeling abnormal, Headache, Impaired work ability, Pain
SMQs:, Dementia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, body aches. Feels poorly. Did not come to work

VAERS ID:	926227 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1685 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Feeling abnormal, Impaired work ability, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever and body aches, feels poorly. Stayed home from work

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VAERS ID:	926259 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	49.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1685 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever and body aches. Stayed Home

VAERS ID:	926275 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1685 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Impaired work ability, Pain
SMQs:
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches. Stayed home from work

VAERS ID:	926306 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	22.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site bruising, Injection site erythema, Injection site pruritus, Injection site swelling, Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ethinyl estradiol; norgestimate birth control
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I received the Moderna COVID vaccine on 12/29. I had some minor swelling and

soreness the first couple days after receiving the vaccine, but these symptoms both went away after a couple of days. A week later on 1/5, I noticed that the area where I had been injected was very swollen, red and itchy. It was localized to this year. There was some slight bruising around the top of where the swelling started. The area was not sore. There is still some redness and itching on 1/7 but the swelling has mostly gone down. I work in a community health center and had a PA I work with look at the reaction. I took some Benadryl as directed on 1/5 but have not treated the symptoms further.

VAERS ID:	926311 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1685 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Feeling abnormal, Impaired work ability, Pain
SMQs:, Dementia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches and chills, no fever. Felt poorly. Sent home from her shift.

VAERS ID:	926342 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tolerated vaccine and 15 minute wait with no issues. Went home and noticed widespread hives. Took 50 mg of Benadryl at home and hives resolved. No other symptoms. Worked normal shift today

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VAERS ID:	926623 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Swollen tongue, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow),

Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Zyrtec,singular,Flonase,advair,vitC, B12,lyrica,
Current Illness: NoneAl
Preexisting Conditions: Allergy induced asthma. Anaphylaxis from allergy shots in the past
Allergies: Hydrocodone, environmental allergies
Diagnostic Lab Data: Serum Tryptase sent 1/7/2021
CDC Split Type:
Write-up: Started having tongue swelling about 1 hour after injection, treated myself at home with Benadryl. Around midnight increased tongue swelling, throat tightness and shortness of breathe. Went to emergency room and treated with epinephrine, steroids, Benadryl, Pepcid and required a nebulizer (duoneb). Discharged home from ER with prescription s for Prednisone, Pepcid and Benadryl

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VAERS ID:	926696 (history)	**Vaccinated:**	2020-12-22
Form:	Version 2.0	**Onset:**	2021-01-04
Age:	54.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Mobility decreased, Musculoskeletal stiffness, Pain, Peripheral swelling, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tramadol, Topamax, Zofran, Vistaril, Norvasc, Inderal, Indocin, Candesartan, Nurtec, Namenda, Pepcid, Lipitor, Tizanidine, Synthroid, wellbutrin XL, Doc-Q-Lace, Ativan, Miralax,
Current Illness: migraines, colitis
Preexisting Conditions: migraines, colitis, degenerating disc in back
Allergies: Codeine, Midodrine, Adhesive Tape, Prednisone, Hymenoptera Allergenic Extract
Diagnostic Lab Data: Benadryl
CDC Split Type:
Write-up: arm became swollen and also had hives. The hives and swelling got worse throughout the day with some throbbing. The day after the injection I could barely lift my arm. I also has an extremely stiff neck to where it was difficult to move it. This was a day or so after the injection to right about a week or so after. Also a very bad headache

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VAERS ID:	926729 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Eye pruritus, Eye swelling, Hyperhidrosis, Ocular hyperaemia, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Glaucoma (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline 200mg daily, atorvastatin 10mg daily, bupropion sr 100mg daily, naproxen dr 500mg bid,.
Current Illness: n/a
Preexisting Conditions: depression, anxiety, hypercholesterolemia
Allergies: anaphylaxis to bees, hives with coconut

Diagnostic Lab Data: Patient treated with IV diphenhydramine, IV famotidine, IV dexamethasone
CDC Split Type:
Write-up: Approximately 10 minutes after receiving vaccine patient complaint of itchy eyes and hands. Upon review, patient eyes red and swollen, palms of hands red and sweaty, chest rashy, ears red. Injection site WNL.

VAERS ID:	927371 (history)	**Vaccinated:**	2020-12-22
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Injection site extravasation, Injection site swelling, Neck pain, Pain in extremity, Peripheral swelling, Swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Melatonin 6mg, D3-2,000iu, omeprazol, Vitamin C 500 mg, aspirin.
Current Illness: Trigeminal Neuralgia, hemicrania continua, obesity, asthma, Crohn''s,
Preexisting Conditions: Same
Allergies: Shrimp, sulfa drugs, codeine, phenegran, gabapentin, molds, dust.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm, shoulder and neck swelling and severe pain for 9 days. On day 9, area vaccinated swelling (lump) and draining (weeping).

VAERS ID:	927427 (history)	**Vaccinated:**	2020-12-27
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Fatigue, Nausea, Rash, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Took 1 ibuprofen directly after having vaccine
Current Illness: none
Preexisting Conditions: asthma
Allergies: severe tree nut allergy with h/o anaphylaxis
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Sudden onset severe diarrhea, accompanied by nausea (no vomiting), chills, severe fatigue, and diffuse rash over LE initially, then to UE. No rash on trunk. Diarrhea resoled in 4 hours after 3 doses of Imodium. Remained afebrile. Benadryl 25mg taken that night, and the next night as rash continued to be itchy.

VAERS ID:	927508 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-01
Age:	49.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-01-08
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / UNK	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Arthritis, Body temperature, Body temperature increased, Chills, Fatigue, Feeling hot, Headache, Insomnia, Migraine, Pain, Vaccination site pain
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Arthritis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Breast cancer (she is currently a breast cancer patient/she had breast cancer)
Preexisting Conditions: Medical History/Concurrent Conditions: Arthritis; COVID-19; Fatigue; Lymphedema
Allergies:
Diagnostic Lab Data: Test Date: 202012; Test Name: body temperature; Result Unstructured Data: Test Result:100.8; Test Date: 20201231; Test Name: body temperature; Result Unstructured Data: Test Result:temperature 101.7
CDC Split Type: USPFIZER INC2020521721
Write-up: 100.7 temperature/her temperature and it was 101.7; she was up all night/she didn''t sleep; It is very painful; migraines; she felt warm; joint pain; dull headache; tenderness at the injection; chills; as had joint pain and fatigue ever since her COVID-19 diagnosis in October/the arthritis has flared from it; fatigue/joint pain and fatigue are getting worse; This is a spontaneous report from a contactable consumer. A 49-year-old female received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL0140), via an unspecified route of administration on the left arm on 30Dec2020 10:40 at single dose for covid-19 immunisation. Medical history included from Feb2020 and ongoing she is currently a breast cancer patient/she had breast cancer, has lymphedema in the right due to breast cancer and on 31Oct2020, she tested positive for COVID and that ever since she was positive, her joints and skin, shins and upper arms and legs are really tender, and hips, wanted to know if that is normal. Had joint pain and fatigue ever since her COVID-19 diagnosis in October. There were no concomitant medications. The patient previously took H1N1 shot and her arm got really big and they watched for cellulitis discomfort. The patient stated on Dec2020, "received the COVID-19 vaccine on 30Dec2020 and is reporting 100.7 temperature, dull headache, tenderness at the injection, chills, joint pain and fatigue. She reported that she has had joint pain and fatigue ever since her COVID-19 diagnosis in October. The patient contacted COVID, she tested positive on 31Oct2020, and still has no taste or smell, and the biggest thing right now, that ever since she was positive, her joints and skin, shins and upper arms and legs are really tender, and hips, wanted to know if that is normal. She wants to know, where it has gone into the joint, the arthritis has flared from it, from her testing positive, it will be 9 weeks tomorrow since she had COVID, and she is not 100%, and yesterday she had the COVID vaccine, her first dose, and she was up all night, her joints and muscles were in a lot of pain, but she had been like that, and this morning she took her temperature and it was 101.7. Does it mean can''t have the shot in 3 weeks? She has had health issues this year, she had breast cancer, and her oncologist wanted her to have the vaccine, but it concerns her with all the pain in her joints swelled, and wanted to know if it is a side effect due to COVID. States she is still coughing, she wants to know if Pfizer thought this was a side effect of COVID, since she tested positive in October, will she have to live like that? It is very painful. Her shot went fine at 10:40 yesterday morning, fine, but she has been experiencing stiffness and joint pain, and she contacted COVID in October, thinks this doesn''t have to do with the shot, this has been this way since October, and her husband said to ask- will it be like this since she contacted COVID, and the only thing, this morning she had a headache, but she didn''t sleep and she gets migraines it she

doesn"t sleep, and she took her temperature, she felt warm and it was 101.7. Her temperature was 101.7 about a half hour ago (31Dec2020), she takes her temperature now, states it is now 100.8. Stated that she probably needs to speak to her doctor for her questions. Got up a 1am and took Ibuprofen. Her joints were so sore from when having COVID and so she went back to sleep and slept off and on. Got up at 4am this morning with the dull headache, it was not enough to be considered a migraine, so she took another 800mg Ibuprofen. Headaches: states it is just a dull headache, she hasn"t taken Ibuprofen yet this morning, she is not a big medicine person, she is trying to see if it will go away, but if it is worse she will take migraine medicine". The outcome of "as had joint pain and fatigue ever since her COVID-19 diagnosis in October/the arthritis has flared from it", "she was up all night/she didn"t sleep", "It is very painful", "migraine" and "she felt warm" were unknown. Other events was not recovered.

VAERS ID:	927861 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	35.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Valtrex
Current Illness: Shingles
Preexisting Conditions:
Allergies: NA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Day 6 after receiving vaccine, slightly swollen and sore left axilla nodes. Day 8 starting to resolve

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VAERS ID:	927930 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039KZOA / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Allegra
Current Illness: None
Preexisting Conditions: None
Allergies: PCN, Compazine
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever of 102 degrees F. or higher (temp was 102 degrees 2 hours after taking ibuprofen), shaking chills, headache, nausea, severe generalized body aches.

VAERS ID:	928017 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	42.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Rash, Skin warm, Tenderness
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol Succinate 50mg daily Losartan Potassium 50mg daily Tremfya 100mg injection every 8 weeks (last injection 12/17/20) Fluoxetine 20mg daily
Current Illness: None
Preexisting Conditions: Hypertension, Psoriasis
Allergies: Latex, bananas, walnuts
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 9 days following vaccination, developed a red, warm, tender rash a little larger than the size of a sliver dollar

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VAERS ID:	928114 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Chest discomfort, Tongue discomfort
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: 35 minutes After vaccination.... complaints of chest tightness, "funny" tongue

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VAERS ID:	928531 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	AR / -

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness

VAERS ID:	928553 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	48.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Dry mouth, Nausea, Paraesthesia oral
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tingly tongue and dry mouth; states had it with last vaccine. dizzy and nausea after getting to the Emergency Department

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VAERS ID:	928589 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	44.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hot flush, Nausea, Paraesthesia
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Flush, "hot", prickly, nausea syptoms

VAERS ID:	929654 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	34.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Chills, Hyperhidrosis, Malaise, Nausea, Pain, Pyrexia, Tachycardia, Tachypnoea, Tremor
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies: Sulfa Antibiotics
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximately 12 hours post 2nd injection systemic rigors, uncontrollable tremors, tachycardia, severe tachypnea, nausea, fever $g103F, severe diaphoresis. Most acute reaction

lasted 8-12 hours. Sub-acute reaction of mild fever, generalized ache, and malaise 48 hours post. I am a health care provider, Certified Registered Nurse Anesthetist (CRNA).

VAERS ID:	930602 (history)	**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2020-12-19
Age:	44.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Blindness unilateral, Headache, Nausea, Pain in extremity, Photosensitivity reaction, Vertigo
SMQs:, Acute pancreatitis (broad), Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Optic nerve disorders (broad), Retinal disorders (broad), Vestibular disorders (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies: I am allergic to compazene, tetracycline
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: I had the worse headache I"ve ever had in my life, soreness in my arm. When I woke up in the morning it was pounding, spread to the right half of my head, nausea, photo sensitivity, vertigo. It took 36 to 48 hours before I could function. 48 to 72 hours later I had another headache with vertigo. I had complete vision loss in my left eye.

VAERS ID:	931570 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Impaired work ability, Joint range of motion decreased, Loss of personal independence in daily activities, Product administered at inappropriate site, Sleep disorder
SMQs:, Dementia (broad), Drug abuse and dependence (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: I have an appointment scheduled tomorrow 1/10/21 with a doctor to address the joint pain/decreased ROM.
CDC Split Type:
Write-up: I walked in to received my first dose of the Moderna Covid19 vaccine at approx 12:20pm 1/7/21. The RN who was giving me my injection palpated the top of my shoulder and NOT my acromian process and administered the injection closer to the top of my shoulder, the vaccine did initially hurt more than a typical vaccine would when it was being administered but i thought that might have been normal. Approximately 1hr after receiving the vaccine my left shoulder joint started to have this pinching sensation in the anterior joint when I would raise my arm forward. The pain got progressively worse throughout the day with significantly decreased range of motion in that shoulder and significant pain in my shoulder joint. The pain was so bad it actually kept me from sleeping that night. I never had any muscular pain or any other symptoms beside the joint pain, which was alarming since it should have been administered into the muscle. I believe the vaccine my have been incorrectly injected into the shoulder joint or potentially a smaller muscle in the shoulder. The pain and decrease ROM is preventing me from doing most of my regular day to day activities. Today 1/9/21 has been a full 48hrs after receiving the vaccine and the joint pain has not gotten any better and my range of motion is still significantly decreased, which would prevent me from performing my tasks as an RN.

VAERS ID:	932433 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-10
Age:	30.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Epistaxis
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine
Current Illness: Hypothyroidism, IIh
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Bloody noses

VAERS ID:	932500 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-09
Age:	54.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL 3249 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Eye irritation, Eye pruritus, Eye swelling, Headache, Ocular hyperaemia, Pyrexia
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Glaucoma (broad), Corneal disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Flonase
Current Illness: None
Preexisting Conditions: Arthritis
Allergies: Amoxicillin Rash
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red swollen, burning and itchy eyes 10 hours after dose. Benadryl 50 mg taken. Eye swelling, redness, burning, itchy persisting into the next day. Another dose of medicine taken. Low grade fever, headache, fattier Tylenol 1000 mg taken

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VAERS ID:	932513 (history)	**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	73.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL 1284 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Skin beneath the bandaid became very red and raised. The square are under the bandaid where the injection was given, was completely normal.

VAERS ID:	932520 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	32.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: First noticed redness and itching at site of injection approximately one week after injection. Continue to have redness (large circle) and itching at injection site.

VAERS ID:	932540 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	34.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Injection site swelling, Lymphadenopathy, Tenderness, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D, Lysine, GABA, Vitamin C, probiotic
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: A have raised itself on 1/8/2021 at the injection site (left arm deltoid). The hive started at 2 inches diameter and is now about 3 inches diameter. Give us slightly sensitive to touch. On the left collarbone is also an inflamed lymph node.

VAERS ID:	932637 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL 1284 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain, Chills, Diarrhoea, Dizziness, Fatigue, Feeling hot, Injection site pain
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Creon 24,000 Units Ursodiol 300 mg Vitamin D 2000 Units
Current Illness: None
Preexisting Conditions: None
Allergies: None

Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pain at injection site (resolved within 48 hours). Chills, lightheadedness, warm (not feverish), abdominal cramping, loose stool x 5 over 48 hours. Extreme fatigue (over 5 days)

VAERS ID:	933032 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	42.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: On day 10 after injection,redness,warmth,swelling and low grade temp

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VAERS ID:	933042 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	53.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Lymphadenopathy, Rash, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: no
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 7 days after, developed swelling,redness,rash, and swollen lymph gland

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VAERS ID:	933049 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	59.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Skin warm, Tenderness
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: simvastatin,metformin

Current Illness: none
Preexisting Conditions: DM,Hyperlipidemia
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: On 1/6/21 developedwarmth,redness,and tenderness

VAERS ID:	933062 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-10
Age:	44.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Headache, Malaise, Nasal congestion, Pyrexia, Rhinorrhoea
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan 100 mg daily Alopurinol 200 mg daily
Current Illness: N?A
Preexisting Conditions: Gout Hypertension
Allergies: NKDA
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Moderna COVID-19 Vaccine EUA. I had Covid-19 in March 16,2020. 24 hours post vaccination, I am experiencing exactly same symptoms as when I was sick with Covid-19. Symptoms started exactly 22 hours after I recevied the vaccine. Symptoms/ Side effects : Fever, highest so far 100.8, chills, malaise, headache, diarrhea , runny nose, nasal congestion, overall an unwell feeling

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VAERS ID:	933656 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ELIZ84 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal discomfort, Diarrhoea, Fatigue, Headache, Injection site pain, Injection site swelling, Malaise, Muscle spasms, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Dystonia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aviane- oral contraceptive once daily Flucticasone Nasal Spray 2 sprays into nostril once daily Zyrtec 10mg 1 tab once daily Flovent 110mcg 1 puff once daily
Current Illness: None
Preexisting Conditions: Asthma
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I developed a headache about 1 hour after the vaccine. I developed a fever of 100.4 about three hours after my first dose of the COVID-19 shot. Shortly after this I had moderate GI upset including diarrhea, cramping for about 24 hours. Over the course of 48 hours after the vaccine I had swelling at the injection site, tenderness of the injection area to the point where I was not able to put pressure on the area or sleep on my left side and severe fatigue/malaise. All symptoms resolved after 48 hours. I am a person and wanted the reaction information to be part of the trial data.

VAERS ID:	933984 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-09
Age:	57.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Had Lyme in the past but no lingering issues.
Allergies: Aspirin/Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: No immediate symptoms but after a week, injection area is red and itchy. It looks like a band of red on my left arm. Seems to be dissipating after a couple of days but still a little itchy and still red.

VAERS ID:	934249 (history)	**Vaccinated:**	2020-12-15
Form:	Version 2.0	**Onset:**	2020-12-16
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	49TM3 / 5	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site induration, Injection site pain, Injection site pruritus, Injection site reaction, Injection site swelling, Injection site warmth, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mother reports that Patient has a localized reaction at the site of the injection. It is indurated, warm to the touch, tender and itchy, and has gotten bigger. Now measures about 8 cm in diameter. Patient also had a low grade fever of 100.4 orally. Has improved.

VAERS ID:	934695 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-09
Age:	38.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: History of shellfish allergy
Diagnostic Lab Data:
CDC Split Type:
Write-up: After vaccine administration.... c/o tongue tingling on left side, c/o tingling left temple.... Employee states having symptoms similar to shellfish allergy reaction....

VAERS ID:	935005 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-08
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Oropharyngeal pain, Respiratory tract congestion, SARS-CoV-2 test negative
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none known
Current Illness: none known
Preexisting Conditions:
Allergies: nka
Diagnostic Lab Data: covet test 1/8 negative
CDC Split Type:
Write-up: /1/8/21 developed sore throat cough, little congestion after vaccine given 1/7/21 did covid test which was negative at that time.

VAERS ID:	935160 (history)	**Vaccinated:**	2020-12-17
Form:	Version 2.0	**Onset:**	2020-12-18
Age:	54.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	5029542 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Peripheral swelling, Pruritus, Rash macular
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema,

effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Requip, Desyrel, Synthroid, Prevacid, Cymbalta
Current Illness:
Preexisting Conditions: sleep apnea, Hypothyroidism, Diverticulosis, Hyperlipidemia, GERD
Allergies: Ciprofloxacin-Dexamethasone
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: The patient woke up early morning with itching and swollen hands. She took some Allergy medication liquid at 0630 AM without improvement. At work sym- ptoms worsened with skin blotches on the back of her neck and itching around her waist. No shortness of breath. Prednisone 40mg daily x 5 days.

VAERS ID:	935507 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	34.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, fatigue

VAERS ID:	935536 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Dizziness, Fatigue
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizzy, chills, tired, resolved with nap

VAERS ID: 935561 (history)		**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, chills, injection site soreness

VAERS ID: 935632 (history)		**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	38.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Hyperhidrosis, Pain, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamin, Iron, and vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 9:30 pm chills, escalating to shivering, then a fever and severe headache and arm pain throughout the night. Woke with a temp of 101.3 at 8am the next day, body aches, and headache. Fatigue and sweats until fever broke about 11am after more sleep. The afternoon decreased symptoms until only a mild headache and fatigue that night.

VAERS ID:	935685 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-27
Age:	54.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Ear pruritus, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: 25mg hctz daily 75mg atenolol daily 20mg omeprazole daily
Current Illness: active eczema or psoriasis (currently being evaluated for psoriasis and/or psoriatic arthritis)
Preexisting Conditions: roseacea reynauds migraines high blood pressure eczema or psoriasis degenerative arthritis possible psoriatic arthritis
Allergies: sensitive with mild irritations to wool, cashmere, eggs, crab, pecans
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Hives began appearing on 1/27 beginning on right hand, over course of a week to, both arms from hands to shoulders. right eyelid, bottom lip, minor individual spots on belly, hip and neck. generally itchy face and ears. Use of topical benedryl only through day 8 (today), sought treatment of healthcare provider, then when hives suspected tied to vaccination, reported to Occ Health at employer, recommended by Occupational Health to add Benedryl by mouth.

VAERS ID:	936921 (history)	**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	36.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Headache, Neck pain, Pain in extremity, Rash, Skin warm, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: B vitamins, fish oil, Collagen, D3 and occasional lorazapam
Current Illness: none
Preexisting Conditions: none
Allergies: zero
Diagnostic Lab Data:
CDC Split Type:
Write-up: Day after i had sore arm, sore neck and headache on right side. A week later (today and yesterday) golf sized welt that is hot to touch and rash.

VAERS ID: 936942 (history)		**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-11
Age:	48.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fish oil, Vitamin D only
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Only red swollen area at injection site, noticed a week after injection. Mild itch

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VAERS ID: 937300 (history)		**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	036K20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Local reaction, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local rash day after vaccine. Resolved

VAERS ID:	937322 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Local reaction, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local rash day after vaccine. Resolved

VAERS ID: 937361 (history)		**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	38.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, body aches, took Motrin and symptoms resolved

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VAERS ID: 937382 (history)		**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	45.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Feeling cold, Headache, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, Nausea, fever, chills, stayed home

VAERS ID:	937415 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: HA, Body aches, symptoms manageable

VAERS ID:	937433 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Hyperhidrosis, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shills, sweats, fatigue, HA, nausea, symptoms lasted 48 hours and then resolved

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VAERS ID:	937447 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Dizziness, Headache, Pain, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic

syndrome (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, Body aches, fever, chills, dizzy, light headed, rash on face. Took OTC Benadryl and symptoms improving

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VAERS ID:	937477 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site rash, Injection site warmth, Rash erythematous, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Itchy, red hot rash at injection site

VAERS ID:	937594 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Dizziness, Headache, Neck pain, Pain
SMQs:, Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Vestibular disorders (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, HA, dizzy, back/neck/ aches

VAERS ID:	937605 (history)	**Vaccinated:**	2021-01-05
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	64.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature abnormal, Headache, Injection site erythema, Injection site

induration, Injection site mass, Injection site swelling, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartin, Atorvastatin
Current Illness: none
Preexisting Conditions: Hypertension
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: low grade temp, body aches, headache 48 hours after vaccine which lasted 24 hours 1 week after the vaccine, hard, red swollen lump at the injection site

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VAERS ID:	937610 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, body aches, fatigue

VAERS ID:	937664 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	38.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-01-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: unknown
Diagnostic Lab Data: none at this time
CDC Split Type:
Write-up: c.o fever severe headache and fatigue

VAERS ID:	937813 (history)	**Vaccinated:**	2020-12-17
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	44.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-01-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Nausea, Pain, Pain in extremity
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: body aches nausea, very sore arm 1 day after i2nd injection

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VAERS ID:	938932 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	43.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Drug eruption, Pruritus
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: None
Current Illness: None
Preexisting Conditions: Seasonal Allergies. HSV-1
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itchy and erythemic papules on both hands and elbows; most proximal to joints (knuckles). Very few on Palms. Started on dorsal surface and moved distally towards figertipis and joints.

VAERS ID:	939214 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2021-01-09
Age:	56.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20A / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Facial paralysis, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: low dose aspirin
Current Illness: none
Preexisting Conditions: none
Allergies: sensitivity to phenergan, vistaril, codeine
Diagnostic Lab Data: Video chat with primary care MD today; based on info and unable to do physical exam he thought maybe Bells but not definitive. Unable to visualize my ear for Zoster. Recommended anti viral course and steroids with a neuro follow up in 2 days.
CDC Split Type:
Write-up: Left sided mild facial droop starting 18 days after vaccination, seeming to be somewhat more pronounced the following day. Tingling sensation similar to Bells Palsy. Third day remains unresolved but not worse.

VAERS ID: 939578 (history)		**Vaccinated:**	2021-01-02
Form:	Version 2.0	**Onset:**	2021-01-10
Age:	37.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zyrtec, Vitamin D3, Vitamin B complex, Daily multivitamin
Current Illness: None
Preexisting Conditions: None
Allergies: NKA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Just over a week after receiving the vaccine the injection site became red, swollen, and very itchy. Over the course of the following day and a half the swelling increased and the redness and itching got worse. After applying hydrocortisone cream there was some relief. By the next day the symptoms were almost entirely resolved.

VAERS ID: 940269 (history)		**Vaccinated:**	2020-12-27
Form:	Version 2.0	**Onset:**	2020-12-27
Age:	76.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / 1	RA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Throat irritation
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: buckwheat,flaxseed,strawberries
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Scratchy Throat 10 minutes Post Injection-Mild

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VAERS ID:	941478 (history)	**Vaccinated:**	2021-01-03
Form:	Version 2.0	**Onset:**	2021-01-10
Age:	36.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site rash, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ambien 10mg, Propranolol 20mg, Vyvanse 40mg, Amitriptyline 10mg Multi Vitamin, Magnesium, Zinc, SLF-Forte, Adrenal Health, Gotu-Kola
Current Illness: CMV
Preexisting Conditions: no
Allergies: Hormones

Diagnostic Lab Data:
CDC Split Type:
Write-up: About 1 week after injection, Large swollen red spot about 3 inches below injection site

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VAERS ID:	941522 (history)	**Vaccinated:**	2020-12-01
Form:	Version 2.0	**Onset:**	2021-01-04
Age:	50.0	**Days after vaccination:**	34
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest X-ray abnormal, Computerised tomogram thorax abnormal, Dyspnoea, Fibrin D dimer increased, Pulmonary embolism, SARS-CoV-2 test negative
SMQs:, Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Infective pneumonia (broad), COVID-19 (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: At the emergency room I had a d-dimer done which was elevated. I had an X-ray and CAT scan which I was diagnosed with bilateral pulmonary embolisms. I was put on Eliquis and sent home.
CDC Split Type:
Write-up: I was short of breath and went to emergency room on 1/5/2021. I was diagnosed with bilateral pulmonary embolisms. I was Covid negative and had no other symptoms.

VAERS ID:	941707 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-13

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 7 hours after 2nd inj developed fever 101, headache, exhaustion and severe body aches nausea. lasted 24hour, better now

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VAERS ID:	941904 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	23.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: inderal abilify depo provera
Current Illness: none
Preexisting Conditions: mood disorder
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache starting day after vaccine administration and persistent X 2 weeks

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VAERS ID:	941913 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Chills, Fatigue, Headache, Impaired work ability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 20 minutes of fever, chills, headache, fatigue, back ache. Repeated at 8:00 PM. Called out of work Saturday 1/9/2021

VAERS ID:	942072 (history)	**Vaccinated:**	2021-01-02
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	87.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Aspiration, Death, Dementia, SARS-CoV-2 test negative
SMQs:, Dementia (narrow), Noninfectious encephalopathy/delirium (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-01-05
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tramadol, risperidone, fluoxetine, cyanocobalamin, colchicine, torsemide, levothyroxine
Current Illness: aspiration pneumonia- completed treatment prior to vaccination.
Preexisting Conditions: Advanced dementia with severe violent behavioral symptoms. Progressive decline and frailty due to late stage dementia with likely terminal aspiration after completion of treatment for previous aspiration pneumonia. Death attributed to complications of her advanced dementia. No evidence of acute reaction to vaccine (rash, dyspnea, swelling, redness). Chronic kidney disease, hypothyroidism, type 2 diabetes, gout, B12 deficiency
Allergies: No known allergies
Diagnostic Lab Data: COVID-19 PCR neg on 12/31/20 and 1/3/21
CDC Split Type:
Write-up: Death occurred 3 days after vaccine receipt; attributed to complications of her chronic advanced dementia with aspiration at age 87. No evidence of acute vaccine reaction.

VAERS ID:	942310 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2021-01-11
Age:	34.0	**Days after vaccination:**	12
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Full blood count, Rash, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Men?s one a day multivitamin, Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: Flexeril, chloraprep, diclofenac, celebrex
Diagnostic Lab Data: CBC
CDC Split Type:
Write-up: Small pinpoint bright red dots on abdomen

VAERS ID:	942848 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-01-14
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021018330
Write-up: she has arm pain after receiving covid vaccine; This is a spontaneous report from a contactable consumer from a Pfizer-sponsored program. A female patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), lot number and expiry date unknown, via an unspecified route of administration on an unspecified date at a SINGLE DOSE for covid-19 immunisation. The patient''s medical history and concomitant medications were not reported. The patient called because she has arm pain after receiving covid vaccine and she wanted to know if she can take tylenol for the pain. The outcome of the event was unknown. Information on the lot/batch number has been requested.

VAERS ID:	942937 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain upper, Headache, Malaise, Urticaria
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Xanax, vyvanse,vitamin D, calcium, bayer aspirin
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none

CDC Split Type:
Write-up: sick to stomach and headache within 15 minutes, then about 1/2 hour later broke out in hives and had to go to emergency room and get some Benadryl and stay and be monitored for hour.

VAERS ID:	942988 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	45.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ziprasidone lorazepam multivitamin
Current Illness: none
Preexisting Conditions: bipolar disorder
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Noticed a large red mark on arm around vaccination site extending from shoulder to elbow on outside of arm. Area was lighter on the inside and redder at the edges.

VAERS ID:	943070 (history)	**Vaccinated:**	2021-01-03
Form:	Version 2.0	**Onset:**	2021-01-03
Age:	22.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / 1	RA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Anaphylactic reaction, Chest discomfort, Rash, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Angioedema (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: none listed
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Anaphylaxis-Severe, Systemic: Rash (other than injection site)-Medium, Systemic: chest/throat tightness-Medium

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VAERS ID:	943125 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	23.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site bruising, Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline HCl, albuterol, fexofenadine, cannabis
Current Illness: None
Preexisting Conditions: Constipation, nocturnal enuresis
Allergies: Stone fruits, environmental allergies.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Roughly 24 hours after receiving the vaccination, the site of injection was red/purple in color and visibly raised. The region was about the size of an egg. It was mildly itchy, and painful to the touch. It was also warm to the touch. Swelling went down over time, fully reduced about 24 hours after it was noticed. Area remained red for another 24 hours and was slightly warm and then it transitioned to looking more like a bruise.

VAERS ID:	943209 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Senior Living **Purchased by:** ?
Symptoms: Chills, Dyspnoea, Headache, Heart rate increased, Nausea, Pyrexia, Sleep disorder, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu shot - I usually have a head cold after I get it every year, nothing major
Other Medications: Metasopine, Melatonin, Magnesium, orthocyciline (birth control pill)
Current Illness: COVID - positive test on 12/01/2020
Preexisting Conditions: vocal chord dysfunction

Allergies: No
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: I had a fever and chills at night and also a headache, I felt nauseous, vomiting and difficulty breathing. I could not sleep that night after I received my vaccine. I decided not to go the ER and slept it off I woke up much better next morning. I saw a Doctor a couple of days later because I had shortness of breathing and a high heart rate while I was at work. He just told me to take it slowly at work. No meds. I then started working part-time for some weeks and am being introduced again now to my regular scheduled.

VAERS ID:	944380 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	54.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Flank pain, Nausea, Pain in extremity
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: sore arm, flank pain, nausea, fatigue

VAERS ID:	944484 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-11
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 1	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Benadryl & Morphine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Site: Itching at Injection Site-Mild, Site: Redness at Injection Site-Mild, Systemic: Rash (other than injection site)-Mild; symptoms lasted 0 days

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VAERS ID:	944556 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	45.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: red, itchy spot at injection site 9 days after vaccine given

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VAERS ID:	944581 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	52.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 4 cm of redness at injection site 14 days after vaccine

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VAERS ID:	944639 (history)	**Vaccinated:**	2019-12-24
Form:	Version 2.0	**Onset:**	2020-12-25
Age:	44.0	**Days after vaccination:**	367
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Barium swallow abnormal, Dysphagia, Feeling abnormal, Gastrooesophageal reflux disease, Headache
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: bee venom, Codeine, Jardiance
Diagnostic Lab Data: 12/29 barium swallow test - results: mild esophageal dysmotility, Gastroesophageal reflux to proximal third of esophagus
CDC Split Type:
Write-up: headache, "feels foggy", feels like having problems swallowing, increased secretions - continued for week plus after injection took benadryl on 1/6 with good relief of symptoms

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VAERS ID:	944651 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	26.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Heart rate increased, Muscular weakness
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Approximately, 25 minutes after vaccine administration the patient verbalized feeling dizzy. He was transferred from a chair to a nearby cot with feet elevated. The ER was notified and an EpiPen was on standby. Vital signs were: BP 155/69, O2 saturation 100%, and HR 125. Vitals were rechecked 5 min later and HR came down to 76. Dizziness still persisted and he complained of his hands feeling weak but grip strength was noted to be equal bilaterally. There was no indication for EpiPen so it was not used. Patient preference was to be transported to the ER for additional follow-up. In the ER vital signs continued to be monitored and patient was given 1 liter sodium chloride 0.9% fluid bolus after which the patient reported feeling much better. Patient was discharged from the ER.

VAERS ID:	944696 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	24.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Headache, Pyrexia, SARS-CoV-2 test negative
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: did covid test negative on 1/7/21
CDC Split Type:
Write-up: TEMP 100.2 headache- arthralgia after about 6 hours

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VAERS ID:	944744 (history)	**Vaccinated:**	2021-01-05
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	63.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / UNK	- / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol. Estradol
Current Illness: None
Preexisting Conditions: Asthma
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Delayed over a week later redness at the injection site. About the size of a dime.

VAERS ID: 945416 (history)		**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	35.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Chest pain, Chills, Dyspnoea, Headache, Hyperhidrosis, Nausea, Pyrexia, Respiratory tract congestion, Tachycardia
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, diaphoresis, fever, congestion, shortness of breath, chest pain, nausea, back pain, headaches, tachycardia

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VAERS ID: 946228 (history)		**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Dysaesthesia, Ear pain, Glossodynia, Lip swelling, Pain in jaw

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Osteonecrosis (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole, naproxen, Linzess, hydrochlorothiazide, amitriptyline
Current Illness:
Preexisting Conditions:
Allergies: --
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain, dysesthesia left ear and jaw and left side of tongue. No visible abnormalities left face and ear. She indicates her lips (bilateral, upper and lower) had become swollen the day after her 2nd immunization 1/12/21, the lip swelling resolved when I saw her 1/14/21

VAERS ID:	946249 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-09
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Electromyogram, Hypoaesthesia, Immediate post-injection reaction, Neck pain, Spinal pain
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Arthritis (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: EMG with neurology consult. Gabapentin started.
CDC Split Type:
Write-up: Patient had immediate numbness in arm of vaccination which progressed to spinal pain from the neck to thoracic area.

VAERS ID:	946455 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Chills, Erythema, Eye pain, Headache, Injection site pain, Injection site pruritus, Myalgia, Neck pain, Pain in extremity, Peripheral swelling, Photophobia, Pyrexia, Sleep disorder
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Noninfectious meningitis (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (broad), Corneal disorders (broad), Eosinophilic pneumonia (broad), Retinal disorders (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zyrtec 10 mg PO qhs, Esomeprazole 20 mg PO QHs, Vitamin D3 (vita fusion) 4,000 iu daily, Vitamin C 1000 mg PO daily, Prenatal vitamins (vita fusion) 2 chews PO daily (not pregnant) Also, I drink echinacea and camomile tea.
Current Illness: None
Preexisting Conditions: GERD Environmental allergies
Allergies: Penicillin (tolerate augmentin) - anaphylaxis sulfa - rash

Diagnostic Lab Data: None
CDC Split Type:
Write-up: At 2000 on 1/13/21, I started to experience intense ache at the injection site, which by 2200 progressed to myalgias in my back, especially lower back, neck, and right arm. At 2300, I started to have fever/chills, up to 39 C orally. This only partially responded to Tylenol. I was not able to sleep. At 2:30 am I noticed an unusual headache, 8/10, as well as bilateral eye pain on Moving eyes side to side as well as sensitivity to light. Headache was mostly frontal, which came and went every few minutes until exactly 11:38 am on 1/14/2021, when the fever and myalgias very suddenly got significantly better. Almost exactly 24 hrs to the minute after injection. On 1/15/2021, I still have significant pain in my left arm, swelling, redness and, now, itching at the injection site. My lower back still hurts.

VAERS ID:	946764 (history)	**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	36.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Labetalol 200mg QD, Diclegis 10mgg OD, Zoloft 50mg QD, Levothyroxine 150mg QD
Current Illness: None reported
Preexisting Conditions: Kidney disease , polycystic liver disease, Haschimoto thyroiditis
Allergies: None reported
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: I had body aches, low grade fever and headaches.

VAERS ID: 946931 (history)		**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypoaesthesia, Hypoaesthesia oral, Paraesthesia oral
SMQs:, Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: estrogen/progesterone, sertraline
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 24 hours post injections, tongue numb, r.side of face, lips tingling, up to r.ear and r.cheek. No SOB, no swelling. 4 days later lips tingling. 7-9 days later random numbness and tingling of tongue, r. cheek, lips....comes and goes. No rescue medication used. No follow up pursued by patient.

VAERS ID: 947029 (history)		**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Swollen tongue
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: History of Anaphylaxis to Flu Vaccine (x2).. (with and without preservatives) and Imitrex
Diagnostic Lab Data:
CDC Split Type:
Write-up: After Covid Vaccine (Pfizer) administration, immediately complained of tongue swelling. METS team was called and employee was sent to Emergency Room.

VAERS ID:	947165 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Headache, Hyperhidrosis, Impaired work ability, Injection site erythema, Injection site indentation, Laboratory test, Protein total
SMQs:, Neuroleptic malignant syndrome (broad), Pseudomembranous colitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: 6-Mercaptopurine
Current Illness: Lingering cold symptoms starting two weeks earlier.
Preexisting Conditions: Chron"s disease
Allergies: NKDA
Diagnostic Lab Data: Only abnormal test was for low protein.
CDC Split Type:
Write-up: On day of injection (Wed), itching of site of injection. By day after, redness on enter upper arm and continued itching. Chills, sweats, and headache began on Thursday afternoon as well. Diarrhea started on Friday. Alternating chills, sweats, and headache continued through Wednesday, Jan 6th. Saw a provider on Monday, Jan 4th. Labs drawn on Wednesday, Jan 6th. Those resulted on Thurs, Jan 7th with no abnormalities. Saw provider again on Friday and by this day symptoms have subsided for the most part. Occasional sweats still occurring but able to resume ADL and return to work. Was out of work for 8 days.

VAERS ID:	947188 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Injection site erythema, Injection site induration, Injection site pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole
Current Illness:
Preexisting Conditions:
Allergies: Ceftin
Diagnostic Lab Data: none

CDC Split Type:
Write-up: Fever 101, chills, Arthralgia, red,hard sore painful left deltoid. Treated with Tylenol, Doxycycline started on 1/15

VAERS ID:	947900 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-09
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	LA / OT

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Pain, SARS-CoV-2 test, Swelling, Vaccination site pain
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data: Test Date: 20210105; Test Name: Nasal Swab; Result Unstructured Data: Test Result:Negative
CDC Split Type: USPFIZER INC2021014379
Write-up: Pain at shot location; swelling; chills; headache; body aches; fatigue; This is a spontaneous report from a contactable other healthcare professional (hcp). A 55-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection) first dose on 18Dec2020 13:00 (lot 121820, expiry date not reported), then second dose on 08Jan2021 15:30 (lot EK9231, expiry date not reported); both intramuscular in the left arm at a single dose for COVID-19 immunization. There were no medical history and concomitant medications. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient had no known allergies. The patient was not pregnant at the time of the vaccination. The patient had no other vaccine in four weeks and no other medications in two weeks. The vaccines were administered in a hospital. On 09Jan2021 06:30, the patient experienced pain at shot location, swelling, chills, headache, body aches and fatigue. Post vaccination, patient had COVID test nasal swab (PCR) on 05Jan2021 and the results was negative. The events were reported as not

serious (did not result in death, not life-threatening, did not cause/prolonged hospitalization, not disabling/incapacitating and not a congenital anomaly/birth defect). The patient did not receive any treatments in response to the events reported. The patient was recovering from the events pain at shot location, swelling, chills, headache, body aches and fatigue.

VAERS ID:	948515 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Chills, Electrocardiogram, Feeling cold, Headache, Hypertension, Nausea, Palpitations
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Introduction (progesterone) 100 mg Prenatal Vitamin 1mg Folic Acid 1mg Burstronine 5mg 3 times daily Zyrtec 10 mg 1 daily Flonase 50mcg per spray Albuterol 108 mcg EpiPen Sunatriptan 100mg
Current Illness: None
Preexisting Conditions: Asthma Migraines TBI Brain Injuries"
Allergies: All Beta Blockers All cillings penicillin Doxuciteine Propanediol Topomax
Diagnostic Lab Data: Blood work EKG
CDC Split Type: vsafe
Write-up: 20 MINS INTO COOL FLUSH FEELING ALL OVER , HEART RACING , WENT HOME AND HAD REALLY BAD HEART PALPUTATIONS , CALLED THE NURSE . EKG WAS NORMAL .. Blood pressure was 130/99 which is higher than normal ..Provided IV FLUIDS . HEADACHES, NASUEA ,CHILLS.

VAERS ID:	949914 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	43.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pain in extremity, Peripheral swelling, Pruritus
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ibuprofen after vaccination
Current Illness: none
Preexisting Conditions: none
Allergies: no
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Significant swelling of arm noticed one week after injection. Hard to abduct arm due to swelling. Very mild pain. Itching. Denies fever or chills.

VAERS ID:	949940 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	26.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Impaired work ability, Myalgia, Neck pain, Oropharyngeal pain, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: tylenol
Current Illness: none
Preexisting Conditions: unknown
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 1/13 AT 2AM AWOKE WITH CHILLS, FEVERISH (t99) HEADACHE FROM TOP OF HEAD DOWN TO POSTERIOR NECK, SORE THROAT, FATIGUE, MYALGIA AND ARTHRALGIA Did not work on 1/14/21- by 1/14/21 afternoon improved

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VAERS ID:	949947 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	24.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Malaise
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: ibuprofen
Current Illness:
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: awoke feeling "like run over by bus" - arthralgia added ibuprofen to Tylenol regimen with improvement

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VAERS ID:	949953 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-26
Age:	54.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Fatigue, SARS-CoV-2 test positive
SMQs:, Arthritis (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness:
Preexisting Conditions: none known
Allergies:
Diagnostic Lab Data: routine covid test negative
CDC Split Type:
Write-up: awoke with fatigue and arthralgia

VAERS ID:	949969 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	46.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Fatigue, Headache, Myalgia, Respiratory tract congestion
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol & motrin
Current Illness: none known
Preexisting Conditions: none known
Allergies: nka
Diagnostic Lab Data: none
CDC Split Type:
Write-up: headache, myalgia, fatigue and arthralgia-- stuffyand congested

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VAERS ID:	949970 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Dizziness, Fatigue, Headache, Impaired work ability, Myalgia, Nausea, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant

syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol & motrin
Current Illness: none
Preexisting Conditions: DM and asthma
Allergies: none known
Diagnostic Lab Data: none
CDC Split Type:
Write-up: dizzy, nausea, headache, myalgia, fatigue, arthralgia, then on 1/14 fever 10.3 headache continued arm sore, did call out of work 1/14 took Tylenol and motrin

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VAERS ID:	949977 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	38.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Headache, Injection site erythema, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Motrin
Current Illness: none known
Preexisting Conditions: none known
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: developed headache, myalgia, arthralgia, fatigue, collarbone & back motrin helped 1/13 begain again 1/14 redness tangerine size at injection site- motrin 1/15/21 recovered no redness at injection site- aches gone

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VAERS ID:	949985 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: cancer drug by mouth
Current Illness: on cancer treatment
Preexisting Conditions: cancer last spring
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: chills, fever 101.3, headache, myalgia, arthralgia, fatigue

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VAERS ID:	949998 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	57.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J02A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Loratidine
Current Illness: diabetic
Preexisting Conditions: diabetic
Allergies: none known
Diagnostic Lab Data: her PCP instructed her to apply hydrocortisone cream which helped
CDC Split Type:
Write-up: 4inch Inch X 2.5 inch wide hot, itchy red area at injection site

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VAERS ID:	950103 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	33.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Anaphylactic reaction to second Pertussis vaccine as an infant
Other Medications: Adderall, Plaquenil, Orlissa
Current Illness: Mixed connective tissue disease, Sj?gren?s syndrome, ovarian cysts
Preexisting Conditions: See item 11
Allergies: Pertussis, Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash at the injection site

VAERS ID:	950156 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	32.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Dizziness, Fatigue, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none known
Preexisting Conditions: none known
Allergies: none known
Diagnostic Lab Data: none
CDC Split Type:
Write-up: chills,T 101.4, myalgia,arthalgia (mainly knee caps), whoozy feeling, fatigue, HA

VAERS ID: 950800 (history)		**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	29.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Myalgia, Pyrexia, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, chills, muscle aches started approximately 12 hours after vaccination. Single episode of vomiting at 15 hours. Other symptoms resolved within 32 hours.

VAERS ID: 950863 (history)		**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013620A / 1	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoxetine 30mg and concerta 54mg taken daily first thing in the morning.
Current Illness: None
Preexisting Conditions: None
Allergies: None, to my knowledge
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Swelling, hardness and redness on upper arm where shot was injected

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VAERS ID:	950881 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	37.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026 L20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Norethindrone (mini pill oral contraceptive), Vitamin D
Current Illness: None
Preexisting Conditions: Occasional eczema
Allergies: Food allergies: mango, cashew
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1 week after getting the first shot of the Moderna Covid vaccine, I am experiencing

swelling, itchiness, redness, and heat at the vaccine site. The swollen area is about 7 cm in diameter. I first noticed itchiness at the vaccination site (my left shoulder) this morning. I was aware of itchiness twice more throughout the day. And my shoulder felt thick and itchy in the evening too, so I finally looked at it in the mirror and saw that it was red and swollen.

VAERS ID:	950967 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Eye pruritus, Eye swelling, Hypoaesthesia, Hypoaesthesia oral, Oral pain, Paraesthesia
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan, Crestor, Levothyroxine, Relafen, Tramadol, Flexeril, Glucosamine, Pepcid, Ambien, Melatonin, Claritin, Omega 3-6-9 supplement, Chaste tree berry, MVI
Current Illness: None
Preexisting Conditions: HTN, Hyperlipidemia, Osteoarthritis, Insomnia.
Allergies: PCN, Sulfa, Compazine, adhesives
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 15 mins of receiving the vaccine I had slight tingling in my R cheek. Within 2 hrs of the vaccine I had R facial numbness from maxillary to ear and lower jaw. Within 6 1/2 hrs from the vaccine, I had R lateral calf numbness. Within 8 hrs of the vaccine, I had R hand and arm numbness, R side of mouth and tip of tongue numb, R orbital swelling, scratchy R eye, maxillary tenderness. Advil was taken 9 1/2 hrs after the vaccine. Symptoms improved by next am, and gone by 24 hrs post vaccine.

VAERS ID:	951012 (history)	**Vaccinated:**	2021-01-01
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Burning sensation, Erythema, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Thyroid disease inflammatory arthritis osteoarthritis high blood pressure
Preexisting Conditions: Thyroid disease Inflammatory arthritis and osteoarthritis
Allergies: Cat scan dye
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hives on both arms redness itching burning

VAERS ID:	952464 (history)	**Vaccinated:**	2020-08-04
Form:	Version 2.0	**Onset:**	2020-08-05
Age:	11.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	S028737 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Induration, Skin disorder, Skin mass, Ultrasound scan
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: None
Diagnostic Lab Data: Ultrasound
CDC Split Type:
Write-up: Immunized for HPV 2nd dose left upper arm 8/4/2020, ongoing large 1.5-2cm subcutaneous, rubbery, mobile, tender nodule since (not improved or worsening). Appreciate U/S to evaluate nodule left upper arm (visible and easily palpable).

VAERS ID:	954070 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	33.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Blood test, C-reactive protein, Full blood count, Joint range of motion decreased, Red blood cell sedimentation rate, Synovial fluid analysis abnormal, X-ray
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Lab Crystal Analysis Jan 14, 2021 Lab SYNOVIAL FLUID CELL COUNT Jan 14, 2021 Lab SYNOVIAL FLUID DIFFERENTIAL Jan 14, 2021 Imaging XR SHOULDER RIGHT 2 OR MORE VIEWS Jan 14, 2021 Lab COMPLETE BLOOD COUNT AND

DIFFERENTIAL Jan 14, 2021 Lab CK Jan 14, 2021 Lab C REACTIVE PROTEIN Jan 14, 2021 Lab SED. RATE:
CDC Split Type:
Write-up: 1/11-Received vaccine @ 11:55am and by 9pm my right shoulder started to hurt-centralized to the joint area. 1/12- Right shoulder pain continued to increase. Couldn''t sleep or perform normal daily functions by next morning. 1/13-Shoulder pain continued to get worse and lost more range of motion. Went to the Emergency Room @ 3:30am and was there until 11:30am the next day. Ran a number of tests below. 1/14-pain had subsided a little bit due to prescriptions from Dr. at hospital. (Robaxin, Prednisone, Ibuprofan and Tylenol). 1/15- 9am Dr. appointment with primary care physician via telehealth. Received referral for a Dr. who specializes in Ultrasound Scans. 1/16-1/18(today) Pain had continued in right shoulder, centralized to joint area with no other symptoms. Went to physical therapy this morning @ 9:30am to do range of motion tests.

VAERS ID:	954081 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	30.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, itches at the injection site.

VAERS ID:	954508 (history)	**Vaccinated:**	2021-01-05
Form:	Version 2.0	**Onset:**	2021-01-09
Age:	48.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / OT

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain upper, Chills, Dizziness, Headache, Hypotension, Nausea, SARS-CoV-2 antibody test, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Dehydration (broad), Hypokalaemia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma; Food allergy; Gluten sensitivity; Small intestinal bacterial overgrowth
Allergies:
Diagnostic Lab Data: Test Date: 20210104; Test Name: Covid Nasal Swab Test; Test Result: Negative
CDC Split Type: USPFIZER INC2021019318
Write-up: vomiting; chills; severe headache; stomach pain x72 hrs; severe nausea; dizziness; low blood pressure; This is a spontaneous report from a contactable healthcare professional. A 48-year-old female patient started to receive bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscular from 05Jan2021 10:00 to 05Jan2021 10:00 at a single dose for COVID-19. Medical history included asthma, sibo, allergies to wheat, gluten, corn, tomato and peanuts. The patient''s concomitant medications were not reported. It was reported that the patient''s initial response to shot was severe nausea and dizziness, low blood pressure lasted 24hrs on 09Jan2021. 5 days later, the patient had nausea, vomiting, chills after meal, severe headache and stomach pain 72 hrs. The patient received IV fluids as treatment for all events. The patient underwent lab tests and procedures which included Covid Nasal Swab Test on 04Jan2021 which tested negative. The outcome of the events was not recovered. Information on the lot/batch number has been requested.

VAERS ID:	954545 (history)	**Vaccinated:**	2021-01-01
Form:	Version 2.0	**Onset:**	2021-01-01
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Myalgia, Neck pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021021331
Write-up: Muscle ache; Joint pain; Arm still hurt/arm was really sore and my neck was sore/ forearms blades; Arm still hurt/arm was really sore and my neck was sore; Her shoulder, knee blades; Her shoulder, knee blades; This is a spontaneous report from a contactable nurse reporting for herself. A 60-year-old female patient received bnt162b2 (BNT162B2) (lot# EL1284), via an unspecified route of administration, in Jan2021, at single dose, for COVID-19 immunisation. Medical history and concomitant medications were none. The patient experienced muscle ache, joint pain, arm still hurt/arm was really sore and my neck was sore/ forearms blades; her shoulder, knee blades all in Jan2021 with outcome of unknown. Therapeutic measures were taken as a result of the events and included treatment with ibuprofen and Tylenol.

VAERS ID:	954841 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	18.0	**Days after vaccination:**	15
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Muscle twitching
SMQs:, Dyskinesia (broad), Dystonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: -cillin family Bactrim Dust, various molds
Diagnostic Lab Data:
CDC Split Type:
Write-up: About two weeks after I received the vaccine (almost a week ago as of present) I began experiencing rapid muscle twitches near the injection site. I can send a video if necessary. Only muscle experiencing these symptoms is one on my left shoulder, where the injection occurred. Twitches a couple times a second for a couple minutes at a time. Frequency of these events per day has increased over the past week. Presents without pain, numbness, tingling, etc. No past history of chronic muscle twitches. I am capable of fine motor movements such as writing and maintaining full motion of my arm while it occurs. Consulted with a doctor (my employer) informally and they recommended I submit this form. Willing to answer any questions that might show up.

VAERS ID:	955439 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: no oral medications
Current Illness: none
Preexisting Conditions: none
Allergies: wool
Diagnostic Lab Data: none, did receive shingrix vaccine 12/29/20
CDC Split Type:
Write-up: 24 hours later, developed hives and itching of the face- mild, no shortness of breath

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VAERS ID:	956348 (history)	**Vaccinated:**	2021-01-17
Form:	Version 2.0	**Onset:**	2021-01-17
Age:	81.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 1	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Anaphylactic reaction
SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Anaphylaxis-Severe

VAERS ID:	956644 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	61.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Cataplexy, Dizziness, Fall, Gait disturbance, Headache
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: H y d r o x y z i n e p a m o a t e 5 0 m g. S e r t r a l i n e 100 mg. F a m o t i d i n e 40 mg.
Current Illness: None
Preexisting Conditions: Fibromyalgia, chronic dry eye and allergies, arthritis, tendonitis, ringing in the ear, irritable bowel syndrome,
Allergies: Typical mold, mildew, dust, dogs, cigarette smoke.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Light-headed dizziness, once sittg up fell backwards had no control over my body, also when I put my head on the pillow to go to sleep it happened. Happened when I moved my head from side to side. Well walking I had to hold on to something until it passed. Some headache. I do have headaches anyway so I"m not sure if that was the cause. My concern is the dizziness and the lightheadedness and loss of control, not immediately following the vaccine but three days later. Not sure if the delay in side effects is normal.

VAERS ID:	956801 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	26.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	6020879 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Body temperature increased, Chills, Headache, Injection site pain, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Mushrooms
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine given 1/15/21, on 1/16 and 1/17/21 reports arm soreness "felt like my arm was being ripped off" on evening of 1/7/21 bad headache, On 1/18/21 symptoms continued and overnight into Tuesday 1/19/21 Temp 101.3 chills and aching body, headache continues.

VAERS ID:	957149 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-18
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Axillary pain, Back pain, Chills, Feeling abnormal, Injection site pain, Neck pain, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control
Current Illness: N/a
Preexisting Conditions: N/a
Allergies: N/a
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very sore right shoulder, immediately began to feel sore in my lymph node under the armpit. Later, soreness in full right arm, upper back and neck. Fever over night, chills, body soreness all next day, brain fog, nausea

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VAERS ID:	957620 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-18
Age:	26.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Electrocardiogram, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: unknown
Diagnostic Lab Data: EKG 1/18/2021
CDC Split Type:
Write-up: Patient expressed fear of needles before injection. After injection, suffered syncopal episode, taken to hospital Emergency Room for evaluation. Discharged shortly after.

VAERS ID: 957834 (history)		**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-11
Age:	48.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pfizer 1st dose 12/21/20 Lot #EH9899 NDC#59267-1000-1
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient experienced difficulty swallowing 45 minutes following 1st dose (12/21/20 Pfizer Lot#EH9899 NDC#59267-1000-1). No treatment needed, resolved on its own. Patient would like to receive 2nd dose despite prior reaction. Physician on -site providing oversight of 2nd dose administration and post administration observations.

VAERS ID: 958458 (history)		**Vaccinated:**	2021-01-19
Form:	Version 2.0	**Onset:**	2021-01-19
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Unevaluable event

SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoxetine Zyrtec
Current Illness: None
Preexisting Conditions: Obesity
Allergies: Nkda
Diagnostic Lab Data:
CDC Split Type:
Write-up: Moderna Covid-19 Vaccination EAU

VAERS ID:	958596 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-15
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain in extremity, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: on the night of 1/5/2021, headache and right arm pain. starting in the pm on 1/16/21 vomiting started and lasted through Tuesday 1/19/21. As of today lasting symptom is fatigue.

VAERS ID:	958631 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-15
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain in extremity, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: the night of the vaccine, headache and arm pain started. On Saturday 1/16/21 vomited started and lasted until Tuesday 1/19/21. Continues to feel fatigue today on 1/20/21.

VAERS ID:	958700 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-18
Age:	78.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1283 / 2	RA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Body temperature increased, Dyspnoea, Fatigue, Tremor, Vomiting projectile
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: APAP 1000mg po tid Atorvastatin 40mg po every eve Clopidogrel 75mg po qd Daily vit + iron - 1 po qd Folic acid 1mg po qd Gabapentin 300mg po bid Nifedipine ER 30mg po q12hrs Protonix 40mg po qam Senna-s - 1 po qd Venlafaxine ER 75mg po qd V
Current Illness: none
Preexisting Conditions: stroke depression hypertension pain
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: On 1/18/21, received the vaccine at 1007. At 1035 while working with PT, he became very fatigued and short of breath. Pulse ox was 96%. At 1105, he began shaking uncontrollably and projectile vomiting. BP 100/62, P-100, temp 96.0. 1230: temp 99.0 and still shaking. 1315: temp 100.1, shaking less. 1500: temp 102.0 no other symptoms. 1600: Temp 101.3 no other symptoms. 2000: Temp 99.3 no other symptoms. Temp continued to normalize through the night. Doing well and back to baseline on 1/19/21.

VAERS ID:	959017 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-15
Age:	41.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest X-ray abnormal, Chest pain, Immune thrombocytopenia, Immunoglobulin therapy, Platelet count decreased, Pulmonary hilar enlargement, Purpura, Rash
SMQs:, Anaphylactic reaction (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: melatonin 3mg daily, magnesium 500mg daily, gabapentin 300mg BID
Current Illness: none known.
Preexisting Conditions: lower extremity neuropathy
Allergies: meperidine = hives/dyspnea
Diagnostic Lab Data: Upon arrival to ED on 1/15 patient had CXR and blood work ordered. CXR showed hilar prominence and thickening paratracheal strip - recommended to get chest CT. Labwork revealed extremely low level of platelets, 11,000. Discussed with hematology who concurred it was probably ITP. Advised to admit patient, start prednisone 1 mg/kg/day and IVIG 1 g/kg/day x 2 days. On 1/16 platelets increased to 42,000 and on 1/17 they were 104,000. Patient responded well to treatment and was discharged on 1/17. At discharge plan for a slow taper of prednisosone over 4-6 weeks, weekly CBC''s and PCP prophylaxis with Bactrim. She was advised to f/u with PCP in 1 week and should consider getting lung lesion biopsy when platelet count allows.
CDC Split Type:
Write-up: Patient got her 2nd dose of Pfizer covid vaccine on 1/8. On 1/11 she had intermittent chest pain that lasted a few days and started to notice small purpura rash on left breast. She didn''t think much of it but noticed the same type of rash on her pant line and then right thigh. On 1/15 she called Occupational Health who advised her to go straight to the ED.

VAERS ID: 959207 (history)		**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	32.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test normal, Lymphadenopathy, Ultrasound scan abnormal
SMQs:, Malignancy related therapeutic and diagnostic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Ultrasound 1/18/21 (3 abnormal lymph nodes) Bloodwork 1/19/21 (normal)
CDC Split Type:
Write-up: Received the vaccine on 1/6/21. 1/12/21 discovered painful and very swollen supraclavicular lymph node. Ultrasound discovered 3 abnormal lymph nodes however bloodwork came back normal per my PCP. Radiologist recommended biopsy of largest lymph node, PCP declined to do so.

VAERS ID: 959441 (history)		**Vaccinated:**	2021-01-20
Form:	Version 2.0	**Onset:**	2021-01-20
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	E4283 / 1	LA / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Chills, Dizziness, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: dizziness, nausea, chills, head ache

VAERS ID:	960599 (history)	**Vaccinated:**	2020-12-01
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	55.0	**Days after vaccination:**	35
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site erythema, Injection site urticaria, Pruritus, Pyrexia, Skin lesion, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Synthroid 100 mcg
Current Illness:
Preexisting Conditions: Lyme disease
Allergies: Bactri m
Diagnostic Lab Data:
CDC Split Type:
Write-up: On day 3 post vaccine severe headache fatigue fever 101 throat tightening and red raised lesion just below injection site Day 6-7 post vaccine intense pruritus throughout trunk Small itchy raised red lesions on back pruritus severe on back Hockey puck sized raised red lesion below injection site

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VAERS ID:	960760 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	38.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	- / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Injection site reaction, Rash erythematous, Rash papular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Trazadone
Current Illness: None
Preexisting Conditions: Meneires disease
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Raised red rash at injection site

VAERS ID:	961842 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	40.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-01-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Body temperature increased, Injection site erythema, Injection site pain, Pain, Pain in extremity
SMQs:, Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Asthma (diagnosed at childhood); Diabetes (diagnosed in her twenties); Overweight
Preexisting Conditions: Medical History/Concurrent Conditions: Cellulitis (about 7 or 8 years, due to the nurse not using aseptic technique but not due to a vaccine); COVID-19 (off quarantine as of 28Dec2020, going back to work on 31Dec2020); Quarantine
Allergies:
Diagnostic Lab Data: Test Date: 20210111; Test Name: temperature; Result Unstructured Data: Test Result:99.8; Test Date: 20210112; Test Name: temperature; Result Unstructured Data: Test Result:101.8; Comments: after taking antipyretics 6 hours before; Test Date: 20210112; Test Name: temperature; Result Unstructured Data: Test Result:101; Comments: Her temperature now is 101; Test Date: 20201218; Test Name: COVID; Result Unstructured Data: Test Result:diagnosed with covid
CDC Split Type: USPFIZER INC2021030718
Write-up: temperature elevated (99.8, 101.8, 101); at the injection site (upper left deltoid) she was experiencing very small redness and a sharp shooting pain; at the injection site (upper left deltoid) she was experiencing very small redness and a sharp shooting pain; She is very achy; shooting pain all the way down from her left upper deltoid to her middle and ring finger on left hand; This is a spontaneous report from a contactable nurse (patient). This 40-year-old female patient received the first single dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot EJ1686) intramuscular, in left deltoid, on 11Jan2021 at 10 AM, COVID-19 immunization. Prior vaccinations (within 4 weeks) or on the same day: none. Medical history included ongoing asthma diagnosed at childhood, ongoing diabetes diagnosed in her twenties, she was overweight, about 7 or 8 years ago she ended up having cellulitis due to the nurse not using aseptic technique but not due to a vaccine, she was diagnosed with COVID on 18Dec2020 (she was off quarantine as of 28Dec2020, going back to work on 31Dec2020). When she was diagnosed with COVID, it caused an asthma exacerbation and she needed a 5-day oral burst of 40 mg prednisone. Concomitant medications were none. On 11Jan2021 the patient experienced temperature elevated, at the

injection site (upper left deltoid) she was experiencing very small redness and a sharp shooting pain and she was very achy. Her temperature started last night (11Jan2021), temperature was 99.8. She tried to hydrate. She also had a temperature at 6 AM on 12Jan2021 morning. On 12Jan2021 she had temperature of 101.8 and this was after taking antipyretics 6 hours before. Then, on 12Jan2021, her temperature was 101. She was on the phone with her primary care provider and she was told to take more antipyretics. She just took more antipyretics. She stated it felt almost like they hit a nerve when administering the vaccine since she was experiencing shooting pain all the way down from her left upper deltoid to her middle and ring finger on left hand. She believed, based on anatomy, that there were nerves going right there. She knew she was overweight but her upper arms were not that bad. She tried to take a shower to cool herself down. She received the vaccine through pharmacy since she was working at a long term care facility around COVID. Pharmacist came to the long term care facility where she works to administer the vaccine. The events did not require ER visit. Relevant tests: none. Fever outcome was unknown. The other events had not yet resolved. Sharp shooting pain came and went. The reporter considered all the events serious as medically significant and related to BNT162B2 vaccine.; Sender''s Comments: A possible contributory effect of suspect BNT162B2 on reported events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID:	962475 (history)	**Vaccinated:**	2021-01-20
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	27.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 2	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Axillary pain, Fatigue, Headache, Muscle spasms, Neck pain, Pain, Pain in extremity
SMQs:, Dystonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Allegra Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sore arm, left axilla pain, body aches, leg cramps, headache, fatigue, neck pain. Started 12 hours after vaccine

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VAERS ID:	964536 (history)	**Vaccinated:**	2021-01-14
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	70.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: rash along arm from injection site from Pneumococcal 23 Valent Polysaccharide vaccine
Other Medications: Candasartin, Rosuvastatin, AReds, Calcium, magnesium, K2-D3, D3, peri-colace, Miralax, Melatonin, Low dose Aspirin
Current Illness: B12 deficiency shot 3 days prior to Covid vaccine but in opposite arm.
Preexisting Conditions: NF2 (Neurofibromostosis Type 2, Osteoporosis, arthritis, B12 deficiency (receive by weekly B12 shots) , acid reflux
Allergies: Advair, Alendronate, Atorvastatin, Butalbital, Coedine, Flucticasone, Fluticasone Propion Salmetrol, Gluten, Hydrochlorothiazide, Ibardronate Sodium, Mirtazapine, Pneumococcal 23 Valent Polysaccharide Vaccine
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Moderna Covid-19 Vaccine 7 days after(Jan 21) receiving 1st vaccine injection (Jan 14) I developed a line of red itchy bumps from the injection site. Went from injection point downward and then curved around it in a letter "C" shaped line.

VAERS ID:	964557 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	49.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Hyperhidrosis, Injection site pain
SMQs:, Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: arm pain at site of injection
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: nonw
CDC Split Type:
Write-up: I started to get the chills around dinner time, then when I went to bed, I experienced severe chills, perfuse sweating, bad headache and intense arm pain at the site of the injection. The symptoms lasted all night and were improved in the morning but not fully resolved.

VAERS ID:	965036 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-18
Age:	62.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Erythema, Headache, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin B12, vitamin E, zyrtec for allergies
Current Illness: none
Preexisting Conditions: allergies, arthritis
Allergies: I am allergic to sulfa drugs and have seasonal allergies as well as allergies to feathers, dust, dust mights and cats. I am sensitive to strong smells and have been diagnosed with allergy induced asthma.
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I have had a headache daily since getting the shot and I have a large red mark that is a little warm to the touch around the shot area.

VAERS ID:	965079 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	64.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dry eye, Facial paresis, Headache, Injection site pain, Ocular discomfort
SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Corneal disorders (broad), Conjunctival disorders (narrow), Lacrimal disorders (narrow), Dehydration (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Meloxicam 15mg ESOMEPRAZOLE 120mg Metoprolol succ ER 100mg Vitamin C with rose hips 1000mg Omega 3-6-9 (2) Vitamin B-12 1000mcg D3 25mcgs Ropinrole hcl 1.0mg Tramadol hcl 100mg Famotidine 20mg
Current Illness: UTI

Preexisting Conditions: Hypertension Osteoporosis Sleep apnea Gastric reflux Gastritis
Allergies: Tr iclor, Lipitor, all statins Latex, adhesives, some cleaning product ingredient
Diagnostic Lab Data: None, I did not seek treatment
CDC Split Type:
Write-up: Day of shot mild discomfort at injection site, mild headache over right eye. On 3rd day noted sudden right eye discomfort (like something was in it) eye unusually dry Over next 24 hours both eyes affected , very dry I then noted slight difficulty with blowing and sucking which continues to present. These were subtle symptoms, no facial droop noted I tried to report it via the V- Safe site but it wasn''t included in any of the symptoms listed so the app did not accept

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VAERS ID:	965106 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	EK9231 / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Arthralgia, Back pain, Chills, Decreased appetite, Disturbance in attention, Eye pain, Facial pain, Fatigue, Feeling of body temperature change, Headache, Injection site pain, Injection site swelling, Insomnia, Lymphadenopathy, Myalgia, Nausea, Ocular hyperaemia, Pallor, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Estradiol vaginal cream
Current Illness: None
Preexisting Conditions: Hx Kidney stones
Allergies: Bactrim, Benzoine, Phenergan
Diagnostic Lab Data: TBD - Medical appt scheduled for Mon Jan 25th, 2021.
CDC Split Type:
Write-up: 1/6 Fatigue, diffuse slight buzzing skin arms, legs torso with mild nausea /anorexia,

frontal headache 1/7 Severe fatigue but Insomnia. Difficulty concentrating. Diffuse myalgias/arthralgias in every muscle and joint, large & small, even fingers & toes. Nausea, anorexia, vomiting. Hot and cold chills, temp 96.7 pilo-erection. Severe mid-line low back pain L1-L2. Severe headache across low-forehead (just above eyebrows) to bilat temples to bilat cheek bones to maxillary incisors and canine teeth. Severe bilat eye pain (hurt to move or to touch eyes, but no photophobia or visual changes). Red-rimmed eyes. Facial pallor. Tender swollen left deltoid (left arm circumf 1" $g Rt arm). Tender Left Axillary adenopathy. 1/8/2021 - 1/10/2021 Sx remained severe 1/9/2021 - 1/17/2021 Gradual improvement in Sx w/decreased but persistent muscle/joint pain, mid-line low back pain, severe fatigue, anorexia, difficulty concentrating, anoexia and occasional vomiting. 1/18 - 1/22 Recurrent nausea w/ inc vomiting, increasing fatigue, increasing myalgias/arthragias, recurrent frontal/facial pain and eye pain, marked increase in mid-line low back pain, recurrent facial pallor and re-rimmed eyes.

VAERS ID:	965254 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 1	RA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Throat irritation
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: pt reported having a scratchy throat similar to what they feel like after having nuts. pt came to tell us at 10:50Am. Pt was given #2 Benadryl and reported feeling better at 11:46Am. Pt went back to work and was feeling well.
Current Illness: none
Preexisting Conditions: none
Allergies: Nuts
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt reported scratchy throat starting at 10:40. pt reported to us at 10:50. Pt was given #2 Benadryl and reported feeling better at 11:46. pt returned to work at that point.

VAERS ID:	966423 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-20
Age:	33.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Full blood count, Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mirena (52 MG), Triamcinolone Acetonide
Current Illness: none
Preexisting Conditions: Long-term current use of hormonal contraceptive, Cataract, Retinal tear - RT EYE 5/''16, Retinopathy of prematurity stage 1 - demarcation line - YRLY EYE EXAM, Retinal detachment - 3/''20 left eye, see consult doctor follows Q 3 months
Allergies: NKDA-
Diagnostic Lab Data: CBC
CDC Split Type:
Write-up: enlarged lymphnode on left armpit 2 cm in size, tender to the touch

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VAERS ID:	967154 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dysgeusia, Oral discomfort, Paraesthesia oral, Pharyngeal swelling, Pruritus
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline,loratidine,famotidine, baclofen, clonazepam. OTC benadryl.
Current Illness:
Preexisting Conditions: Hypersomnia Anxiety / Depression Dysautonomia Chronic Migraine
Allergies: Dairy and all dairy derivatives, multiple sensitivities to multiple medications due to Mast Cell Activation Syndrome.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mouth tingling and burning, throat feels a little swollen, mouth tastes like metal, itchy hands and head, loss of clear verbal articulation

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VAERS ID:	967397 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	60.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Feeling hot, Peripheral swelling, Pruritus, Tenderness, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies: No
Diagnostic Lab Data:

CDC Split Type:
Write-up: I received the vaccine on 1/13/21. On 1/21/21 I felt itchy on my right arm. When I looked it had hives, very red & itchy, swollen and hot. On 1/22/21 I went to a walk in clinic and was told to take Benadryl. Currently it is still swollen, not so red with slight tenderness.

VAERS ID:	967576 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Lymphadenopathy, Swelling, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Allegra
Current Illness: None reported
Preexisting Conditions: Seasonal allergies
Allergies: None reported
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: Had swelling and lymph nodes in my neck, had face and neck swelling.

VAERS ID:	967899 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-23

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Discomfort, Gait disturbance, Pain, Pyrexia, SARS-CoV-2 test positive
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Thyroid support
Current Illness: I had tested positive for COVID-19 on December 28th 2020.
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data: I called my doctor for advice on who to call or if I should go to the ER. She suggested the ER but I took DayQuil and passed out right after our phone call. I am still experiencing shaking, not as bad after the meds, but it?s there. The the level of discomfort is unbearable. If the second shot is said to be worse than the first, and it is true, I would be hospitalized no doubt.
CDC Split Type:
Write-up: My fever was through the roof. My body ached so bad I couldn?t walk. I was on fire all over. Then came the adverse event- uncontrollable shaking. This was not a side effect written on the moderna sheet of risks. I was shaking so bad I thought I may have a seizure. I finally settled down and fell asleep. About an hour later, I woke up shaking out of control. I was going to call 911 but my partner was able to grab some NyQuil for me and knocked me out. It was the most terrifying experience of my life and I will not be getting the second shot because of it.

VAERS ID:	968082 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-18
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Muscle spasms, Muscle tightness, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Dystonia (broad), Eosinophilic pneumonia (broad),

Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paxil klonopin synthroid metoprolol vit d multivitamin
Current Illness: just a migraine, which is rare for me
Preexisting Conditions: anxiety, depression, chronic fatigue, mild hypertension and palpitations
Allergies: slight latex recent slight allergic reaction to something unknown (hives, mild lip swelling, pain, and redness, all on outer lips only)
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: A few hours after the infection, I started having small muscle spasms all over, like little pulsations throughout my whole body, especially in legs and arms. They weren''t intense or painful, but still unsettling. It''s been happening daily, and has subsided a little but it''s still happening 5 days later. Also have very sore and tight leg muscles. I don''t know if this is considered "adverse enough", but it''s still concerning, as muscle spasms are not mentioned in the common side effects, and because it has not stopped completely.

VAERS ID:	968601 (history)	**Vaccinated:**	2021-01-01
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	67.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / UNK	RA / SYR

Administered by: Senior Living **Purchased by:** ?
Symptoms: Flushing
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lipitor Advil Levothyroxine
Current Illness: None

Preexisting Conditions: Hyperlipidemia Hypothroidism Anxiety
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: After approximately 20 minutes of having the vaccine I experienced bright red facial flushing . It diminished slowly over the next 24 hours .

VAERS ID:	969127 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort, Pain in extremity, Tachycardia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Tendinopathies and ligament disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After receiving 2nd dose of Pfizer vaccine, within 5 minutes, c/o chest pressure, tachycardia (P=105) and left arm pain. team was called and was taken to the ER.

VAERS ID:	969134 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	46.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort
SMQs:, Anaphylactic reaction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Complained of chest pressure within 5 minutes of receiving vaccine. Pulse=90. Team was called and taken to ER.

VAERS ID:	969141 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Wheezing
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received vaccine at 1pm, was observed for 15 minutes and returned to work. 345pm wheezing while working, took Albuterol, 2puffs, prior to returned to Clinic. 1610 arrived at Clinic with audible wheezing. Team was called and was taken to the ER.

VAERS ID:	969290 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: N/a
CDC Split Type:
Write-up: When getting the injection, at the end of it, when the provider pulled out the needle, some of the vacine came out as well and dripped/ ran down my arm to my elbow. I remarked on it, as did she. She saw it happen and was aware of it, it was clearly a surprise to her. When the

vacine drops ran down my arm to my elbow, administer expressed dismay, and took her fingers and ran them over the drips, back up my arm to the injection site, and patted it , saying something like that should have gone in there. And then expressed, some kind of exclamation of surprise. Of the - oh my -, or -whoopise- variety. All of which made me think it was unusual and not right. Then she said nothing. Patted it up with a tissue. I asked, about what had happened, and she said something to the effect that she thought I had gotten enough, and was covered. If I had had more presence of mind at the time I should have asked to speak with a supervisor. Since the dose is small, I don?t know how many drops can spill and someone is still covered ? and what follow up protocol is for my situation, if there is any ?

VAERS ID:	969661 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature increased, Chills, Dizziness, Fatigue, Feeling cold, Feeling hot, Headache, Nausea, Neck pain, Pain, Pain in extremity, Retching, Skin sensitisation, Sleep disorder, Somnolence
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advil 600mg 1 hour prior to vaccination
Current Illness: None Had 1st Colonoscopy on 01/14/2021
Preexisting Conditions: None
Allergies: NA
Diagnostic Lab Data: None thus far.
CDC Split Type:
Write-up: No temperature prior to Vaccine. Track daily - run 97.4-97.7F normally Friday

1/22/2021: 1930 started feeling very tired 2030-2230: started to feel cold, skin sensitivity, developed into shaking chills, entire body shaking. Headache. Temperature rising 99F -- 100.4F -- - 101.5F about every 1/2hr or so. 2100 Took Advil 600mg Midnight: Chills, HOT, Temp 102.4F. Dozing off and on through the night. Shaking and Hot. Headache. Feeling Nausea 0400: Temp 101.6F, tried to take Ibuprofen but dry heaved them back up. Sips of water. Took warm shower. 0500: back to bed, slept 1 hour 0600: saltines, gingerale - took Advil 600mg - laid back down. Head throbbing. Less Nausea. 0830: woke: Temp 100.4F Headache and hot, feel achy all over never leaves, feel woozy. Spent most of Saturday 1/23/2021 (My 54 Birthday) Laying and sleeping. Started taking Tylenol 1000mg (1/23 at 6pm) alternating with Ibuprofen 600mg every 6 hours exactly. Woke Sunday Morning - feeling less achy, but still with Temp 100.4-99.6F -- As Sunday went on - by afternoon/evening achy, skin sensitive, and Temp 100.4F, HEADACHING! Neck aching. Took Ibuprofen 600mg. Drinking gingerale and water through the day. Toast. Now almost Midnight 1/24/2021 Headache and feeling achy. (Right ARM only slight hurt this time. 1st Pfizer - hurt 8/10 day 2 &3)

VAERS ID:	970275 (history)	**Vaccinated:**	2020-12-26
Form:	Version 2.0	**Onset:**	2020-12-26
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Injection site pain, Injection site swelling, Injection site warmth, Myalgia, Nausea, Pain, Pain in extremity, Pain of skin, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: Fire ant and wasp allergy/anaphylaxis
Diagnostic Lab Data:
CDC Split Type:

Write-up: Systemic Grade 3 reactions of injection site pain-heat-swelling, systemic body pain (skin, muscle, joint), fever for 36 hours 100.6, chills, fatigue, nausea, lasting for 3 days overall. Unable to function or work. My reactions were more severe in comparison to 10 colleagues vaccinated at the same time. Resolved by day 4, except left arm pain, which lasted 4 weeks.

VAERS ID:	970289 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	84.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 1	RA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Injection site cyst, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 4 hours as needed for Fever or Mild to Moderate Pain Not to exceed 3000 mg in 24 hrs of acetaminophen from any combined medications Pharmacy Active 8/18/2020 10:16 8/18/2020 There i
Current Illness: none
Preexisting Conditions: ENDOTHELIAL CORNEAL DYSTROPHY 8/17/2020 8/17/2020 I10 ESSENTIAL (PRIMARY) HYPERTENSION 8/17/2020 8/17/2020 M10.9 GOUT, UNSPECIFIED 8/17/2020 8/17/2020 K21.9 GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS 8/17/2020 8/17/2020 E78.00 PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED 8/17/2020 8/17/2020 M71.9 BURSOPATHY, UNSPECIFIED 8/17/2020 8/17/2020 M81.0 AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE 8/17/2020 C44.319 BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE 8/17/2020 8/17/2020 I48.91 UNSPECIFIED ATRIAL FIBRILLATION 8/17/2020 8/17/2020 I35.0 NONRHEUMATIC AORTIC (VALVE) STENOSIS 8/17/2020 C44.311 BASAL CELL CARCINOMA OF SKIN OF NOSE
Allergies: KNDA
Diagnostic Lab Data: MD telehealth appointment. Site has improved. Follow up planned with MD on 01/29/21
CDC Split Type:
Write-up: Right deltoid has cyst like area at injection site. It is raised, fluid filled, warm to the

touch, and about 2.5inch in diameter. No pain.

VAERS ID:	970304 (history)	**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal distension, Arthralgia, Asthenia, Diarrhoea, Dizziness, Fatigue, Flatulence, Impaired work ability, Injection site pain, Injection site swelling, Myalgia, Nausea, Pain, Pain of skin, Pyrexia, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Moderna Covid on 12/26/20, VAERS report filed
Other Medications: none
Current Illness: reactions to dose 1 of Moderna Covid Vaccine on 12/26/2020
Preexisting Conditions: none
Allergies: anaphylaxis to fire ants/wasps
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Grade 3 systemic reactions, much worse than the first time. Injection site (right arm) pain, swelling. Overall body pain, skin, muscle joint, Fever up to 101.6 for 36 hours, now running 99.5 on day 2 post injection, nausea, diarrhea, gas, bloating, dizziness, weakness, fainting, fatigue. Unable to function or to work. Symptoms are again substantially worse than 10 other individuals vaccinated at the same time for dose 2. I suspect my reactions may be dose to weight dependent. I am a very small adult, 4''9", 123 pounds. There may be cause to consider smaller doses for smaller people. That would also allow more doses to be available for the population. I am a healthcare professional. Many lay people would probably not have been willing to take a

second dose at this level of reaction.

VAERS ID:	970548 (history)	**Vaccinated:**	2021-01-14
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature increased, Fatigue, Injection site pain, Nausea, Pain, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D supplement
Current Illness: none
Preexisting Conditions: Raynauds.
Allergies: allergy to wasps/bees
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 12/23/20 1st dose: very sore arm at injection site 1/14/21 2nd dose (lot: EJ1686): sore arm at injection site, extreme fatigue, high fever (103), shaking, muscle/body aches, nausea

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VAERS ID:	971712 (history)	**Vaccinated:**	2020-12-29
Form:	Version 2.0	**Onset:**	2020-12-29
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Discussing options with PCP
CDC Split Type:
Write-up: Patient reports pain that developed later in the day after vaccination. Pain is same arm as injection occurred, but the injection itself was painless. She notes pain when lifting the arm, stretching, lifting and extending. Unknown treatment. Planning on following up with pcp.

VAERS ID:	972796 (history)	**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: non e

Preexisting Conditions: unknown
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: fever,chills, body aches

VAERS ID:	972847 (history)	**Vaccinated:**	2021-01-24
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	36.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Failure to thrive, Headache, Injection site pain, Myalgia, Nausea, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Neonatal disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi-Vitamins
Current Illness: None
Preexisting Conditions: No chronic/long-standing health conditions
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, muscle aches, fever of 100F, pain in injection site, nausea, fatigue

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VAERS ID: 972904 (history)		**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-01-24
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Feeling abnormal
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Dizzy and felt "weird, resolved within 20 hrs

VAERS ID: 972921 (history)		**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	19.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Dizziness, Fatigue, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: fever,chills,nausea,fatigue,body aches, and dizziness

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VAERS ID:	972939 (history)	**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknowm
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: fever,chills,fatigue,body aches,nausea, and headache, lingering for 2 days

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VAERS ID:	972949 (history)	**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: fever,chills,nausea,body aches,head ache, and fatigue

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VAERS ID:	972963 (history)	**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Hyperhidrosis, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Arthritis (broad),

Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: severe joint pain 1 hour after injection,fever,chills, muscle pain, and sweats

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VAERS ID:	973105 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Cyanosis, Dyspnoea, Pulmonary embolism
SMQs:, Anaphylactic reaction (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Pulmonary embolism (19 years back)
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Pulmonary embolism; Blue lips; Immediately after getting shot she couldn''t breath; A spontaneous report was received from a nurse who was also a female patient who received Moderna''s COVID-19 Vaccine (mRNA-1273) and experienced difficulty breathing, blue lips, shortness of breath, and pulmonary embolism. The patient''s medical history included pulmonary embolism. No relevant concomitant medications were reported. On 30 Dec 2020, moments prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (lot number 026L20A) intramuscularly for prophylaxis of COVID-19 infection. The patient began to feel like she couldn''t breathe, and her lips were blue immediately after receiving the vaccine on 30 Dec 2020. The symptoms resolved within an hour. On 05 Jan 2021, she developed shortness of breath and experienced pulmonary embolism. Treatment included apixaban. Action taken with mRNA-1273 in response to the events was not reported. The outcome of the events, difficulty breathing, blue lips, shortness of breath, and pulmonary embolism, were not reported.; Reporter''s Comments: This case concerns a female patient, nurse, of unknown age with medical history of Pulmonary embolism, who experienced a serious, unexpected event of difficulty breathing, cyanosis and pulmonary embolism. The event of difficulty breathing and cyanosis occurred immediately and pulmonary embolism occurred after 7 days after first dose of mRNA-1273 (lot number 026L20A). Based on the current available information and temporal association between the use of mRNA-1273 and the start of the event, a causal relationship cannot be excluded.

VAERS ID:	973386 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	53.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / OT

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Decreased appetite, Headache, Pain, Pyrexia, Vaccination site pain
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Diabetic (other medical history: diabetic/heart disease); Heart disorder.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021025361
Write-up: Body aches; Chills; Headache; Pain at injection site; poor appetite; fever; This is a spontaneous report from a non-contactable other healthcare professional (patient). A 53-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL3249), intramuscular (left arm) on 11Jan2021 (16:45) at single dose for Covid-19 immunization. The patient received the first dose of COVID 19 vaccine (BNT162B2, lot number: EL1284) on 21Dec2020 (05:00 PM) intramuscular (left arm) for Covid-19 immunization. The patient''s medical history included diabetic and heart disease; no known allergies. The patient''s concomitant medications were not reported. The patient was not diagnosed with COVID-19 prior to vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced body aches, chills, headache, pain at injection site, poor appetite, and fever on 12Jan2021. There was no treatment received for the adverse events. The outcome of events was recovering. The patient has not been tested for COVID-19 since the vaccination. No follow-up attempts are possible. No further information is expected.

VAERS ID:	974230 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	92.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 1	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Cognitive disorder, Computerised tomogram head abnormal, Fall, Subdural haematoma
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: ASpirin 81mg, Symbicort, vitamin C, finasteride, synthroid, losartan, fish oil, multivitamin, tamsulosin, Spiriva, trazodone

Current Illness:
Preexisting Conditions:
Allergies: Brimonidine, Prednisone
Diagnostic Lab Data: CT Head/Brain
CDC Split Type:
Write-up: Patient had a fall at extended care facility, patient had worsening cognitive function. CT reveals subdural hematoma

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VAERS ID:	974557 (history)	**Vaccinated:**	2021-01-20
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	41.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthma, Condition aggravated
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: asthma
Allergies:
Diagnostic Lab Data: none, clinical exam
CDC Split Type:
Write-up: ?Moderna COVID-19 Vaccine EUA. Mild-moderate exacerbation of asthma

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VAERS ID:	974911 (history)	**Vaccinated:**	2021-01-24
Form:	Version 2.0	**Onset:**	2021-01-24
Age:	39.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Abdominal pain upper, Fatigue, Headache, Myalgia, Nausea, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body ache (muscle, headache, stomachache), fatigue, tiredness, nausea

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VAERS ID:	975149 (history)	**Vaccinated:**	2020-12-22
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	39.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Lymphadenopathy, Pain in extremity, Tenderness
SMQs:, Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lymph node enlargement and tenderness on opposite arm, near elbow (epitrochlear)

VAERS ID:	975361 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Ageusia, Arthralgia, Cough, Headache, Myalgia, Nasal congestion, Oropharyngeal pain
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: denies
Preexisting Conditions:
Allergies: none
Diagnostic Lab Data: covid test positive on 1/19/21 after prolonged s/s
CDC Split Type:
Write-up: that evening HA, myalgia, arthralgia, cough, stuffiness, sore throat, loss of taste on sun

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VAERS ID: 975596 (history)		**Vaccinated:**	2021-01-05
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1/5/21, symptoms lasted 48 hours and then resolved. Body aches, fever, tired, HA

VAERS ID: 975653 (history)		**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Injection site swelling, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, chills, fever, body aches, swelling at injection site. Symptoms resolved after 48 hrs

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VAERS ID:	975675 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Fatigue, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Fever, body aches, HA, fatigue, dizzy, weak, symptoms resolved by 1/10.

VAERS ID:	975691 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-11
Age:	31.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K204 / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site induration, Injection site mass
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hard lump under skin noted at injection site. No pain

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VAERS ID:	975732 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	22.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9281 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Impaired work ability
SMQs:

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Called out of work over weekend

VAERS ID:	975763 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9281 / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Impaired work ability
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Called out of work over weekend

VAERS ID: 975771 (history)		**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9281 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very fatigued, HA, Body aches, symptoms resolved within 48 hours

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VAERS ID: 975793 (history)		**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9281 / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain
SMQs:

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very fatigued, HA, Body aches, symptoms resolved within 48 hours

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VAERS ID:	975818 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9281 / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very fatigued, HA, Body aches, symptoms resolved within 48 hours

VAERS ID:	975828 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	57.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red, bumpy at injection site, symptoms developed 7-10 days later, worsening redness and warmth at site. Consulted PCP On 1/22/21

VAERS ID:	975836 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	23.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	01JL20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site induration, Injection site mass, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Admin site reaction, hard swollen lump developed 7 days later

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VAERS ID:	975841 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, chills, body aches

VAERS ID:	975844 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-17
Age:	92.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Visual impairment
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fish Oil, Melatonin, Ocuvite, Tylenol, turmeric
Current Illness: None
Preexisting Conditions: Hx of breast and ovarian cancer, Hx of tia, diverticulitis in early december 2020, arthritis of knees
Allergies: None
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 2 days after receiving the vaccine started having a headache and odd visual changes - lights in sparkly patterns, seeing something move in periphery of vision that wasn''t there. No fever, no aches, arm didn''t hurt, no nausea, was able to continue working so no change in mental status. Lasted until 1/23/2021 and stopped completely. Is asymptomatic now.

VAERS ID:	975853 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	26.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Pain
SMQs:
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills and body aches

VAERS ID:	975862 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hyperhidrosis, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sweats, body aches

VAERS ID: 975875 (history)		**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hyperhidrosis, Malaise, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, sweats, feels unwell

VAERS ID: 976551 (history)		**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-04
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Limb discomfort, Product administration error, Pruritus, Vaccination site cellulitis
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No reported medical history.)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Looked like cellulitis; Redness had spread; Painful; Itchy; Arm became really hard and swollen; Dose above deltoid; A spontaneous report was received from a consumer concerning a 25-years-old female patient who received Moderna''s COVID-19 Vaccine (mRNA-1273) and developed hard and swelling, itchiness, redness and pain at the injection site which resembled cellulitis, and she received the vaccine in the wrong anatomical location. The patient''s medical history and relevant concomitant medications were not reported. On 04 Jan 2021, the same day as the onset of the events, the patient received their first of two planned doses of mRNA-1273 intramuscularly in the upper shoulder joint for prophylaxis of COVID-19 infection. On 11 Jan 2021 the patient''s arm became hard, swollen, itchy, and painful. On 12 Jan 2021 the patient''s arm was red and resembled cellulitis. No treatment information was provided. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the event, she received the vaccine in the wrong anatomical location, was resolved on 04 Jan 2021. The outcome of the event itchiness resolved on 12 Jan 2021. The outcome of the events swelling and pain at the injection site which resembled cellulitis were not reported..; Reporter''s Comments: This case concerns a 25 years old female patient, who experienced product administration error, and a non-serious unexpected event of limb discomfort, vaccination site cellulitis, and non-serious expected event of pruritus, pain and redness. There were no reported AEs associated with this case of product administration error. The events of limb discomfort, pruritus, and pain occurred 8 days after first dose of mRNA-1273, lot # unknown. The event of erythema, and vaccination site cellulitis occurred 9 days after first dose of mRNA-1273, lot # unknown. Treatment details was not provided. Based on the current available information and temporal association between the use of the product and onset of the events (vaccination site cellulitis, pruritus, limb discomfort, pain and redness) a causal relationship cannot be excluded.

VAERS ID:	977218 (history)	**Vaccinated:**	2021-01-19
Form:	Version 2.0	**Onset:**	2021-01-20
Age:	36.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	E23249 / UNK	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Erythema, Induration, Skin warm
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None, Occasional IB profen
Current Illness: none
Preexisting Conditions: none
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red hot half dollar size painful lump, went away came back as red itch half dollar size lump.

VAERS ID:	977291 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Headache, Injection site swelling, Neck pain, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillin Tegaderm mesh Gentamicin
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Left arm pain and swelling at injection site beginning 3 hours after injection, lasting 2.5 days and relieved with analgesics. Headache and neck pain beginning the same day as injection, lasting 3 days and partially relieved with analgesics.

VAERS ID:	977303 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Injection site pain, Myalgia, Pain, Pyrexia, Sleep disorder
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Similar side effects although not as severe with first Moderna vaccination
Other Medications: Acyclovir 200 mg daily, multivitamin, N-Acetyl Choline, rhodiola
Current Illness:
Preexisting Conditions: HSV2, osteoarthritis, tinnitus
Allergies: Penicillin, sucralose (Splenda)
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Injection site pain and tenderness within an hour of injection. Headache, chills, body aches, muscle pain, joint pain, fatigue within 7 hours. Difficulty sleeping, fever of 100 degrees upon awakening with continuation of above side effects. Used Tylenol, drinking fluids.

VAERS ID: 977342 (history)		**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	42.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Hypersensitivity, Induration, Peripheral swelling, Pruritus, Skin warm
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: 1/26/20 went to doctors to get it looked at. It was determined that it was an allergic reaction and was prescribed antihistamines to take for 3 days.
CDC Split Type:
Write-up: one week after vaccine left arm swelled, became extremely hard, hot and itchy. I also had swollen glands.

VAERS ID: 977373 (history)		**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Hyperhidrosis, Loss of personal independence in daily activities, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad),

Anticholinergic syndrome (broad), Dementia (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: nuvaring
Current Illness: no
Preexisting Conditions: no
Allergies: Duck eggs, Penicillin, Sulfa drugs
Diagnostic Lab Data: Home care
CDC Split Type:
Write-up: Significant fevers to 102.3 myalgias, arthralgias, chills, sweats, could not perform. Could no perform tasks of daily living. This has gone one for more than 36 hours.

VAERS ID:	977491 (history)	**Vaccinated:**	2021-01-16
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	73.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin C, D and calcium
Current Illness: none
Preexisting Conditions: none
Allergies: none

Diagnostic Lab Data: none
CDC Split Type:
Write-up: pt states she woke up during the night after the vax and her armpit was sore under the left arm and noticed lymph node swollen. Pt called and made apt w/ PCP on 1/26/21. She noticed two 3x3 red spots on left arm just below the injection site on the day of her appt. Pt states today the left armpit and injection site is swollen. Her PCP told her to keep her on it and keep her next scheduled apt for FU.

VAERS ID:	978853 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	43.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Cellulitis, Headache, Injection site erythema, Injection site pain, Injection site warmth, Pain, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: IBS, TMJ
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient reports experiencing right upper arm pain for 48 hours following injection and slight headache. 8 days later she woke up with a 5 x 4 cm area of redness at site of injection, warm to touch, painful and radiating into shoulder. Seen in clinic the same day and placed on cephalexin for suspected cellulitis.

VAERS ID:	979335 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	61.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine, Niacinamide, Effexor, Vit D, B-Complex
Current Illness: None
Preexisting Conditions: Hypothyroidism Overweight (not obese)
Allergies: Sulfas Intolerance to narcotics Some adhesives/surgical glue
Diagnostic Lab Data: None as yet
CDC Split Type:
Write-up: Day of vaccine - site soreness that lasted ~2 days; no other issues, no redness, discomfort resolved Day 10 - noticed in middle of the night my left arm was sore at injection site; this morning it is bright red (~3inch diameter) and slightly warm, tender; no fever or other symptoms

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VAERS ID:	979547 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	76.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Paraesthesia oral
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol
Current Illness: none
Preexisting Conditions: Atrial Fibrillation
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient c/o tingling in mouth/tongue approximately 15 mins after receiving vaccination. No difficulty breathing/SOB/difficulty swallowing. B/P 132/70 HR 80 Resp 16 Medicated with 25mg PO Benadryl

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VAERS ID:	979627 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	61.0	**Days after vaccination:**	15
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Varicella zoster virus infection
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol, bupropion, eletriptan, lexapro, topiramate
Current Illness: None
Preexisting Conditions: Tinnitus, MDD, emphysema, GERD
Allergies: Eggs, tuna, penicillin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Suspected varicella zoster outbreak 2 weeks after vaccination - typical appearing lesions NOT appearing like ?covid arm?

VAERS ID:	979781 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	- / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthma
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 6 hours after receiving fluzone high dose vaccination had a 2 to 3 hours asthma attack. Patient recovered after the 2 to 3 hours.

VAERS ID:	979949 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	35.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site rash, Injection site swelling

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Spironolactone 100mg QD
Current Illness: No
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Itching, red rash, and slight swelling at the site of injection 9 days following the vaccine.

VAERS ID:	981198 (history)	**Vaccinated:**	2021-01-19
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	59.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0133L20A / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Injection site pruritus, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Clarinex; Singular; sertraline; Vitamin D; Vitamin B-Complex
Current Illness:
Preexisting Conditions:
Allergies: penicillin, seasonal
Diagnostic Lab Data:
CDC Split Type:

Write-up: Rash at injection site appearing 8 days later after arm hurting for 5 days; rash is now getting itchy

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VAERS ID:	981201 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Feeling hot, Hyperhidrosis, Lip swelling, Pain in extremity, Tachycardia
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 5 minutes of receiving Covid Vaccine (Pfizer), second dose..... Employee complains of difficulty breathing, warm, sweaty, left arm pain, lips swelling, tachycardia (p=140-100). Team called and sent to ER.

VAERS ID:	981214 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort, Head discomfort, Pulse abnormal, Tachycardia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 15 minutes after vaccine given, complaints of chest pressure/tightness, tachycardia - pulse=120, c/o forehead pressure. Team called, sent to ED

VAERS ID:	981312 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort, Hypoaesthesia oral, Injection site pain, Paraesthesia, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zinc Calcium Magneseum L-Arginine
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: possibly sulfa based drugs
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: immediate tingling in right arm and hand immediate arm pain at injection site pretty immediate chest tightness/pressure ebbing and flowing but always slightly present until 9pm. Very brief sensation of tongue going numb and throat constricting (10-15 seconds)

VAERS ID:	981354 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / SC

Administered by: Work **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Co-Q10, tylenol regular strength prn
Current Illness: none
Preexisting Conditions: arthritis
Allergies: sulfa
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, extreme fatigue, headache, generalized body aches despite tylenol 650 mg every 6 hours. Symptoms lasted 24 hours.

VAERS ID:	982215 (history)	**Vaccinated:**	2021-01-24
Form:	Version 2.0	**Onset:**	2021-01-24
Age:	46.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Nausea, Pruritus, Rash, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported symptoms of nausea and severe lightheadedness approximately 10 minutes after vaccine administration. Symptoms progressed and patient report feeling itchy with throat tightness. New onset of rash on bilateral forearms. He was elevated by Doctor with recommendation to be transported to the local Emergency Department. Patient refused to be transported and asked to stay on-site for continued observations. Patient''s symptoms failed to resolve after 45 minutes, rescue team was called. They presented and evaluated patient with recommendations to be transported to the local Emergency Department. Patient declined transport to the hospital. Rescue team spoke with the Emergency Department, the decision was made and the patient agreed to an additional hour of observation with the understanding if symptoms didn''t resolve they would be transported to the Emergency Department. Symptoms unchanged after 1 hour, patient made the decision to leave and follow up with their Primary Care Physician.

VAERS ID:	982413 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	30.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / IM

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole 10mg daily
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Fever- onset- 5 hours after vaccine (continued for 36 hours) Body Aches- Started 12 hours after vaccine and continued for a total of 24 hours Headache- Started 12 hours after vaccine and continued for a total of 24 hours Fatigue- started 12 hours after vaccine and continued for a total of 24 hours Nausea- Started 12 hours after vaccine and only lasted 3-4 hours

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VAERS ID:	982690 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	64.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Eye pruritus, Herpes zoster, Rash, Rash vesicular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit D
Current Illness: none
Preexisting Conditions: none
Allergies: sulfa
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Started with itchy left eye 6 days (Friday) after 2nd shot then within the next 2 days I developed a painful rash around the left eye and left forehead going up to hairline. Next day rash became blistery so I went to see my PCP and she said I have shingles, ordered Valtrex and gabapentin.

VAERS ID:	982743 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Wellbutrin, adderall, vitamin D, calcium, rhodiola, b complex, probiotic

Current Illness: None
Preexisting Conditions: Depression, anxiety, adhd, HSV1
Allergies: Bactria, amoxicillin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Body aches, chills, fatigue, headache treated with acetaminophen and ibuprofen over the course of 19 hours (so far) - acetaminophen helped somewhat, but I had to add on ibuprofen a few hours later with much more relief

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VAERS ID:	982854 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Localised oedema, Rash, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: unknown
Diagnostic Lab Data: none
CDC Split Type:
Write-up: localized edema, rash. started day after injection and localised reaction spread from shoulder to above elbow. no fever, breathing difficulty, or movement limitations....just swelling and redness

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VAERS ID:	982896 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-07
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Chills, Confusional state, Dysgeusia, Fatigue, Hypoaesthesia, Impaired work ability, Incorrect dose administered, Injection site pain, Muscular weakness, Myalgia, Paraesthesia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lansoprazole 15mg ASA 81mg Finasteride 1mg Citalopram 10mg Turmeric 100mg Vitamin D3 2000IU Echinacea oyc Zinc otc
Current Illness: None
Preexisting Conditions: None
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Too large dose injected. Bolus was 1ml. Initial metallic taste and mouth 15 min after injection. Numbness, tingling, muscular weakness in the left arm radiating to fingers along C7 dermatome. Severe fevers, chills, mental confusion, muscular weakness, exquisite tenderness at injection site, severe fatigue. Had to leave work. Slept 12 hours. Lingering muscular pain and fatigue for 48 hours following injection.

VAERS ID: 982919 (history)		**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Malaise
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red and itchy at injection site. Feels unwell

VAERS ID: 982948 (history)		**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	46.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Impaired work ability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Unable to work 1/22, fatigue, HA, Chills, Fever, symptoms resolved on day 2

VAERS ID:	982975 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Impaired work ability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Unable to work 1/22, fatigue, HA, Chills, Fever, symptoms resolved on day 2

VAERS ID:	982988 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Impaired work ability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Unable to work 1/22, fatigue, HA, Chills, Fever, symptoms resolved on day 2

VAERS ID:	983047 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-19
Age:	68.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Erythema, Pruritus, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingle, 2019, blisters at injection ditr
Other Medications: Levothyroxine, dicclofenac,preservision
Current Illness: None
Preexisting Conditions: No
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: After 8 days, intense itching and swelling, red , warm circular 3 inch diameter

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VAERS ID:	983367 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	55.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Hyperhidrosis, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, sweats, fever, fatigue. symptoms resolved on day 2

VAERS ID:	983375 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	47.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Impaired work ability
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fatigue, HA, unable to work next day, symptoms resolved on day 2

VAERS ID:	983383 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Impaired work ability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Unable to work 1/22, fatigue, HA, Chills, Fever, symptoms resolved on day 2

VAERS ID:	983400 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	38.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Impaired work ability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Unable to work 1/22, fatigue, HA, Chills, Fever, symptoms resolved on day 2

VAERS ID:	983434 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Impaired work ability, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Unable to work 1/22, fatigue, HA, Chills, Fever, symptoms resolved on day 2

VAERS ID:	983618 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, nausea, fever, chills, body aches

VAERS ID:	983631 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, nausea, fever, chills, body aches

VAERS ID: 983642 (history)		**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, nausea, fever, chills, body aches

VAERS ID: 983649 (history)		**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?

Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, nausea, fever, chills, body aches

VAERS ID:	983668 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	68.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, nausea, fever, chills, body aches

VAERS ID:	983677 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	56.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
CHOL: CHOLERA (VAXCHORA) / PAXVAX	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, nausea, fever, chills, body aches

VAERS ID:	983684 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	40.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: HA, nausea, fever, chills, body aches

VAERS ID:	984768 (history)	**Vaccinated:**	2020-12-26
Form:	Version 2.0	**Onset:**	2021-01-04
Age:	43.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Work **Purchased by:** ?
Symptoms: Erythema, Injection site rash, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Keppra, birth control, Vitamin B 12, multi vitamin.
Current Illness: none
Preexisting Conditions: epilepsy, celiac disease
Allergies: penicillin, wheat/barley/rye (celiac disease)
Diagnostic Lab Data:
CDC Split Type:
Write-up: red, itchy rash in arm that started 9 days after injection. I was prescribed antibiotics, advised to use a cortisone cream, and the rash continued to grown and spread. I was advised to take Zyrtec. Rash eventually resolved. I received 2nd vaccine (in different arm) on 1/24/2021. The rash started a few days later - it was approximately 2 inches below the injection site. I have been advised to take Zyrtec. So far, the rash is less red/has not spread as much as the first.

VAERS ID:	984890 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No reported medical history)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Dose was given to 17 years old; A spontaneous report was received from a pharmacist

concerning a 17-years-old, male patient who received Moderna"s COVID-19 Vaccine (mRNA-1273) and patient received the vaccine at the age of 17 years old. The patient"s medical history was not provided. Concomitant product use was not provided by the reporter. On 21 Jan 2021, the patient received their first of two planned doses of mRNA-1273 (Lot number 013L20A) intramuscularly (IM) in the right arm for prophylaxis of COVID-19 infection. Pharmacist confirmed the age of the patient is 17 years old, not 15 as stated in the voicemail. She reports that the patient received the Moderna COVID19 vaccine on 21 Jan 2021 on right arm as IM injection. Patient reported no symptoms. Treatment information was not provided. Action taken with mRNA-1273 in response to the event was not provided. The outcome of the event dose was given to 17 years old was resolved on 21 Jan 2021.; Reporter"s Comments: This case concerns a 17-year-old male patient who received their first of two planned doses of mRNA-1273 (Lot number 013L20A), reporting Product administered to patient of inappropriate age without any associated adverse events.

VAERS ID:	984959 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-29
Age:	31.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013220A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site movement impairment, Injection site pain, Product administered at inappropriate site
SMQs:, Drug abuse and dependence (broad), Extravasation events (injections, infusions and implants) (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: History of intolerance to Amoxicillin/Clavulanate. No know allergies.
Diagnostic Lab Data: Physical exam 1/29/2021
CDC Split Type:
Write-up: The injection site is circled with ink and is one finger breadth below the acromion. Patient presents with pain and poor range of shoulder motion. Suspect vaccine was injected into

her subacromial bursa, or possibly shoulder joint, resulting in injury (SIRVA)

VAERS ID:	985036 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	84.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Syringe issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Utilizing the ancillary supply needle/syringe combo - while administering vaccine, vaccine noted to leak out between the needle/syringe connection. Amount that leaked out unknown, client reported, "feeling a drop run down his arm".

VAERS ID:	985115 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	57.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Erythema, Injection site oedema, Pain of skin, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad),

Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: escitalopram, levothyroxine, diltiazem
Current Illness: none
Preexisting Conditions: hypothyroid, hypertension
Allergies: latex, amitriptyline, lisinopril
Diagnostic Lab Data: none
CDC Split Type:
Write-up: approximately one week after the vaccination, the patient developed progressive edema around the injection site, with the arm swelling to about 1.5 times its original size with overlying errythema and painful skin

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VAERS ID:	985199 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Cognitive disorder, Dizziness, Fatigue, Feeling abnormal, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ocervus, Diazepam, gabapentin, IM B12, 81mg aspirin, centrum

multivitamin, adderall, D3,
Current Illness: n/a
Preexisting Conditions: Multiple sclerosis
Allergies: shellfish, amantidine
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Headache, dizziness, nausea, extreme fatigue, foggy head, and cognitive dysfunction the day after the vaccine

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VAERS ID:	985287 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Injection site rash, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vyvanse 20mg QD
Current Illness:
Preexisting Conditions: ADHD
Allergies: Flagyl Shellfish
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash developed starting at injection site, spreading to abdomen/chest/neck/back- red/raised- did not resolve until 12 hrs of benadryl Q6hrs

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VAERS ID:	985331 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-11
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Mobility decreased, Pain in extremity
SMQs:, Parkinson-like events (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Magnesium 450mg, B2 400mg, Vitamin D3 2000IU
Current Illness: None
Preexisting Conditions: Migraines
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme arm pain, unable to move arm without significant pain for 7 days, pain when arm at rest. At present time (1/29/21) I still have arm soreness that will last 24 hours after very light strain (e.g. washing dishes, folding laundry, light yoga, etc.)

VAERS ID:	985785 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	79.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Syringe issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nurse reported that she felt some drops expel from the needle/syringe connection. Amount unknown

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VAERS ID:	985934 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-01-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Anaphylactic reaction
SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No reported medical history.)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Anaphylactic reaction after first Moderna Vaccine dose; A spontaneous report was received from a pharmacist concerning a female nurse who received Moderna"s COVID-19 Vaccine (mRNA-1273) and developed anaphylactic reaction. The patient"s medical history was not provided. No relevant concomitant medications were reported. On an unknown date, prior to

the onset of the event, the patient received their first of two planned doses of mRNA-1273 intramuscularly in the arm for prophylaxis of COVID-19 infection. The pharmacist reports the patient developed an anaphylactic reaction with no other details. No treatment information was provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome of the event, developed anaphylactic reaction, was considered unknown.; Reporter''s Comments: This case concerns a female patient of unknown age. The medical history is not provided. The patient experienced an unexpected event of Anaphylactic Reaction that was considered medically significant. The event occurred at unknown time after received their first of two planned doses of mRNA-1273 (Lot unknown). Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded and the event is considered possibly related to the vaccine.

VAERS ID:	985948 (history)	**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	68.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 2	AR / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Anticonvulsant drug level therapeutic, Blood culture negative, Chest X-ray normal, Culture urine negative, Seizure
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: cyanocobalamin, magnesium oxide, lacosamide, levetiracetam, omeprazole, finasteride, tamsulosin, lisinopril,
Current Illness: none
Preexisting Conditions: Has been in long term care since 1/2015 for disabilities related to multiple sclerosis. Has a longstanding seizure disorder with occasional seizures.
Allergies: augmentin-$grash, Depakote-$ghepatic reaction, Tamiflu-$g possibla association with seizure, , honey (unknown), seafood (unknown)
Diagnostic Lab Data: blood cultures neg; urine culture neg; CXR not felt to be representative of infection; levetiracetam level 27.8 (therapeutic 10-40).

CDC Split Type:
Write-up: He had a generalized seizure just over 48 hours from the administration of the second dose in the series. He has a longstanding seizure history with periodic seizures. He was hospitalized for two days which infection was ruled out and he had returned to baseline. There was no attribution of the seizure to the vaccine by the hospital team.

VAERS ID:	986073 (history)	**Vaccinated:**	2021-01-14
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	69.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 1	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Crying, Dizziness, Emotional disorder, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CALCIUM CITRATE; VENLAFAXINE HCL; PANTOPRAZOLE; NORTRIPTYLINE; SYNTHROID; AMLODIPINE; PREMARIN; TYLENOL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Acid reflux (esophageal); Anxiety; Blood pressure high; Depression; Sulfonamide allergy (Allergies: sulfa "caflex"); Thyroid function decreased
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021035897
Write-up: Nauseous; Lightheadedness; very Emotional; Crying; This is a spontaneous report from a contactable consumer. A 69-years-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 14Jan2021 08:00 at single dose (Lot number= EL3246, Vaccine location=Left arm) for covid-19 immunisation. Medical history included low thyroid, high blood pressure, reflux disease, anxiety, depression, Allergies: sulfa "caflex". Prior to vaccination the patient was not diagnosed with COVID-19. Concomitant medication included calcium citrate, venlafaxine hcl, pantoprazole, nortriptyline, levothyroxine sodium (SYNTHROID), amlodipine, estrogens conjugated (PREMARIN),

paracetamol (TYLENOL). No other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced nauseous, lightheadedness, very emotional, crying on 16Jan2021 09:00. No treatment received for the events. Events result in clinic visit. Outcome of events was unknown. Since the vaccination, the patient had not been tested for COVID-19.

VAERS ID:	986312 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Pain, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Fever of 102, headache, body aches, and painful left arm

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VAERS ID:	986532 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	81.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	EL9265 / 1	AR / IM

PFIZER/BIONTECH		

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PDN 2.5mg
Current Illness:
Preexisting Conditions: PMR
Allergies: NKA
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Received Dose 1 of Pfizer COVID vaccine. Per vaccine administrator: Patient stated she felt lightheaded She did not appear pale or diaphoretic I continued to engage her I conversation and she was conversing normally No intervention. I observed her for 10 minutes while seated with me at vaccination station. She stood up without assistance and I observed her walk and she appeared steady and stated she felt normal.

VAERS ID:	986844 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	80.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: atrial fibrillation
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed shingles 2 days after her COVID vaccine.

VAERS ID:	987425 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	53.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole, Wellbutrin, Fluticasone, Azelastine, Finacea, simvastatin, levothyroxine, osphena
Current Illness: None
Preexisting Conditions: high cholesterol; endometriosis; hypothyroidism; GERD
Allergies: spironolactone, soy products, cow dairy
Diagnostic Lab Data:
CDC Split Type:
Write-up: strong headache and periods of chills and shaking for 24 hours

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VAERS ID:	987672 (history)	**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-01-30
Age:	32.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Coordination abnormal, Dizziness, Headache, Pain
SMQs:, Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ocrevus ms infusion from 11/03/20, none other
Current Illness: Multiple sclerosis relapsing remitting , no other active sickness or infection
Preexisting Conditions: Multiple sclerosis relapsing remitting
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Noticed in the early morning hours when getting up to use the restroom, dizziness, full body ache including significant headache and back pain when at bedtime there was none, loss of coordination (stumbling around trying to walk or reach for things), seemed to aggravate MS symptoms, no noticeable fever at time of reporting 8am.

VAERS ID:	988404 (history)	**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-01-30
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Angioedema, Lip swelling, Pruritus, Swollen tongue, Urticaria

SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: HTN
Allergies: sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Arrived in the ED with total body hive (red, raised welts); swollen tongue & lips and angioedema with itchiness

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VAERS ID:	988861 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Asthenia, Back pain, Chills, Fatigue, Headache, Injection site pain, Pain, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ibuprofen
Current Illness: None
Preexisting Conditions: None
Allergies: N/A
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever and chills, fatigue, body aches, headache, weakness, vomiting, pain at injection site and back pain, joint pain, that started approximately 10 hours post injection and lasted for approximately 36 hours.

VAERS ID:	988925 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028L20A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Dizziness, Impaired work ability, Injected limb mobility decreased, Injection site pain, Myalgia, Pain, Pain in extremity, Tremor
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none

CDC Split Type:
Write-up: 2nd shot stung a bit unlike 1st one. around 10:30am head felt woozy/slightly dizzy, left work at 1:30pm dizzyness getting a little worst body started aching. fell asleep for about 30 minutes once home, bed at 9:30pm and started to shake violently like I was freezing but not cold, didn''t feel like I had a fever, put on sweatpants and tshirt, turned on elec. blanket, I stopped shaking after about 45 minutes, took acetaminophen and 1 dose of zquil and fell asleep. up at 3:30am in pain, especially my left arm I couldn''t lift with pain. called out of work all muscles and joints hurt, less pain with no movement, more acetaminphen every 6 hrs, started feeling better around 4Am Saturday

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VAERS ID:	989055 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-30
Age:	45.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L2OA / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft, Zyrtec, levothyroxin, zinc, vitamin B12, DHEA, probiotic
Current Illness:
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I developed a large red patch at the injection site that was warm to the touch and a bit itchy. I noticed it 8 days after the initial injection.

VAERS ID:	989159 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-29
Age:	64.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	01312OA / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamins B-12 (1000 mcg), C (1,000 mg) and D-3 (50 mcg) daily Mirtazapine-3.75 mg at bedtime Lorazepam - 0.5 mg at bedtime Cephalexin 250 mg. every 6 hours for 1 week starting 01/25/21
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: One week after injection, left arm injection site became red, swollen and itchy Currently on third day, not gone yet but not getting any worse

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VAERS ID:	989675 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-30
Age:	40.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site pain, Injection site pruritus, Injection site rash, Injection site swelling, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Reishi,chaga,turkey tail mushrooms Tumeric womens daily supplement hair,skin,nails supplement
Current Illness: none
Preexisting Conditions: eczema
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: On the morning of day 8, after 5 days of since the initial injection side effect(sore arm), my skin around the injection site started to itch intensely. The area became hard and swollen. By the end of the day, my entire left arm was sore. This morning, day 9, awoke to a large red rash around the injection site, a more swollen arm with pain. Throughout the day, the pain started to radiate throughout both shoulders and into both wrists and hands.

VAERS ID:	989722 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	84.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-01-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / IM

Administered by: Public **Purchased by:** ?
Symptoms: Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: swollen and warm to touch
Other Medications: Blood Thinner, Prozac
Current Illness: COPD
Preexisting Conditions: Cardiac Cancer
Allergies: Provostatin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: swollen, warm to touch

VAERS ID:	990324 (history)	**Vaccinated:**	2012-05-07
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-02-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Deafness neurosensory, Sudden hearing loss
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132101USA009234
Write-up: sudden sensorineural hearing loss; This initial spontaneous report was received from a lawyer regarding a case in litigation concerning a patient of unknown age and gender. No information was provided regarding medical history, concurrent conditions, or concomitant medications. In or around 07-MAY-2012, the patient was inoculated with zoster vaccine live (ZOSTAVAX) for routine adult health maintenance and for its intended purpose: the prevention of shingles. On an unknown date, shortly after vaccination, the patient suffered sudden left side hearing loss and was diagnosed with left sudden sensorineural hearing loss. As a direct and proximate result of the zoster vaccine live (ZOSTAVAX), the patient''s symptoms have resulted in physical limitations not present prior to vaccination, also experienced mental and emotional distress due to resulting physical limitations and seriousness of his condition. Patient sustained severe and permanent personal injuries and serious, progressive, permanent, and incurable injuries, as well as significant conscious pain and suffering, mental anguish, emotional distress, loss of enjoyment of life, physical impairment and injury. At the time of this report, the patient had not recovered from the event. The reporter assessed that the event was related to zoster vaccine live (ZOSTAVAX). The reporter considered left sudden sensorineural hearing loss to be a disabling event. Upon internal review, it was considered a medically significant event.

VAERS ID:	990891 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-14
Age:		**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	2LH9L / 2	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202100
Write-up: Rash on the left side of the neck; This case was reported by a pharmacist and described the occurrence of neck rash in a 58-year-old female patient who received Herpes zoster (Shingrix) (batch number 2LH9L, expiry date 4th October 2022) for prophylaxis. On 11th January 2021, the patient received the 2nd dose of Shingrix (intramuscular). On 14th January 2021, 3 days after receiving Shingrix, the patient experienced neck rash. On an unknown date, the outcome of the neck rash was not recovered/not resolved. It was unknown if the reporter considered the neck rash to be related to Shingrix. Additional details were reported as follows: The age at vaccination was not reported but it could be 57 or 58 years. The patient received Shingrix in the left deltoid. The batch number of Shingrix was reported as ZLH9L, which was corrected to 2LH9L as per sales data sheet. The patient developed rash on the left side of the neck and was ongoing at the time of call. The reporter consented to follow up.

VAERS ID:	991623 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	76.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9265 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dialysis, Dizziness, Hyperhidrosis, Pallor
SMQs:, Acute renal failure (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: NKA
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Assessment: Individual stated he was feeling lightheaded approximately four minutes after receiving his first dose of the Pfizer vaccine via IM injection in his upper arm. Individual was seated at the time and was about to move from the vaccination station to the check out desk. PT attempted to stand and said, ?Oh, I don?t feel so good?, after which vaccinator inquired with PT on what was wrong. After a brief assessment, notified personnel of the situation. Individual remained with the vaccinator, who obtained a set of vital signs and continued an assessment. Vitals: (as I recollect, I gave the post it to the check out staffers who monitored the individual prior to his departure) BP: 126/54, P: 78, RR: 18, pale and sweating across his brow area. Denied chest pain, difficulty breathing, nausea, tingling, headache, stated only symptom was lightheaded ness which was dissipating. Provided the individual with bottled water to sip on, which he did. Individual?s last oral intake was at ~0845 PTA at the clinic, a normal breakfast of eggs, toast and coffee. Individual stated he had several cups of coffee but had not had anything else to drink that morning. Individual receives dialysis three days per week. He had an appointment Wednesday, next appointment is Friday. Individual did not have anyone driving him to the clinic, stated he would be fine and did not have anyone to come pick him up. He stated he was feeling better already. After approximately 8 additional minutes, individual stated he thought he could get up and move to the check out station. Individual was able to stand an ambulate to the check out line. Upon arrival at check out, transferred the individual to the check out personnel and Exit workers to monitor the individual?s condition for the remainder of the 30 minutes.

VAERS ID:	991670 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Headache, body aches, chills, fever of 102, nausea

VAERS ID:	991731 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Sluggishness
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: asthma inhaler, allergy medications
Current Illness: no
Preexisting Conditions: asthma
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: reports difficulty breathing starting at 1800 same day of vaccine. Required 3 pillows to prop self up in bed. Was able to sleep awoke with no symptoms. History of asthma, did not require emergency care

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VAERS ID:	991976 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-30
Age:	83.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Atrial fibrillation, Bell's palsy, Computerised tomogram head normal, Electrocardiogram normal, Facial paresis, Full blood count normal, Laboratory test normal, Myocardial necrosis marker normal
SMQs:, Supraventricular tachyarrhythmias (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: cholecaliferol, lecithin, fish oil, ascorbic acid, cyanocobalamin, enzalutamide, leuprolide, metformin, simvastatin, potassium chloride, hydrochlorothiazide, atenolol, acetaminophen, sennosides, sertraline, meloxicam, artificial tears.
Current Illness: diabetes, prostate cancer, atrial fibrillation, hypertension
Preexisting Conditions: as above

Allergies: no known allergies
Diagnostic Lab Data: head CT negative, EKG with previously known Afib, CBC, basic chemistries, Cardiac enzymes all unremarkable.
CDC Split Type:
Write-up: right facial weakness clinically consistent with Bell''s Palsy

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VAERS ID:	992695 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Heart rate increased, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: arrived with itchiness, elevated heart rate, hives, no tongue swelling

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VAERS ID:	992767 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypersensitivity, Hypoaesthesia, Hypoaesthesia oral, Paraesthesia oral, Speech disorder, Throat irritation, Tongue disorder
SMQs:, Angioedema (broad), Peripheral neuropathy (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Lyrica, pantoprazole
Current Illness: none
Preexisting Conditions:
Allergies: MSG
Diagnostic Lab Data: Monitored in ED. Discharged with instructions to continue Benadryl. Discharge diagnosis - allergic reaction.
CDC Split Type:
Write-up: Nurse gave injection in L) deltoid. While waiting patient very anxious, ran back to injection room reporting L) lower lip corner numbness and tingling. "I felt like I just went to the dentist, numb feeling" No chest palpitations, no SOB, speech clear. Reassessed, patient still reporting numbness in L) cheek and face, and tongue thickened, speech became mumbled. Administered Benadryl, 25 mg PO with water, no difficulty swallowing at this time. Patient reported increased numbness and tingling and speech became less clear, also reported having difficulty clearing her throat. Transported via wheelchair to ED. at 2:08.

VAERS ID:	992794 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-15
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Confusional state, Dizziness, Fatigue, Feeling abnormal, Headache, Heart rate increased, Lymphadenopathy, Nausea, Oropharyngeal pain, Pyrexia, SARS-CoV-2 test negative
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow),

Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoperal Vit D3
Current Illness: Mitral valve prolapse, multi nodular goiter, MS, psoriasis, arthritis
Preexisting Conditions: MS, mitral valve prolapse, multi nodular goiter
Allergies: Erythromycin IVP Iodine
Diagnostic Lab Data: Doctors call day of 1/15. Doctors appointment 1/22. Covid test 1/23/21, came back negative. Two and a half weeks after still feel bad, dizzy, throat, tired all the time
CDC Split Type:
Write-up: Nause for 3 days, rapid heart first day, fever day one, dizzy confused 3 days, dizzyness keeps returning, swollen lymph nodes in neck and sore throat for over 2 weeks, headache several days.

VAERS ID:	992966 (history)	**Vaccinated:**	2021-01-30
Form:	Version 2.0	**Onset:**	2021-01-30
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	S037499 / 1	RA / SC

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Malaise
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Unknown
Current Illness: none listed
Preexisting Conditions: heart condition
Allergies: unknown
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: patient has complained of prolonged headache and continued feeling of malaise

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VAERS ID:	992975 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	42.0	**Days after vaccination:**	15
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Shingles

VAERS ID:	994354 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	53.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: benedryl fish oil, vit d, multi vitamin, n-acetyl-l-cystine, Co-Q 10, moringa leaf, turmeric, pre/pro biotic,
Current Illness: potential diagnosis of myasthenia gravis. I have antibodies, but not typical symptoms, so I''ve been being watched for the last 18 months.
Preexisting Conditions:
Allergies: latex, sulfa, keflex , gadolinium, contrast dye
Diagnostic Lab Data: none
CDC Split Type:
Write-up: redness, itching, swelling at the injection site that started 10 days following the injection.

VAERS ID:	994915 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	46.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chest discomfort, Chest pain, Dyspnoea
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Inhaler PRN for asthma in good control
Current Illness: None reported, vaccine 1 month ago
Preexisting Conditions: Asthma
Allergies: Morphine, Adhesive
Diagnostic Lab Data:
CDC Split Type:
Write-up: SOB, chest tightness, no relief when using rescue inhaler, occasional sharp pains in chest and continued tight chest. EMS presented and transported patient to ER, solumedrol, Pepcid, Benadryl and prescribed an autoinjector epi-pen.

VAERS ID:	995695 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	36.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site pruritus, Injection site swelling, Injection site urticaria, Injection site warmth, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flax oil Multi-vitamin Bisoprolol
Current Illness: N/A
Preexisting Conditions: Cardiac
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:

Write-up: One week AFTER (with no symptoms prior) arm became sore. Woke up to swelling, hives itching, redness in a uneven circumference bigger in size than my hand, deltoid muscle felt rock hard and hot. Symptoms lasted several days with gradual reduction.

VAERS ID:	995701 (history)	**Vaccinated:**	2021-01-06
Form:	Version 2.0	**Onset:**	2021-01-08
Age:	51.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Nausea, Pain, SARS-CoV-2 test negative
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: no
Current Illness: Nov-brachial plexitis
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: COVID-19-neg
CDC Split Type: vsafe
Write-up: A couple days after I begin experiencing general body aches, headache and nausea which lasted about 10 days after. I got a COVID swab which was negative.

VAERS ID:	995875 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	34.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /		

PFIZER/BIONTECH	EK9211 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abortion spontaneous
SMQs:, Termination of pregnancy and risk of abortion (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal Vitamins
Current Illness: None
Preexisting Conditions: None
Allergies: Sulfa Shellfish
Diagnostic Lab Data: HCG TRACT
CDC Split Type: vsafe
Write-up: Miscarriage Estimated date of delivery 09/12/2021 I was give IV fluids

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VAERS ID:	997282 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain upper, Asthenia, Chest discomfort, Chest pain, Cough, Diarrhoea, Headache, Impaired work ability, Malaise, Nausea, Pain, Pyrexia, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations: severe neck pain x 2 months following a yellow fever vaccine in 2004
Other Medications: duloxetine 40 mg daily
Current Illness: none
Preexisting Conditions: Psoriasis
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: 102 fever that night body aches that night slight, dry cough chest tightness/pains stomach pains/cramping loose stools x 4-5 over 2 days nausea (vomited the next morning x 1, but this may have been a migraine??) headache with the fever and the next morning generalized weakness/malaise Could not go to work the next day.

VAERS ID:	997688 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-30
Age:	79.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038K20A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acyclovir, Acyclovir, Citalopram Hydrobromide, Epipen 2-Pak, Ketoconazole, Levothyroxine Sodium, Losartan Potassium, Montelukast Sodium, Proair HFA, Spiriva Respimat, Symbicort, Vitamin D-1000 Maximum Strength
Current Illness: None
Preexisting Conditions: Nonexudative age-related macular degeneration, Idiopathic peripheral neuropathy - vs RLS, Mixed hyperlipidemia, Hypothyroidism, Depressive disorder, Hyperlipidemia, Intrinsic asthma without status asthmaticus, Monoclonal gammopathy of uncertain significance - IGG kappa monoclonal myeopathy
Allergies: Sulfa Antibiotics, Macrodantin, Bee Sting
Diagnostic Lab Data: none
CDC Split Type:
Write-up: First three toes turned bright red two days after receiving the vaccine. Patient reports redness dissipated after 24 hours.

VAERS ID: 998172 (history)		**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Disturbance in attention, Feeling cold, Gaze palsy, Lethargy, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Ocular motility disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: 101+F Fever, severe chills, severe body aches, moderate headache, moderate lethargy, inability to think clearly. Onset 10 hr after injection and persisted 2 days.

VAERS ID: 998521 (history)		**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort, Dysphagia, Feeling hot, Hyperhidrosis, Throat irritation
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic

syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: chest pain, shortness of breath, and tachycardia after 1st covid vaccine
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Sulfa- severe anaphylaxis
Diagnostic Lab Data: presently in emergency room
CDC Split Type:
Write-up: patient started to have trouble swallowing and scratchiness in her throat. This worsened so she received benadryl 50 mg po. Pt was feeling hot and was diaphoretic. Pt monitored. Started c/o chest tightness. Was transported to the emergency room.

VAERS ID:	998784 (history)	**Vaccinated:**	2021-01-24
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram, Wellbutrin, vitamin D
Current Illness: none
Preexisting Conditions: none
Allergies: "seasonal allergies"
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Moderna vaccine. Chills, Fever 101.6, fatigue

VAERS ID:	999346 (history)	**Vaccinated:**	2021-01-31
Form:	Version 2.0	**Onset:**	2021-01-31
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Injection site pain, Injection site swelling, Myalgia, Pain, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline, Multivitamin
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Developed fever 102.8, chills, muscle and joint pain, headache, fatigue within 12hrs of vaccine administration. Fever, headache, body aches lasted close to 36 hours. Fatigue last over 48hrs. Site of vaccine administration was painful and swollen and lasted 3 days.. OTC Acetaminophen 1000mg q 4-6hrs taken after fever developed and stopped when became afebrile. Cool compresses applied to administration site. Day 3 post administration of vaccine feel back to baseline.

VAERS ID:	1000822 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-02-02
Age:	44.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Injection site induration, Injection site pruritus, Injection site rash, Rash papular
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None.
Preexisting Conditions: None.
Allergies: None.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Small irregularly shaped rash to the side of the injection site. About 1-1.5 inches, very slightly raised (almost imperceptibly raised), and slightly itchy. Also very slightly harder than surrounding skin.

VAERS ID:	1000931 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Hyperhidrosis, Injection site pain, Musculoskeletal stiffness, Myalgia, Nausea, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant

syndrome (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft, Trazadone, Klonopin
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, muscles aches, nausea, headache, sweating fatigue , pain at injection site, arm soreness and stiffness. Onset began 1 hour after vaccination with mild symptoms. Severe symptoms onset 8 hours after injection and lasting 12 hours before beginning to taper off At home treatment- ibuprofen , rest and fluids

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VAERS ID:	1000959 (history)	**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-01-29
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chest pain, Cluster headache, Dizziness, Electrocardiogram, Headache, Malaise, Migraine, Nausea, Vital signs measurement, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes

ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Introduction (progesterone) 100 mg Prenatal Vitamin 1mg Folic Acid 1mg Burstronine 5mg 3 times daily Zyrtec 10 mg 1 daily Flonase 50mcg per spray Albuterol 108 mcg EpiPen Sunatriptan 100m
Current Illness: no
Preexisting Conditions: Asthma Migraines TBI Brain Injuries"
Allergies: All Beta Blockers All cillings penicillin Doxuciteine Propanediol Topomax
Diagnostic Lab Data: EKG, vitals
CDC Split Type:
Write-up: After I received the vaccine I started walking to my car and I got dizzy with chest pain. I was taken to the ED and they did an EKG and took vitals. Around 1 pm I made it home and I started getting violently ill (throwing up with severe headache) Sat night I called my OB and they told me to go to the family center were i received fluids, medication for my headache and nausea meds. Sunday I called the ob again because I started having cluster headaches/migraines and my migraine moved from the right to the left of my head almost felt like fireworks. Monday I went back to the ED for fluids and a migraine medication which actually felt relief.

VAERS ID:	1001410 (history)	**Vaccinated:**	2021-01-24
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	40.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 2	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 175 mcg levothroxine 4000 iu vitamin D Multivitamin
Current Illness: No
Preexisting Conditions: Hashimoto?s thyroiditis
Allergies: None

Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache since date of second dose

VAERS ID:	1002527 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	75.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Cerebral congestion, Condition aggravated, Feeling cold, Headache, Malaise, Oropharyngeal pain, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Central nervous system vascular disorders, not specified as haemorrhagic or ischaemic (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol 75 mg we Omeprizole 20 mg we ASA 81 mg we Mushrooms, vitC, multivite , collagen, turmeric, echinacea, Elderberry CBD caps, zinc
Current Illness: None
Preexisting Conditions: Asthma HPT
Allergies: Erythromycin, Cardizem But E topically Wasps
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: After 4-5 hours I developed arm pain, malaise, headache,low grade temp, chilly feeling, head congestion, sore throat. By 0700 Tuesday, all were resolved except the arm pain and malaise. The arm pain had increased Monday evening to excruciating pain that lasted until Wednesday at noon. The pain was unrelieved by otc parents n remedies. I couldn?t sleep, walk , move my fingers, or use my arm in any way. There was no redness or swelling. I couldn?t find the puncture. I was in bed all day Tuesday because I couldn?t move my arm without intense pain. If I didn?t move it, it was a dull ache. The pain was mstly in my upper circumferentially. But moving my hand or fingers brought down to them. The pain lessened slightly on Wednesday but was still debilitating. By Wednesday evening it was greatly improved and I woke up Thursday morning pain free.

VAERS ID:	1002708 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-04
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left arm "killing me", Chills, headache, myalgia, fatigue, nausea

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VAERS ID:	1002728 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	33.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Nausea, Pain, Pyrexia, Skin induration, Skin warm, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with

eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, fatigue, left arm hot, red, hard and sore,Nausea and vomiting. PCP ordered suppository

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VAERS ID:	1003114 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-04
Age:		**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, headache, left arm sore

VAERS ID:	1003265 (history)	**Vaccinated:**	2021-02-04
Form:	Version 2.0	**Onset:**	2021-02-04
Age:	79.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Needle issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: upon administering the vaccine the needle malfunctioned and it is unsure how much was given. it was decided with permission of the patient and guidance from my district manager and patient care coordinator to re administer the dose.

VAERS ID:	1004913 (history)	**Vaccinated:**	2021-02-04
Form:	Version 2.0	**Onset:**	2021-02-04
Age:	21.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038K20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Seizure, Tachycardia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After receiving vaccine, Employee complained of tachycardia (P=100), some dizziness. Employee drank water and juice. Employee appeared like she might vomit and started shaking, employee was lifted from her chair to the floor. Employee was turned to her right side and was having a seizure. CODE Team was called and Employee was taken to Emergency room via stretcher.

VAERS ID:	1006695 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-05
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Angiogram, Anxiety, Chest discomfort, Erythema, Palpitations, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness:
Preexisting Conditions:
Allergies: Bee Sting
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt returned to clinic after leaving the site and sitting in her car for 1-2 minutes. Per pt, she began to feel "itchy" in her right arm (vaccine administered in left) and returned to clinic c/o concern for allergic reaction. Pt initially presented to RN, who notified This RN for further assessment of the patient. Upon initial assessment, pt appeared anxious and was c/o itching in her bilateral arms, pressure and "tightness" in her chest. Approximately 3 in x 3 in area of erythema visualized to upper right arm, with 3 hives surrounding the area. No erythema visualized to vaccine site, however, 2 hives were visualized to right upper arm. No diffuse erythema or hives noted. Lungs CTA bilaterally, HR 76 w/palpation. Site Manager, and RN to pt''s side. EMS contacted. This RN waited at pt''s side for continued assessment while awaiting EMS. Electronically signed by RN at 2/5/2021 16:00

VAERS ID:	1007463 (history)	**Vaccinated:**	2021-01-01
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	38.0	**Days after vaccination:**	33
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bell's palsy
SMQs:, Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paragard
Current Illness:
Preexisting Conditions: Asthma
Allergies: Sumac tree
Diagnostic Lab Data:

CDC Split Type:
Write-up: Bell?s Palsy , sudden onset, treated with high dose prednisone and valacyclovir 7 day treatment. Unresolved to date

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VAERS ID:	1008612 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-05
Age:	45.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1283 / 1	RA / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Asthenia, Dyspnoea, Fatigue, Headache, Oral discomfort, Oral disorder, Pain, Paraesthesia oral, Pharyngeal paraesthesia, Rhinalgia, Throat irritation, Tongue discomfort
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Valsartan, citalopram, vit D, glimiperide
Current Illness: None
Preexisting Conditions: Chirrosis, diabetes, high bp
Allergies: Dust, trees, pollen, pennisulin, sulfa, blood pressure meds
Diagnostic Lab Data: I emailed my Dr but have not heard back. (It is a saterday)
CDC Split Type:
Write-up: 15 minutes after the injection I started getting a scratchy throat.. which lead to my throat, tongue, lips tingling and burning. After a couple hours my nose felt numb and tingly inside and stayed like that until the day after. The day after i had the vaccine if I try to eat it flairs the burning fizzing feeling in my mouth and lips again. Feel week and tired, headaches and body pain. Im concerned with the mouth stuff though before getting the second dose.

VAERS ID:	1009455 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-15
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA 013L20A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Anxiety, Decreased appetite, Injection site erythema, Injection site pruritus, Injection site urticaria, Rash, Sleep deficit, Tachycardia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bupropion XL, Ortho Tricyclen Lo, melatonin, occasional Vitamin D
Current Illness: None
Preexisting Conditions: Asthma (PRN Albuterol inhaler, not taken recently)
Allergies: Zyrtec & Claritin - had generalized urticaria lasting several days, nausea, dizziness, lightheadedness several years ago when last tried either
Diagnostic Lab Data: none, but did take pictures to document redness at 8 days, didn''t take pictures of hives . Had a physician family member look at it
CDC Split Type:
Write-up: Received around 2pm on Friday, 1/15/21. Not sure exactly when this started, but noticed redness around injection site that evening around 8pm, mildly itchy. Also felt a little bit tachycardic and anxious about 2 hrs after (4pm Friday) for 15-30 mins, but I think that may have been lack of sleep and my own nerves! But redness persisted at injection site, and had intermittent hives around injection site (smaller area within area of redness, about silver dollar sized hive area intermittently), noticed probably 5x over the next 8 days (last had hives on 1/23 PM, 8 days after). Hives were sort of raised white weals with red border. Redness persisted and began to resolve at around 10 days s/p shot, fully resolved by about 12 days s/p shot. Also seemed to have decreased appetite over that time, but also could be totally unrelated with stress

VAERS ID:	1009499 (history)	**Vaccinated:**	2021-02-02
Form:	Version 2.0	**Onset:**	2021-02-02
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Oropharyngeal pain, Pyrexia, SARS-CoV-2 test negative
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies: Environmental allergies. Idiopathic urticaria and pruritis.
Diagnostic Lab Data: -COVID test negative on 02/03/2021 at 10:25 AM
CDC Split Type:
Write-up: -mild sore throat ~5 hours after second vaccine, lasting 12 hours -fever up to 101.8 for ~30 hours after second vaccine, lasting ~8 hours

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VAERS ID:	1010154 (history)	**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-02-06
Age:	51.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft-25 mgs daily Levothyroxine- 25mcg daily Vit D- 2000 IU Vit E -1000 IU Multi-vitamin
Current Illness: none
Preexisting Conditions: None
Allergies: codeine
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: On the eighth day following the vaccination, I developed a large red circle at the injection site. It is approximately 2 inches long and wide, warm to the touch and slightly itchy. The skin feels lightly elevated and slightly tender to touch. In the past 24 hours it has remained unchanged.

VAERS ID:	1010514 (history)	**Vaccinated:**	2021-01-20
Form:	Version 2.0	**Onset:**	2021-01-20
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 2	RA / -

Administered by: Senior Living **Purchased by:** ?
Symptoms: Chills, Headache, Pain, Pyrexia, Tremor, Vaccination site pain, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergic reaction to antibiotics; Penicillin allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021061687
Write-up: high fever of 101.8; body aches; headache; rigors/chills; shaking; increased pain at injection site; one instance of vomiting; This is a spontaneous report from a contactable other health professional (patient). A 30-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) lot number: El3302, via an unspecified route of administration on 20Jan2021 02:00 at a SINGLE DOSE for covid-19 immunization. Medical history included allergies to penicillin and cephalosporin. Patient received her first dose of BNT162B2 on 30Dec2020 at (12:00) (lot number: ELO140), (in the right arm) for COVID-19 immunization. Patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient hasn''t been tested for COVID-19. The patient''s concomitant medications were not reported. The patient developed a high fever of 101.8 (unit not provided), chills, body aches, headache, rigors, shaking, increased pain at injection site, and one instance of vomiting starting approximately 6 hours after her second dose (for clarification) of the vaccine (20Jan2021, 20:00). the outcome of event was reported as "recovering". the patient did not receive any treatment due to the events. The events were considered as non-serious by the reporter. No follow-up attempts are possible. No further information is expected. Information on the lot/batch number has been obtained.

VAERS ID:	1011119 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-06
Age:	28.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9265 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Hyperacusis, Migraine, Photophobia
SMQs:, Noninfectious meningitis (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: Mild headache for 24 hours after first dose of Pfizer vaccine
Other Medications: Cymbalta, Nexplanon
Current Illness: Migraines
Preexisting Conditions: Migraines Depression/Anxiety
Allergies: Sulfas
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Fatigue and mild headache starting 24 hours after the injection. Approximately 30 hours after injection, headache progressed to severe headache with migraine features (sensitivity to sound and light) Symptoms resolved within 48 hours.

VAERS ID:	1011416 (history)	**Vaccinated:**	2021-02-08
Form:	Version 2.0	**Onset:**	2021-02-08
Age:	21.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032L20A / 2	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ELI284 / 1	RA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Interchange of vaccine products, No adverse event
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient received a second dose today, the first dose was Pfizer while the second was Moderna. Advised that a VAERS form would be submitted. Counseled about immunity benefits and concerns with mixing doses. Patient verbalized understanding.

VAERS ID: 1011748 (history)		**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-02-05
Age:	39.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine, fluoxetine
Current Illness: none
Preexisting Conditions: hypothyroid, history of breast cancer (diagnosed at age 38, s/p double mastectomy, no chemo or radiation)
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: One week after vaccine developed itching, pain, redness, and mild swelling at injection site. The initial pain at injection site had gone away prior to coming back on day 7 with the itching, redness, and mild swelling.

VAERS ID: 1013108 (history)		**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	RA / IM
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	026L20A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: alergy meds
Current Illness: none
Preexisting Conditions: none
Allergies: asapirin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: clelulits that required 3 weeks of antibiotics to treat

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VAERS ID:	1013278 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-05
Age:	76.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Headache, Injection site pain, Vomiting
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none

CDC Split Type:
Write-up: Woke up and started vomiting around 11:30 that night(2/5.) This lasted approximately 1-2 hours. Was unable to eat anything until late afternoon on Sat. the 6th. Had a bad headache throughout and bad soreness at the injection site. Still have headache (approx. 5pm on Mon. 2/8) but soreness at injection site has almost disappeared. I do not have a primary physician so have not called anyone. Am now taking Advil for headache which helps but it returns if I stop.

VAERS ID:	1014636 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-31
Age:	20.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Pruritus, Skin lesion, Urticaria, Vaccination site induration, Vaccination site reaction, Vaccination site swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Larissia oral birth control
Current Illness: N/A
Preexisting Conditions: history of chronic idiopathic urticaria
Allergies: Mango & sunflower oil
Diagnostic Lab Data:
CDC Split Type:
Write-up: A large circular, red, itchy lesion appeared at the vaccination site. It was swollen and hard to the touch. It grew overnight and into the next day reaching a diameter about 4 inches. It healed and disappeared after 3 days. Itchy hives on the buttocks, back, and stomach occurred at the same time, appearing each night for 6 days. Benadryl was used on nights 3 and 4, and hives persisted.

VAERS ID:	1014679 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-04
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain, Abdominal pain upper, Back pain, Nausea
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Forteo, Effexor
Current Illness: NA
Preexisting Conditions: NA
Allergies: NA
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Severe Nausea- early morning. At night upon going to bed , severe stomach, abdominal and back pain. Lasted all night long - could not get into a position to lessen pain. Got out of bed in the morning and sat for a while. Went back to bed a couple hours later, propped myself up on bed, pain subsided after a couple hours. Spoke with the nurse at my doctors-she advised most likely effects from the second COVID shot

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VAERS ID:	1015475 (history)	**Vaccinated:**	2021-01-17
Form:	Version 2.0	**Onset:**	2021-01-17
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Malaise, Mobility decreased, Pain
SMQs:, Parkinson-like events (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: RAD
Allergies: Oral allergy to raw apples,celery,carrots,stone fruits, whole wheat
Diagnostic Lab Data:
CDC Split Type:
Write-up: 8 hrs post vaccine, got headache, chills, no fever, felt like the worst flu I ever had for 12 hrs, felt slightly better but still quite ill, tired, joint ad body aches, headache. Could not eat or get out of bed

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VAERS ID:	1015662 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	31.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	RA / -

Administered by: Private **Purchased by:** ?
Symptoms: Amnesia, Dysarthria, Dysgeusia, Loss of consciousness, Migraine, Motor dysfunction, Nausea, Speech disorder, Tremor
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia

(broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: ZOLOFT; CLONIDINE; FISH OIL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Anxiety; Food allergy; Insomnia; Obesity; Post-traumatic stress disorder
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021082240
Write-up: black outs; Severe migraine; full body shakes; soured; delayed jumbled speech; loss of memory; nausea; motor control issues; This is a spontaneous report from a contactable consumer reported for herself. A 31-year-old female patient (not pregnant at the time of vaccination and event onset) received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) lot number: EL3249, via an unspecified route of administration on 25Jan2021 10:00AM at single dose in right arm for covid-19 immunization, immunized in hospital. Medical history included obesity, anxiety, post-traumatic stress disorder (PTSD), insomnia, allergy to walnuts pecans. Prior to vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included sertraline hydrochloride (ZOLOFT), clonidine, fish oil and multi vitamin. The patient previously received the first dose of bnt162b2 lot number: EL1284, on 04Jan2021 12:00 PM at single dose in left arm for COVID-19 immunization. The patient didn''t receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient previously also received morphine and codeine, experienced allergy. The patient experienced sever migraine, black outs, full body shakes, soured, delayed jumbled speech, loss of memory, nausea and motor control issues, from 26Jan2021 11:30 PM. The events resulted in emergency room/department or urgent care. It was unknown if treatment was received. The outcome of the events was recovering. Since the vaccination, the patient had not been tested for COVID-19. The case was reported as non-serious.

VAERS ID:	1015710 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-06
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 2	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Diarrhoea, Lymphadenopathy, Malaise, Migraine, Pyrexia, Vomiting

SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: on the morning on 2/6/2021 at 6am, swollen lymph nodes under left arm, migraine, vomiting and diarrhea, fever 99.8. Did not feel well through 2/8/2021.

VAERS ID:	1018337 (history)	**Vaccinated:**	2021-01-20
Form:	Version 2.0	**Onset:**	2021-01-21
Age:	48.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / 2	RA / OT

Administered by: Senior Living **Purchased by:** ?
Symptoms: Axillary pain, Discomfort, Lymphadenopathy, Paraesthesia, Peripheral swelling, SARS-CoV-2 test
SMQs:, Cardiac failure (broad), Angioedema (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Central nervous system disorder.
Allergies:
Diagnostic Lab Data: Test Date: 20210119; Test Name: PCR nasal swab; Test Result: Negative
CDC Split Type: USPFIZER INC2021063641
Write-up: swollen armpit lymph nodes and upper right arm; swollen armpit lymph nodes and upper right arm; arm tingling to fingers; very uncomfortable; Right armpit discomfort; This is a spontaneous report from a contactable healthcare professional (the patient). A 48-year-old non-pregnant female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number EL0140), intramuscular in the right arm on 20Jan2021 at 10:00 (at the age of 48-years-old) as a single dose for Covid-19 immunization. Medical history included central nervous system disorder (CIS) from an unknown date. The patient did not have any allergies to medications, food or other products. The patient previously received dose 1 of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number EL0140) on 30Dec2020 in the right arm. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient''s concomitant medications were not reported. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 21Jan2021 at 18:00, the patient experienced right armpit discomfort. On 22Jan2021 the patient experienced swollen armpit lymph nodes and upper right arm leaving the right arm tingling to fingers and very uncomfortable. Therapeutic measures were not given for the events. The clinical outcome of the events axillary pain, lymphadenopathy, peripheral swelling, paresthesia and discomfort was not recovered. It was reported that since the vaccination (dose 1), the patient had been tested for COVID-19 via a PCR nasal swab on 19Jan2021 with a negative result.

VAERS ID:	1019188 (history)	**Vaccinated:**	2021-02-06
Form:	Version 2.0	**Onset:**	2021-02-07
Age:	39.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031L20A / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Dizziness, Erythema, Fatigue, Headache, Hyperacusis, Insomnia, Mobility decreased, Nausea, Night sweats, Pain, Photophobia, Pruritus, Pyrexia, Rash, Rash erythematous, Rash macular, Rash papular, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Airborne, Probiotic, Multivitamin, Biotin supplement
Current Illness: None
Preexisting Conditions: Mild follicular psoriasis
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Day 1: 7 hours after the vaccine shot, I experienced mild fatigue and chills. Overnight, I had night sweats and insomnia. (Night sweats are a symptom that started after the first vaccine shot, and had dwindled until the second brought them up again). Day 2: The next morning, I experienced intense fatigue, dizziness, chills, fever, headache with light and sound sensitivity, nausea, and intense fatigue. I was unable to get out of bed most of the day. I could not sit up without intense effort to even drink water. At approximately 11am, I took 600mg Tylenol, then was able to sleep for 3 hours. When I woke up my symptoms were much better, though I still had mild fatigue and achiness. Day 3: I was mildly fatigued but otherwise felt good. Day 4: I awoke with a series of small rashes on my torso (front, back, and sides), as well as my inner arm. They were red, flat, not raised, and mildly itchy, One was around my umbilicus, a few under my breasts, and other splotched in random other places on my torso. My inner ears were also mildly itchy. I put generic rash cream on the rashes on my torso and arms, and the itchiness subsided. The redness decreased throughout the day, though they were all still visible by evening. Day 5: I awoke and my entire torso was bright red *except* the places where the rashes had been the day before, which were normal skin color. Ears are itchy again, and skin is very mildly itchy. Other than that, no other symptoms. No trouble breathing, good energy. I have never had rashes or an allergic reaction like this before. I assume it''s an allergic reaction, due to the itchy inner ears and skin.

VAERS ID:	1019207 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	55.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-02-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER LIVE (ZOSTAVAX) / MERCK & CO. INC.	- / UNK	- / OT

Administered by: Public **Purchased by:** ?
Symptoms: Deafness, Visual impairment
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Prophylaxis
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132102USA003524
Write-up: hearing loss; vision issues; On or about 2009, Patient was administered the ZOSTAVAX vaccine; Information has been received regarding a case in litigation from a lawyer referring to a 55 years old female patient. No information was provided regarding medical history, concurrent conditions, or concomitant medications. In or about 2009, the patient was vaccinated with zoster vaccine live (ZOSTAVAX) (strength, dose, route, lot# and expiration date unknown) in a Family Practice for the long-term prevention of shingles and zoster-related conditions (Inappropriate schedule of product administration). Subsequently, the patient was treated by providers for the following injuries resulting from the patient''s zoster vaccine live (ZOSTAVAX) use: hearing loss and vision issues. The outcome of the events hearing loss and vision issues was unknown. Upon internal review, hearing loss was determined to be medically significant.

VAERS ID:	1019642 (history)	**Vaccinated:**	2021-02-08
Form:	Version 2.0	**Onset:**	2021-02-08
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	M025817 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Hyperhidrosis, Hypoaesthesia, Hypoaesthesia oral, Nausea, Pain, Paraesthesia, Paraesthesia oral, Pyrexia, Rash, Rash macular
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: IBS, rheumatoid arthritis
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: pt states that she developed a 101 fever the night of the vax and has had it for 2 days. She has body aches, chills, and nausea. Pt woke up drenching with sweat. She has a rash on her body and face with red splotches on jaw line and neck. She has tingling and numbness on both lips and arms. Pt contacted PCP and was told to take Benadryl and to FU tomorrow.

VAERS ID:	1020197 (history)	**Vaccinated:**	2021-02-08
Form:	Version 2.0	**Onset:**	2021-02-08
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Back pain, Fatigue, Pain, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Retroperitoneal fibrosis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None, Codiene makes me have nausea
Diagnostic Lab Data: none
CDC Split Type:
Write-up: My left arm was sore pretty shortly after my injection. When I went to bed at 9pm, little sore shoulder, back and arm. The next morning, very achy, my arm hurt a lot, very sore to move. My body had all over aches. Then it seemed to get better, but by 3:30- I just had a lot of fatigue.

Then today, Wednesday, I woke up and my arm is swollen. Not hugely, but it''s a little swollen and very sore. No redness. No fever. Just very achy.

VAERS ID:	1020379 (history)	**Vaccinated:**	2021-02-09
Form:	Version 2.0	**Onset:**	2021-02-09
Age:	79.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9810 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Lymphoma, no RX
Allergies: NKA
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: PT states active lymphoma, sees Doctor. Did not discuss vaccine with PCP. Received verbal permission from Pt to contact D=providers. TC to Doctor''s office, spoke with nurse, who states, spoke with Doctor who gave permission to vaccinate. 14:22 - After vaccination patient stood and stated he felt dizzy. Mentioned has a history of anxiety with vaccination. Rested while seated. After 5 minutes, c/o nausea, denies SOB, urticaria, or other SX anaphylaxis. Escorted via WC to first aid area. 14:33 VS: BP- 162/78 P 56 O2 Sat 98%. Provided rest / H2O. 14:45 - States SX resolved. VS - BP 164/72P - 52, O2 Sat 97%. Escorted to driver @ 15:00.

VAERS ID:	1021995 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-18
Age:	57.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3284 / 2	LA / OT

Administered by: Private **Purchased by:** ?
Symptoms: Biopsy skin, Burning sensation, Electromyogram normal, Laboratory test, Loss of personal independence in daily activities, Nerve conduction studies normal, Neuralgia, Pruritus
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (narrow), Dementia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Obstructive sleep apnea syndrome; Oligodendroglioma (History of oligodendroglioma status post resection 25 years ago with stable follow up and no residual deficits.)
Allergies:
Diagnostic Lab Data: Test Date: 202101; Test Name: Skin biopsy; Result Unstructured Data: Test Result:results pending; Comments: She does not have results to provide for the skin biopsy at this time; Test Date: 202101; Test Name: EMG; Result Unstructured Data: Test Result:Normal; Comments: Patient underwent EMG/NCS which were normal/showed no evidence of neuropathy; Test Date: 202101; Test Name: Lab test; Result Unstructured Data: Test Result:Negative; Comments: PCP ordered labs to rule out infection and other causes for neuropathy which all came back negative; Test Date: 202101; Test Name: NCS; Result Unstructured Data: Test Result:Normal; Comments: Patient underwent EMG/NCS which were normal
CDC Split Type: USPFIZER INC2021076046
Write-up: bilateral feet, left worse than right, burning, itching sensation, which progressed up to her mid calves and to a slight extent in both hands; bilateral feet, left worse than right, burning, itching sensation, which progressed up to her mid calves and to a slight extent in both hands; bilateral feet, left worse than right, burning, itching sensation, which progressed up to her mid calves and to a slight extent in both hands; This is a spontaneous report from a contactable physician. A 57-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot number EL3284), intramuscular into the left arm on 11Jan2021, at 16:00 as

second single dose for covid-19 immunization. Medical history included Obstructive sleep apnea from an unknown date, oligodendroglioma from 1996 (noted as history of oligodendroglioma status post resection 25 years ago with stable follow up and no residual deficits). The patient had no known allergies to medications, food, supplements or herbal remedies. There were no concomitant medications; Patient was not taking any OTC medications, prescribed medications, supplements or herbal remedies at the time as well as in the period prior to her vaccinations. The patient previously received BNT162B2 (lot number EH9899) on 22Dec2020. On 18Jan2021, at 08:00, the patient experienced bilateral feet, left worse than right, burning, itching sensation, which progressed up to her mid calves and to a slight extent in both hands, which was medically significant and had not recovered, as it was persisting. This was elaborated as follows: patient experienced one week following 2nd Pfizer covid-19 vaccine patient developed bilateral feet, left worse than right, burning, itching sensation. the symptoms progressed up to her mid calves and to a slight extent. The events were considered medically significant. Details were as follows: The symptoms were quite intense and interfered with her life, requiring gabapentin prescription for control of neuropathic complaints. Patient denied any significant weakness, low back pain, neck pain, balance problems, dizziness, bowel or bladder involvement. Patient saw physician who performed workup for common associated etiologies of polyneuropathy, which were negative. Patient underwent EMG/NCS which were normal, and subsequently skin bx (skin biopsy) to rule out small fiber neuropathy (results pending). The patient further described the incident as a week after receiving the second dose of the covid vaccine, the patient experienced new onset bilateral feet burning that went into her upper legs, mid calves and to a slight extent in both hands. The burning was experienced more in the left foot than the right foot. Reports it was severe enough for the patient to reach out to her primary care provider. (PCP) to start Gabapentin for neuropathic pain. PCP ordered labs to rule out infection and other causes for neuropathy which all came back negative. Patient has no known underlying risk factors that would predispose her to neuropathy. Neurologist did an EMG which showed no evidence of neuropathy. The patient went into to the office, and she had a skin biopsy to rule out small fiber neuropathy. She does not have results to provide for the skin biopsy at this time, however, the neurologist feels if the skin biopsy is positive, there may be an association with the vaccine in regards to the burning pain the patient is experiencing. She is calling to ask if this is a reported side effect. Treatment was confirmed as gabapentin was prescribed by PCP, and the patient started on it a few days after the onset of the burning pain. Outcome was noted as it has not improved, and has not resolved. No COVID tested post vaccination was noted. The outcome of the events was not recovered; the condition was persisting. Causality for the events was noted as related.; Sender''s Comments: Based on a compatible temporal association contributory role of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE) to the onset of events pruritus, burning sensation, condition aggravated cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID:	1022799 (history)	**Vaccinated:**	2021-02-10
Form:	Version 2.0	**Onset:**	2021-02-11
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Influenza like illness, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin D 2000mg, ferrous gluconate (iron), Levothyroxine 81 mcg.
Current Illness: na
Preexisting Conditions: total thyroidectomy
Allergies: na
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: muscle aches, flu-y feeling, headache, chills, slight nausea

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VAERS ID:	1023736 (history)	**Vaccinated:**	2021-02-09
Form:	Version 2.0	**Onset:**	2021-02-10
Age:	30.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest pain, Dizziness, Dyspnoea, Fatigue, Feeling cold, Nausea
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No

Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: Benadryl-hyperactivity
Diagnostic Lab Data: unknown
CDC Split Type:
Write-up: Developed right sided chest pain with sob approx 22 hrs after vaccine administration. Felt lightheaded with increased heart rate. Fatigue, nausea, chills. No fever. Pt contacted office and pt was instructed to report to ED for evaluation. Employee was evaluated at Medical Center. Pt was released and is feeling better today (2/11/21). No treatment per patient. Pt stated ED felt symptoms were side effect of Covid vaccine.

VAERS ID:	1023922 (history)	**Vaccinated:**	2021-02-07
Form:	Version 2.0	**Onset:**	2021-02-08
Age:	40.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011M20A / 1	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Headache, Nausea, Pain
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Verapamil Omeprazole Tramadol Duloxetine
Current Illness: None
Preexisting Conditions: Abdominal nerve pain
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Extreme headache lasting 72 hours Nausea off and on for more than 72 hours Body aches lasting more than 48 hours

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VAERS ID:	1025205 (history)	**Vaccinated:**	2021-02-02
Form:	Version 2.0	**Onset:**	2021-02-10
Age:	61.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site rash, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: penicillin
Diagnostic Lab Data: None at this time
CDC Split Type:
Write-up: Moderna COVID Vaccine EUA I have what is being called "covid arm". I have a red rash, that is swollen and hot. It also is itchy. It is about a 6" by 6" spot. I have taken ibuprofen and applied ice. This is the third day of the rash. It appears to be getting smaller. The information I have read says it going to take 5-7 days to resolve itself

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VAERS ID:	1025501 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	75.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site rash, Rash erythematous, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: calcium, probiotics, K-2, trace minerals
Current Illness: none
Preexisting Conditions: none
Allergies: benedryl
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Round red itchy rash at the site that appeared today.

VAERS ID:	1026885 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1283 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None

Preexisting Conditions: HX injuries from MVA, prescribed medications for pain control.
Allergies: 1. Environmental: hay-fever seasonal 1. Influenza Vaccines: Rash and swelling
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Noted 45 minutes post injection that her face was red and this was rapidly followed by a rash under chin, anterior chest, face and upper bilateral arms.

VAERS ID:	1026903 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	29.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site reaction, Injection site warmth, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Benadryl, spironolactone 100mg, refresh optive, pataday
Current Illness:
Preexisting Conditions: Migraines and acne
Allergies: Latex, nickel, morphine, penicillin, Toradol
Diagnostic Lab Data:
CDC Split Type:
Write-up: Originally had hives following dose 2 on 2/11/21, and took Benadryl. Today, I felt my left arm was itchy and upon inspection, I found a welt just below the Injection site. It is itchy, tender, red and hot to the touch.

VAERS ID:	1027546 (history)	**Vaccinated:**	2021-02-08
Form:	Version 2.0	**Onset:**	2021-02-09
Age:	21.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Migraine
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: not known
Current Illness: not known
Preexisting Conditions: not known
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Staff member received her 2nd dose on Mon 2/8 at 8am. She woke up on Tues 2/9 with a pounding headache / migraine that would not go away. She went to her MD office on Wed 2/10. As of Thurs 2/11, the migraine still persisted. Her MD has decided to keep her out of work until Mon 2/15. She does not have a history of migraines.

VAERS ID:	1027709 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024M20A / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Wrong technique in product usage process
SMQs:, Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: When the nurse administer the vaccine some of the fluid leaked out of her arm.

VAERS ID:	1028541 (history)	**Vaccinated:**	2021-02-07
Form:	Version 2.0	**Onset:**	2021-02-09
Age:	53.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016M20A / 1	LA / SYR

Administered by: Military **Purchased by:** ?
Symptoms: Chills, Dizziness, Fatigue, Feeling cold, Feeling hot, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness, fatigue, hot and cold chills, headache, and nauseous

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VAERS ID:	1028843 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	55.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth, Post-acute COVID-19 syndrome
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril, multi vitamin, Estradiol patch, krill oil
Current Illness: None
Preexisting Conditions: None
Allergies: Seasonal allergies/hay fever No other allerrgies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: ?Covid arm?, on 9th day post vaccine, sit of injection became painful, swelled, red, hot to the touch. Symptoms slowly abated over a few days.

VAERS ID:	1029010 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-13
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	J75L9 / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blister, Chills, Pain, Pyrexia, Swelling face
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome

(broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen face, blister under eye (mostly right side), chills and fever, and muscleache.

VAERS ID:	1029135 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	86.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / UNK	AR / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered by device
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Partial dose administered. More that half of the dose was administered, no second dose was administered

VAERS ID:	1030381 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort, Dyspnoea, Heart rate increased
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 20 minutes after receiving Covid 19 Vaccine /Pfizer, employee complaints of shortness of breath, chest tightness, pulse = 100. Medical team was called and Employee was taken to the ER.

VAERS ID:	1030393 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Dysphonia, Throat irritation
SMQs:, Anaphylactic reaction (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 25 minutes after receiving Covid Vaccine/Pfizer, employee complains of hoarseness, increased cough, tickle in throat. Medical team was called and Employee taken to ER.

VAERS ID:	1031478 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-01-12
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No reported medical history)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Received second dose of Moderna vaccine and should have received second dose of Pfizer vaccine; A spontaneous report was received from a pharmacist concerning a patient who received Moderna''s COVID-19 vaccine (mRNA-1273) but the patient received second dose of Moderna vaccine and should have received second dose of Pfizer vaccine. The patient''s medical history was not provided. Concomitant product use was not provided by the reporter. On an unknown date, the patient received their first of two planned doses of Pfizer COVID-19 vaccine for prophylaxis of COVID-19 infection. On 12 Jan 2021, the patient received their second of two planned doses of COVID-19 vaccine, but was administered Moderna''s mRNA-1273 vaccine instead of Pfizer''s. Treatment information was not provided. Action taken with mRNA-1273 in response to the event was not provided. The event, patient received second dose of Moderna vaccine and should have received second dose of Pfizer vaccine, was considered resolved on 12 Jan 2021.; Reporter''s Comments: This report refers to a case of Wrong product administered for mRNA-1273, lot #

VAERS ID:	1033397 (history)	**Vaccinated:**	2021-02-07
Form:	Version 2.0	**Onset:**	2021-02-14
Age:	32.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Injection site reaction, Injection site warmth, Myalgia, Rash erythematous, Rash papular
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A

Preexisting Conditions: N/A
Allergies: Penicillin, Amoxycillin, Erythromycin
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Chills, fatigue, muscle soreness, and mild joint pain onset 7 days after 1st dose. Persisted for approx. 24 hours before abating. 3" diameter raised red rash around injection site, hot to the touch, onset 8 days after 1st dose, has not abated.

VAERS ID:	1033864 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	75.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Herpes zoster, Hypoaesthesia, Pain of skin
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Opportunistic infections (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Celebrex - 200 mg Estrace - 1 mg
Current Illness: none
Preexisting Conditions: degenerative osteoarthritis, hands
Allergies: amoxicillin latex & rubber neosporin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: On 1/28/21, developed Shingles on left midriff. Dr. contacted on Friday, 1/29/21. Diagnosis was confirmed. Medication prescribed : Acyclovir 400 mg; 2 tablets (800 mg total) 5 times per day. Plus Acyclovir 5% ointment, apply to affected area as needed. Subsequently, developed severe pain in the affected area on 1/31/21. Prescribed Gabapentin, 100 mg. Dosage: 3 capsules (300 mg) 3 times per day. As of 2/16/21, developing numbness and tenderness in affected area.

VAERS ID: 1035654 (history)		**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-16
Age:	87.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Erythema, Peripheral swelling, Skin warm
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OTC generic multivitamin
Current Illness: None
Preexisting Conditions: None
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: On 2/16/21 area on arm became red, hot and swollen. Area approximately 4 inches across and 6 inches in length . Not itchy Ice applied

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VAERS ID: 1035737 (history)		**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2021-01-06
Age:	51.0	**Days after vaccination:**	14
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia
SMQs:, Arthritis (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Diabetes, controlled by trulicity 1.25Ul every 7 days
Current Illness:
Preexisting Conditions: Diabities
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: 2 weeks (+/-) after pain in left hip, as if I had fallen on the ice, and landed on my hip.

VAERS ID:	1035861 (history)	**Vaccinated:**	2021-02-04
Form:	Version 2.0	**Onset:**	2021-02-09
Age:	78.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9810 / UNK	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: glucosomine
Current Illness: none
Preexisting Conditions: none
Allergies: none that I am aware of
Diagnostic Lab Data: Waiting for my Dr. to call today to go over my shoulder problem, cause and effect of problem.

CDC Split Type:
Write-up: Have constant pain in right upper arm shoulder, have taken Ibuprofen 800mg per day reliefs pain for about 12 hours. My arm movement seems to be good and is not painful when I move it. I have to elevate my arm in a sling type position as the day goes on it gets more painful otherwise. I have called my doctor but have not heard back from him, I am expecting him to call me today, so I can get his opinion on what might be wrong with my shoulder. I have my second virus short scheduled for Feb. 25,2021 at 9:30 am at the same place.

VAERS ID:	1035908 (history)	**Vaccinated:**	2021-02-15
Form:	Version 2.0	**Onset:**	2021-02-15
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ativan, vitamin D, multi vitamin
Current Illness: None
Preexisting Conditions: None
Allergies: Sensitive to aspirin and sulfa drugs
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Started with headache and the developed chills and body aches

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VAERS ID:	1038632 (history)	**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	2021-02-18
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Syringe issue, Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: During vaccine delivery, the seal between the needle and the syringe failed causing the vaccine fluid to ?squirt out? from the base of syringe all over the patient and the pharmacist who was administering the vaccine resulting in an unknown amount of vaccine?or possibly none at all? being delivered to the patient. Uncertain what to do, the pharmacist called Moderna and was instructed to start over and administer a ?half dose? of instead of a full dose of to the patient, which was completed with no further problems. However, the administration of only the ?half dose? was NOT noted on the patient?s vaccine card at the time, although this seems like very important information.

VAERS ID:	1040772 (history)	**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-02-05
Age:	69.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038K20A / 1	- / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Vaccination site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oxybutinin
Current Illness: None
Preexisting Conditions: None
Allergies: Sulpha
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash at site of vaccination on left arm

VAERS ID:	1041114 (history)	**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	2021-02-18
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Eye swelling, Rash
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: tiotropium
Current Illness: asthma, eczema, pituitary disorder unspecified
Preexisting Conditions: asthma and eczema
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling under the eyes and rash on the cheek bones. Likely exacerbation of prior rash after a hot shower. Improved with Zyrtec and diphenhydramine. Patient has history of eczema and asthma.

VAERS ID: 1391336 (history)		**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	2021-02-18
Age:	86.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM6201 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Cyanosis, Dizziness, Pallor
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Stated none
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2 minutes after vaccine administratios started Saying she did not feel right. She stated to develop Pallor, blue immediately went to her couch where she lAid down, she expressed feeling dizzy. Cold cloth to heAd, OJ given. VS 130/74 BP P70 colored returned within 40 miN . VS stable started she felt better

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VAERS ID: 1042842 (history)		**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	2021-02-19
Age:	84.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PFIZER / 1	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Chills, Headache, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: celebrex, prednisone, fluoxtine ,oxybutynin, diltiazem, rosuvastatin, centrum, losartan, omeprazole, amlodipine, baby aspirin, hydrocholorothiaz
Current Illness: None
Preexisting Conditions: heart disease, high blood pressure, polymyalgia rheumatica, acid reflux, arthritis or gout in hand; bladder problems
Allergies: bee stings, amoxicillin, erthromyacin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: chills, slight headache, rash on chest, arms, upper legs---does not itch

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VAERS ID:	1043039 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-20
Age:	36.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030M20A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Rash, Rash erythematous, Rash papular, Rash pruritic, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine, zyrtec, Benadryl, letrizole
Current Illness:
Preexisting Conditions: Hypothyroidism, asthma

Allergies: Carrots, buspirone
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash. Like getting bit by a horsefly. Raised, itchy, red, sore rash. About the size of a playing card. Warm to touch. Appeared about a week after getting the vaccine.

VAERS ID:	1043734 (history)	**Vaccinated:**	2021-02-08
Form:	Version 2.0	**Onset:**	2021-02-09
Age:	38.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature increased, Chills, Fatigue, Headache, Illness, Impaired work ability, Injection site pain, Muscle discomfort, Myalgia, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Arm soreness
Other Medications: Flovent, Proair, Ritalin
Current Illness: None
Preexisting Conditions: Asthma, ADD, High Blood Pressure
Allergies: Amoxicillin, Penecillan, Azithromycin, Keflex.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: About 12 hours after the 2nd dose was given, I woke up at 2:30am with a severe headache, uncontrollable chills, muscular discomfort, soreness at the injection site, and fatigue. I took 2 Tylenol, the chills subsided about 15 minutes after they began, and the headache was better about 30 minutes after taking the Tylenol. I was in and out of sleep on the couch until around 6am, and I took my temperature at that time. It was 102 degrees. I took a couple more Tylenol at 7am and contained to take 2 every 4 hours (last dose around 6pm that night). My temperature reduced gradually, but it was still over 101 degrees around noon. By 6-7pm my fever was gone and didn''t return. I called out of work sick, and I fell back asleep in bed from 8am-11:30am. I woke up with significant muscle pain in my left theigh (I sleep on my left side, but the pain was much more pronounced than usual). This lasted 3-4 hours. Overall, less acute muscle

soreness lasted the full length of pronounced reactivity (~2:30am to ~6:30pm on 02/09). Fatigue was evident until a went to bed around 11:30pm and not noted when I woke up at 6:30am on 02/10 for work. Soreness at the injection site (left arm) gradually decreased over about 3 days following the injection, but it never impaired my ability to engage in everyday tasks.

VAERS ID:	1044061 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-19
Age:	47.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site reaction, Rash erythematous, Rash papular, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flovent, Albuterol
Current Illness:
Preexisting Conditions: Asthma
Allergies: Penicillin, erythromycin, sulfa, doxycycline, morphine Venom Tomatillos, mango
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed itchy, raised, red rash at injection site on Day 7

VAERS ID:	1044505 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	2021-02-20
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016M20A / 2	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Headache, Nausea

SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: headache, nausea, low energy, lightheaded ness

VAERS ID:	1044588 (history)	**Vaccinated:**	2021-02-21
Form:	Version 2.0	**Onset:**	2021-02-21
Age:	78.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dyspnoea
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After 5 minutes of vaccination she started to have shortness of breath, and ambulance was called out of caution

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VAERS ID:	1044738 (history)	**Vaccinated:**	2021-02-16
Form:	Version 2.0	**Onset:**	2021-02-18
Age:	78.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Eye irritation
SMQs:, Corneal disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none now
CDC Split Type:
Write-up: Moderna Covid-19 Vaccine EUA given February 16, 2021 followed two days later with left eye irritation that has persisted until now (February 21, 2021

VAERS ID:	1045769 (history)	**Vaccinated:**	2021-02-20
Form:	Version 2.0	**Onset:**	2021-02-20
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Lymphadenopathy, Pain in extremity
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid, vitamin D, B-12
Current Illness: None
Preexisting Conditions: Hypothyroid
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness that is continuing, fatigue, arm soreness, swelling of lymph nodes

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VAERS ID:	1045915 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-19
Age:	73.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Vaccination site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: calcium carb-ergocalciferol (vit D2) 600 mg calcium-200 unit tablet 1 tab orally once daily Qty: - Refills: 0 Date Written: 02/17/20 Problem: - Stop Date: - Diagnosis Code: - cholecalciferol (vitamin D3) 25 mcg (1,000 unit) capsule 25 mcg o
Current Illness: NONE
Preexisting Conditions: Paroxysmal atrial fibrillation, rheumatoid arthritis, hypothyroidism, hypercholesterolemia, Raynauds
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: 7 days after the vaccination she developed pain, redness and itching around the vaccination site and extending down

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VAERS ID:	1046182 (history)	**Vaccinated:**	2021-02-21
Form:	Version 2.0	**Onset:**	2021-02-21
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Fatigue, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Desvenlafaxine, buspar, wellbutrin, Vit D and Vit B complex, probiotic
Current Illness: N/A
Preexisting Conditions: Anxiety
Allergies: Sulfa, opiates, compazine, shellfish, agave
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Left arm soreness onset 2 hours post injection. Chills and fatigue onset 3 hours post injection. Fever 4 hours post injection. 24 hours post injection still feeling fatigue, sore arm, and chills.

VAERS ID:	1046349 (history)	**Vaccinated:**	2021-02-07
Form:	Version 2.0	**Onset:**	2021-02-09
Age:	98.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9810 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Blister, Herpes zoster, Malaise, Pruritus
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Chlordiazepokide HCL, Colace,Excedrin, Mutlivitamins, Simvastin, Tylenol, Losartan, Hydrochlorthiazide
Current Illness: None
Preexisting Conditions: Diabetes, hypertension. Osteoarthritis, Chronic kidney disease, macular degeneration, moderate persistent asthma
Allergies: None
Diagnostic Lab Data: Telehealth visit with Primary MD diagnosed patient with shingles
CDC Split Type:
Write-up: Patient did not feel well and reports general malaise day 2 and day 3 post vaccination. She noticed itching of Right Breast on Day 3 and later that evening, noticed a rash with blisters.

VAERS ID:	1049699 (history)	**Vaccinated:**	2021-02-06
Form:	Version 2.0	**Onset:**	2021-02-07
Age:	55.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Blood culture negative, CSF culture negative, Culture urine negative, Electroencephalogram abnormal, Endotracheal intubation, Hypotension, Lumbar puncture, Metabolic disorder, Nervous system disorder, Pyrexia, Seizure, Sputum culture, Status epilepticus
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Medication history from EMR: Mucinex, temazepam, potassium chloride, atorvastatin, clopidogrel, nabumetone, Refresh eye drops. Aspirin and levetiracetam are on medication list but caregiver reported he was not taking.
Current Illness:
Preexisting Conditions: History of: traumatic brain injury, aspiration pneumonia, rheumatoid arthritis, rheumatoid lung, cardiac stents, quadriplegia, pseudophakia, pleural effusion, NSTEMI, MRSA, amblyopia
Allergies: None reported.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Per H&P and physician notes, patient was admitted to hospital on 2/7/21 with status epilepticus from home. He had received his second dose of COVID19 vaccine on 2/6/21 per Emergency Department note. Patient was febrile on admission (40.7 Celsius) and was intubated. Patient had issues with hypotension, neurologic impairment, and metabolic issues. Received pressors, IV fluids, Keppra, IV antibiotics to cover for possible CNS infection. Lumbar puncture performed. Abnormal EEG on 2/9/21. Recurrent seizure on 2/10/21. Pt extubated on 2/12/21. Blood cultures, urine culture, and CSF culture all no growth. Sputum culture mixed oral flora. As of 2/22/2021, patient tolerating tube feeds, shakes head yes and no responding to questions.

VAERS ID:	1051464 (history)	**Vaccinated:**	2020-12-21
Form:	Version 2.0	**Onset:**	2020-12-21
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	R001529 / 2	- / -

HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132102USA007612
Write-up: a patient received an expired RECOMBIVAX; This spontaneous report as received from a nurse referring to a 15 years old male patient. The patient''s pertinent medical history, drug reactions/allergies, concurrent condition and concomitant medication were not provided. On 21-DEC-2020, the patient was vaccinated with expired hepatitis b vaccine (recombinant) (RECOMBIVAX HB) (dose # 2; 1 dosage form; lot # R001529, expiration date 07-NOV-2020, route was not provided) for prophylaxis. No further information was available. combinationproductreport: Yes; brandname: RECOMBIVAX HB SYRINGE (DEVICE); commondevicename: Hepatitis B Vaccine (Recombinant); productcode: FMF; devicetype: SYRINGE, PISTON (FMF); manufacturername: Merck Sharp & Dohme Corp. ; devicelotnumber: R001529; expirationdate: 07-NOV-2020; deviceage and unit: 0 ; malfunction: Unknown; deviceusage: Initial; reasonfornoneval: 81 Other; labeledsingleusedevice: No; mdcpreportability: No; mdcpreprationale: Case information does not meet the criteria for Reportability

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VAERS ID:	1051926 (history)	**Vaccinated:**	2021-02-22
Form:	Version 2.0	**Onset:**	2021-02-22
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Diarrhoea, Fatigue, Headache, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad),

Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none- our protocol states test tomorrow if s/s continue
CDC Split Type:
Write-up: hours after receiving 2nd dose fever, chills ,HA, arthralgia, myalgia fatigue diarrhea continued thru 2/24/21

VAERS ID:	1053572 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-30
Age:	90.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arrhythmia, Chills, Headache, Heart rate increased, Nausea, Photophobia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Cardiomyopathy (broad), Corneal disorders (broad), Retinal disorders (broad), Cardiac arrhythmia terms, nonspecific (narrow), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CRESTOR
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Heartbeats irregular

Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: arrhythmias; rapid heartbeat; slight nausea; slight headache; light bothered vision for some days; mild chills; A spontaneous report was received from a retired nurse concerning herself who is 90 year old received Moderna COVID-19 vaccine and have experienced arrhythmias, rapid heartbeat, slight nausea, slight headache, some visual problems (light bothered her for some days) and mild chills. The patient has prior history of irregular heart beat . Her relevant concomitant medications were cholesterol medication, Crestor and medication for irregular heartbeat. No information on allergies. On 28-JAN-2021, prior to the onset of events, the patient received her first of two planned doses of COVID-19 vaccine intramuscularly for the prophylaxis of COVID-19 infection. On 30-JAN-2021, 2 days after her vaccination, she developed arrhythmias, rapid heartbeat, slight nausea, slight headache, some visual problems (light bothered her for some days) and mild chills. After one week she felt like no more symptoms ongoing and felt good again. She visited her physician for arrhythmias, and he said, she should keep an eye on it, but no medication yet. She is concerned about her second shot. Action taken with 2nd dose of Moderna COVID-19 vaccine was not reported. The outcome of the events, arrhythmias, rapid heartbeat, slight nausea, slight headache, visual problems and chills were resolved at the time of report.; Reporter''s Comments: Based on the current available information and temporal association between the use of the product and the onset date of the events, a causal relationship cannot be excluded. However, patient''s advanced age and prior history of irregular heart beat are considered risk factors for arrhythmias.

VAERS ID:	1053881 (history)	**Vaccinated:**	2021-02-17
Form:	Version 2.0	**Onset:**	2021-02-21
Age:	72.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sarsparilla, butyrate, vitamin B7, MSM
Current Illness: none
Preexisting Conditions: psoriatic arthritis, CLL

Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hives on chest, mild itchyness

VAERS ID:	1053903 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-02-13
Age:	72.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030M20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Ionic contrast Morphine Ibuprofen Piroxicam Naproxen
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: patients wife calling to report that the patient had his first covid shot on 2/ 11/21. 2 days later the patient broke out in hives on top of his head, forehead, back of neck cheek bone area on the LT side swelled up only lasted 2 days.

VAERS ID:	1054050 (history)	**Vaccinated:**	2021-02-23
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	023M20A / UNK	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Condition aggravated, Vertigo
SMQs:, Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Tetanus toxin absorbed, age 40
Other Medications: SYNTHROID, meclazine, glipizide, vitamin c, cranberry pills
Current Illness: Urinary Tract Infection
Preexisting Conditions: Diabetes type 2, connective tissue disorder, Sjogrens, Raynauds, carpal tunnel, rheumatoid and osteoporosis arthritis, Barrett?s esophagus,
Allergies: Ba trim, big in, erythromycin, oxycodone, metformin, Bonita, gabbapentin, sim a statin, pravastatin, tetanus toxic absorbed
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, triggered my vertigo. I took an additional meclazine and slept until it wore off.

VAERS ID:	1054939 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 2	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Paraesthesia oral, Swollen tongue
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Low-dose aspirin.
Current Illness:
Preexisting Conditions: COPD
Allergies: no known allergies
Diagnostic Lab Data: 25 mg diphenhydromine
CDC Split Type:
Write-up: swelling tongue and tingling around the mouth

VAERS ID:	1055518 (history)	**Vaccinated:**	2021-02-23
Form:	Version 2.0	**Onset:**	2021-02-23
Age:	76.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	023M20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: no
Preexisting Conditions: no
Allergies: a good cup of coffee
Diagnostic Lab Data: no
CDC Split Type:
Write-up: Had big bowl of chili. Got very tired. The kind of tiredness where she had to just lie down and go to sleep. Went to bed. The next morning, she was fine.

VAERS ID:	1055561 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	77.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6203 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: losartan potassium, chlorthalidone, glipizide ER, invokana, levoxyl, pravastatin sodium, tradjenta, finasteride, B complex vitamin, vitamin D3, cod liver oil, magnesium malate, DGL, CoQ 10
Current Illness:
Preexisting Conditions: diabetes, hypothyroidism, hyperlipidemia, hypertension, enlarged prostrate
Allergies: facial swelling - cause not always apparent. Reactions to atorvastatin, hydrocodone, metformin, amlodipine, lisinopril, and hydrochlorothiazide
Diagnostic Lab Data:
CDC Split Type:
Write-up: Numbness on left side of face. Still persisting since vaccination - currently about 8 1/2 hours

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VAERS ID:	1055965 (history)	**Vaccinated:**	2021-02-13
Form:	Version 2.0	**Onset:**	2021-02-18
Age:	39.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Joint range of motion decreased, Joint swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome

(broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: calcium + D
Current Illness: none
Preexisting Conditions: N/A
Allergies: penicillin allergy (causes hives)
Diagnostic Lab Data:
CDC Split Type:
Write-up: fever, chills, and extensive join swelling and pain including knees, ankles, wrists, elbows, fingers, and toes. Joint swelling in the knees, especially, led to visible edema with restriction in range of motion. Swelling lasted for four days before beginning to diminish. Joint swelling took about 1 week to resolve.

VAERS ID:	1058946 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-26
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9264 / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: No adverse event, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown

Allergies: Unknown
Diagnostic Lab Data: none
CDC Split Type:
Write-up: No known adverse event, but we wanted to report that the immunization was given to someone who was only 15 years of age. The VAR was signed off on by we assume a parent, and the patient additionally signed the back of the VAR.

VAERS ID:	1060565 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-02-11
Age:	78.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9809 / 1	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Asthenia, Decreased appetite, Headache, Pain
SMQs:, Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losarten, Synthroid
Current Illness: none
Preexisting Conditions: None Second dosage: 2/25/21 time 3:00 p.m. reaction approx 4 hours later similar to first...bad headache; not aches and pains as with the first, but no appetite whatsoever; it is now Sunday and still weak.
Allergies: None known
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Approx 4 hours after having the shot BOTH times; 1st time ache all over, bad headache; no appetite, very weak...stayed in bed for approx 30 hours 2nd dosage: approx 4 hours after shot; bad headache, no appetite, very weak lasted longer still in bed on following Sunday 2/28 (shot on 2/25) headache would come and go; was told to make sure someone stayed with me since I had had reaction with first shot and warned me thatif I had reaction to 1 would have for 2nd...No one to stay

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VAERS ID:	1060568 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Ear pain, Ear swelling, Headache, Neck pain, Rash, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: HBP
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Swelling & severe pain in right ear, all around the ear, the right side of my neck & back of head. Rash in front of my right ear on 3rd day after vaccine

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VAERS ID:	1060729 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	2021-02-19
Age:	87.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Asthenia, Chest discomfort, Electrocardiogram, Fatigue, Headache, Pain, Painful respiration, Pyrexia, X-ray
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: olmesartin, probiotic, vit c, vit d
Current Illness:
Preexisting Conditions:
Allergies: shellfish
Diagnostic Lab Data: x ray, ekg
CDC Split Type:
Write-up: After injection on Friday, headache, fever, tired, achy. Very tired through weekend. On Monday she developed painful deep breathing , tightness in chest, more achy, extremely low energy, warranted emergency visit for chest x ray and EKG. Still has debilitating exhaustion a week later.

VAERS ID:	1061037 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	8846 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Bone pain, Chest discomfort, Chills, Decreased appetite, Diarrhoea, Fatigue, Lethargy, Myalgia, Night sweats
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Osteonecrosis (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Acidophilus, zinc magnesium calcium
Current Illness: None
Preexisting Conditions: Asthma
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Night sweats, chills horrible muscle bone aches diahrrea, no appetite, had to crawl to the bathroom the last 3 days on hands and knees. Lethargic . Tired. Fatigue. 4 days now. And I am getting worse. Heaviness on chest

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VAERS ID:	1062402 (history)	**Vaccinated:**	2021-02-20
Form:	Version 2.0	**Onset:**	2021-02-20
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Hypoaesthesia, Hypoaesthesia oral, Paraesthesia, Paraesthesia oral
SMQs:, Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tingling in hands bilaterally began at 15min mark post vaccination. Approx 15min later tingling traveled down to legs bilat. Approx 15min after that, tingling traveled into face around cheeks and lips bilaterally. Patient noted numbness around face and lips. Pulse 70, Resp 14, no BP taken due to equipment failure. Recommended patient seek further medical observation by ER or Urgent Care, patient verbalized understanding.

VAERS ID:	1062477 (history)	**Vaccinated:**	2021-02-20
Form:	Version 2.0	**Onset:**	2021-02-27
Age:	51.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006M20A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: novolog, levimere, losarten, HCTZ, levothyroxine, amlodipine
Current Illness: No
Preexisting Conditions: type 1 diabetes, hypertension,
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: one week post vaccine #2, employee states hives over various areas of body including: belly, thigh, groin, armpit, right arm. Employee has taken OTC Benadryl. 25mg 3 times per day.

VAERS ID:	1062696 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	2021-02-20
Age:	38.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Pain, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Wellbutrin 150 mg BID Vitamin D 10,000 units daily Prenatal vitamin Aspirin 81 mg daily
Current Illness: mild nasal congestion/ "cold"
Preexisting Conditions: antiphospholipid antibody syndrome anxiety/depression
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: after first dose arm was sore for about 48 hours after second dose at 16 hour mark woke up with rigors and fever; the next 24-28 hours very tired and achey with head ache now 10 days later have very sore arm from second dose

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VAERS ID:	1062786 (history)	**Vaccinated:**	2021-02-17
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	74.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site indentation, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: methotrexate, Alpha Lipoic Acid, B-2, Magnesium 900 mg, Multiple Vitamin, baby aspirin, leucovorin, D-3,PABA
Current Illness:

Preexisting Conditions: Psoriasis PMR Raynaud''s Neuropathy
Allergies: Macrodantin Nitrofurantoin Lisinopril
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very itchy spot on upper arm where shot was administered 8 days after receiving the first Moderna vaccine Itchy area red, but redness disappears after itch subsides. Hard swelling can be felt under itchy area. After 3 days the itch seems to have lessened, but swelling is still there.

VAERS ID:	1062880 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-26
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	279834 / UNK	- / -
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: No adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoxetine, Amlodipine
Current Illness: Cough
Preexisting Conditions: Hypertension, depression, insomnia
Allergies: No known allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: No adverse reaction reported by patient. Patient under the age of 50, as recommended/ required for first dose of Zoster.

VAERS ID:	1064425 (history)	**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-02-10
Age:	40.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abortion spontaneous, Exposure during pregnancy, Headache, Physical examination, Ultrasound scan vagina, Uterine spasm, Vaginal haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Termination of pregnancy and risk of abortion (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamin
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Trans vaginal ultrasound, physical examination
CDC Split Type:
Write-up: I was about 9 weeks pregnant with no complications at the time of my second vaccination. Estimated due date was 08/24/2021. I began bleeding and cramping and having headaches approximately 10 days after my second dose. I sought medical attention and was told that my baby no longer had a heart beat and that growth (based on ultrasound) had stopped around the 9 week mark. I had medical assistance to physically miscarry the deceased fetus. I have one healthy living son (2 years, 4 months old) who was delivered without complications naturally.

VAERS ID:	1064686 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-02
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Cough, Headache, Nausea, Pain, Pyrexia
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Moderna CoVID, shot 2, age 52, exhaustion, fever, chills, all Over body aches, headache, nausea/vomiting.
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, body aches, headache, chills, nausea, cough

VAERS ID:	1065385 (history)	**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-03-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Device connection issue, Exposure via skin contact, Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No reported medical history.)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: exposure to skin; invalid dose; exposure to skin; A spontaneous report was received from a healthcare facility staff member concerning male patient who had invalid dose of administration and exposure to skin of Moderna"s COVID-19 vaccine. The patient"s medical history was not provided. Concomitant product use was not provided by the reporter. On 18-FEB-2021, the patient received their first of two planned doses of mRNA-1273 (Batch number unknown) intramuscularly for prophylaxis of COVID-19 infection. The reporter reported that, the syringe cracked, and the Moderna Covid-19 Vaccine ran down patient"s arm. Reporter was not sure about the patient received very much of the dose. Treatment information was not provided. Action taken with second dose of mRNA-1273 in response to the events was not provided. The outcome of the events, were considered as recovered.; Reporter"s Comments: This report refers to a case of vaccine underdose, syringe connection issue and exposure via skin for mRNA-1273 (Batch number unknown) with no associated AEs.

VAERS ID:	1066260 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030M20A / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Rash, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoxetine, prosac, valsiclavor
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itchy rash all over abdomen

VAERS ID:	1066264 (history)	**Vaccinated:**	2021-02-10
Form:	Version 2.0	**Onset:**	2021-02-27
Age:	91.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20X / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Crying, Rash, Rash pruritic, Scab, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Depression (excl suicide and self injury) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrochlorothiazide 25mg, amlodipine 5mg, glipizide 5mg, lozartan 100mg magnesium 250mg 2/day, turmeric curcumin 500mg, ch
Current Illness: none
Preexisting Conditions: diabetes
Allergies: none known
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Started with slight itchy rash on Feb 27 on right side of face. Became more itchy and spread on Feb 28. Face swollen to almost eye shut by Mar 1, very itchy and weepy. Rash also visible on neck and front of torso. Visited doctors office on Mar 1 at 1:00pm. Received prescription for Prednizone 20mg, to be taken over 10 days. Seems to be working, swelling is down and not as severely itching. Still very visable and dry crust forming on face.

VAERS ID:	1066348 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-27
Age:	52.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Lip swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Reported full body hives and significant lip swelling 24 hours after vaccination.

VAERS ID:	1066717 (history)	**Vaccinated:**	2021-03-02
Form:	Version 2.0	**Onset:**	2021-03-02
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dyspnoea, Heart rate increased, Injection site hypoaesthesia, Muscular weakness
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and

symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: patient reported having an inner ear issue that started in the morning of 3/2/2021.
Preexisting Conditions: congestive heart failure
Allergies: patient reported a Valium allergy
Diagnostic Lab Data: emergency medical providers assessed vital signs and the patient''s blood glucose level on site.
CDC Split Type:
Write-up: patient reported numbness in her upper deltoid muscle on the side of vaccination initially. After 5 minutes the patient reported feeling a little short of breath and that her heart rate felt fast. Patient remained alert and oriented throughout. Patient was given water and instructed to perform pursed lip breathing. When attempting to move patient to a private space, she reported weakness in her legs and required assistance to transfer to a wheel chair. 911 was called when patient reported trouble breathing that was not improving. Patient also reported a history of anxiety and congestive heart failure. Patient was transported to a local emergency department via ambulance for further evaluation. Patient was transported away from our clinic at 10:15am.

VAERS ID:	1068731 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Influenza like illness, Myalgia, Nausea, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Felt like the worst flu. Extreme nausea, fever, muscle aches, headache

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VAERS ID:	1068846 (history)	**Vaccinated:**	2021-02-21
Form:	Version 2.0	**Onset:**	2021-02-21
Age:	78.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	UN / UN

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Blood test normal, Decreased appetite, Fatigue, Gait inability, Sleep disorder, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: rosuvastatin metoprolol levothyroxine vit C , vit D, fish oil, multivitamin
Current Illness: none
Preexisting Conditions: none
Allergies: sulfa drugs penicillin
Diagnostic Lab Data: Blood tests at emergency room the morning after the 2nd shot all looked normal according to doctors
CDC Split Type:

Write-up: Weak and fatigue. Not wanting to eat or drink. Unable to walk without holding onto items. Sleepy, but unable to sleep. Nine days after 2nd shot still having the same symptoms.

VAERS ID:	1069119 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-03
Age:	72.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Paraesthesia oral
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Slight tingling in my lips. It went away in about an hour.

VAERS ID:	1070065 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-03
Age:	72.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Joint warmth, Muscle tightness
SMQs:, Anticholinergic syndrome (broad), Dystonia (broad), Vestibular disorders (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Pt has significant h/o multiple spinal surgeries with neurological sequela. Currently being worked up for and back pain.
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: 1140 - Pt states experiencing dizziness and "neck tightness" - clarified this is outside of the throat - and warmth over bilat shoulders post vaccine. Began in observation area within 5 minutes of receiving vax (admin time at 11:3. Pt states has a h/o significant back pain and balance issues including multiple surgeries, and is currently being evaluated for similar episodes. Thinks contributing factors include 20 min wait in car (sitting) for appt time, and long ramp incline at clinic entrance. 1141 -Pt taken to first aid area via WC. Offered water (refused). VS: BP - 160/78, P 69, O2 sat 98-99%, RR 14. Appears calm, AAOx3 - no s/o erythema, diaphoresis, edema Denies SOB, dyspnea, urticaria, nausea, CP 1150 - Pt states dizziness resolved. Fells "at his baseline. VS: BP - 158/76, P - 69, O2 sat 98% Call to Pts wife at home. Feels well enough to drive. Observed to car

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VAERS ID:	1071420 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 1	- / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paroxetine, Zaleplon, Vitamin D, Ashwagandha, fiber supplement
Current Illness:
Preexisting Conditions:
Allergies: Sensitivity to steroids
Diagnostic Lab Data:
CDC Split Type:
Write-up: pain at injection site, fatigue, headache

VAERS ID:	1071510 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-29
Age:	31.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Pain, Pain in extremity, Skin sensitisation
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Naproxen
Current Illness: COVID-19
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: no
CDC Split Type: vsafe
Write-up: The morning after the vaccine when I woke up feeling very run down, tired and very fatigued. My arm felt really achy and had a lot of body aches and skin sensivity.

VAERS ID:	1071594 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin 20mg, Sertraline 100mg, Triameterene-HCTZ 75-50mg, Vitamin D3 2000 IU
Current Illness: No illness
Preexisting Conditions: Hyperlipidemia, Hypertension, Vitamin D deficiency, Depression, Osteopenia, Insomnia
Allergies: NKDA
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Patient developed a small erythematous spot at the site of injection of the vaccination; this area is slightly warm and itchy. She reports that the symptoms are not severe and has read on-line that this should go away after about a week. She has no SOB, wheezing, arm pain. Plan for patient to take an OTC anti-histamine like Claritin and use topical hydrocortisone ointment for itching if needed.

VAERS ID:	1071660 (history)	**Vaccinated:**	2021-03-02
Form:	Version 2.0	**Onset:**	2021-03-02
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Pain in extremity
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad), Tendinopathies and

ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrocortisone Fludrocortisone Levothyroxon Liothyronine
Current Illness:
Preexisting Conditions: Addison"s disease
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: sore arm - three days fatigue - two days so far strange wooziness - two days so far

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VAERS ID:	1072166 (history)	**Vaccinated:**	2021-02-09
Form:	Version 2.0	**Onset:**	2021-03-02
Age:	87.0	**Days after vaccination:**	21
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Death, Dyspnoea, Pneumonia
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-03-02
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 6 days
Extended hospital stay? No
Previous Vaccinations:

Other Medications: amlodipine, atorvastatin, betamethasone topical, carvedilol, clobetasol topical, furosemide, losartan, mycophenolate mofetil, nitroglycerin, pantoprazole, potassium chloride, rivaroxaban, tamsulosin, triamcinolone topical
Current Illness: paraviral pneumonia
Preexisting Conditions: atrial fibrillation, bladder cancer, aortic dissection, hypertension, spinal cord stroke
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient hospitalized with shortness of breath and pneumonia (from 2/15/2021 to 2/21/2021) and patient died at another facility on 3/2/2021.

VAERS ID:	1072218 (history)	**Vaccinated:**	2021-02-13
Form:	Version 2.0	**Onset:**	2021-02-21
Age:	82.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Acute myocardial infarction, Death
SMQs:, Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-02-21
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: aspirin, atorvastatin, clotrimazole topical, gabapentin, lisinopril, metoprolol, docusate, multivitamin, nitroglycerin, omeprazole, probenecid, triamcinolone topical, zolpidem
Current Illness:
Preexisting Conditions: angina pectoris, coronary artery disease, epistaxis, gout, hyperlipidemia, hypertension, idiopathic pulmonary fibrosis, lymphoma
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient hospitalized for NSTEMI (from 2/18/2021 to 2/20/2021) and discharged on hospice/comfort care. Patient died 2/21/2021.

VAERS ID:	1072237 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	80.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Confusional state, Fatigue, Gait disturbance, Hypersomnia, Pain in extremity, Somnolence
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (narrow), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol Metinide Coumidin
Current Illness: Advanced dementia Myleofibrosis
Preexisting Conditions: Myleofibrosis Advanced dementia History of strokes
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: My mom was difficult to awaken and took 35 minutes for her to respond. Increased confusion (did not know me, nor did she know her own name). Extremely unsteady on feet. She had slept from 5pm to 9am. After breakfast and an hour she regained her knowledge of her name and mine and could correctly recite her DOB. She continues to have difficulty ambulating complaining her legs ache. She is also extremely tired.

VAERS ID:	1072759 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-06
Age:	81.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 1	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: acetaminophen 500 mg 2 Tabs oral EVERY 6 HOURS PRN albuterol sulfate 90 mcg/actuation 2 Puffs inhalation 4 TIMES DAILY PRN allopurinol 100 mg oral DAILY aspirin 81 mg 1 Tab oral DAILY atorvastatin calcium 20 mg oral DAILY cholecalcifer
Current Illness: None reported
Preexisting Conditions: HTN, HLD, Gout, Impaired Glucose Tolerance, Diverticulosis of Colon, Renal Insufficiency Syndrome, CAD, Aortic Aneurysm
Allergies: Demerol, statins, PCN
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported severely swollen glands starting day after receiving vaccine

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VAERS ID:	1073659 (history)	**Vaccinated:**	2021-02-17
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	78.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-03-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Arrhythmia, Blood test, Heart rate
SMQs:, Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: LEVOTHYROXINE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Acid reflux (oesophageal); Thyroid disorder (Taking levothyroxine)
Allergies:
Diagnostic Lab Data: Test Date: 202102; Test Name: Blood test; Result Unstructured Data: Test Result:Unknown result; Comments: Blood test was performed to check vitamin D level, B12 level and thyroid (unknown result).; Test Date: 202102; Test Name: Heart rhythm; Result Unstructured Data: Test Result:heart went out of rhythm; Comments: Patient"s heart went out of rhythm and began to beat very rapidly
CDC Split Type: USPFIZER INC2021204491
Write-up: Patient"s heart went out of rhythm and began to beat very rapidly; This is a spontaneous report from a contactable consumer (patient). A 78-year-old female patient (weight: 71.21 kg, height: 168 cm) received the first dose of BNT162B2 (Pfizer-Biontech Covid-19 Vaccine, Lot. EN6201) on the left arm, at single dose, on 17Feb2021, for COVID-19 immunisation. Relevant medical history included thyroid disorder and acid reflux (oesophageal), both from an unspecified date. Concomitant medication included levothyroxine, from an unspecified date, at an unknown dose, for thyroid disorder. On an unspecified date, in Feb2021, the patient"s heart went out of rhythm and began to beat very rapidly. No treatment received. Blood test was performed on an unspecified date, in Feb2021 to check vitamin D level, B12 level and thyroid (unknown result). Post the vaccination, the patient has not been tested for COVID-19. Clinical outcome of the adverse event was unknown at time of this report.

VAERS ID:	1073713 (history)	**Vaccinated:**	2021-02-15
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	75.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pruritus, Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Laosartan-hctz,glucosamine-chontrotin,bcomplex,lutein, coq10, fish oil
Current Illness:
Preexisting Conditions: Hypertension, hyper cholesterol

Allergies: Sulfa, bees
Diagnostic Lab Data:
CDC Split Type:
Write-up: 10 days after injection , a large itchy rash around the injection site. Slowly resolving a week after

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VAERS ID:	1074351 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Lip swelling, Paraesthesia oral, Throat irritation
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Myrbetriq 25mg Lexapro 10mg losartan 10mg levothyroxine 20mcg Inulin 2.5gram Magnesium 250mg Vit D3 1000IU
Current Illness: none
Preexisting Conditions: hypothyroidism, OSA, Depression, essential HTN, Hyperlipidemia, Osteopenia, GERD, stress and urge incontinence
Allergies: Ciproflaxacin Flagyl Hydrochlorothiazide Shrimp Sulfa drugs
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Reported from patient over the phone after the incident: tingling lips with swelling. Scratchy throat and cough. Treated with oral Benadryl with relief of symptoms duration Approx 1 1/2-2hours

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VAERS ID:	1074951 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	80.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Ageusia, Anosmia, Cough, Dizziness, Headache, Nasopharyngitis, Oropharyngeal pain, Peripheral swelling, Pyrexia, Rhinorrhoea, Vomiting
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingles 1st dose
Other Medications: AM - Potassium, Metroprolol, Baby Aspirin PM - Atorvastastatin, Macular Degeneration - Eylea Clinrodamacin OTC vitamins, Tylenol as needed and Tums
Current Illness: no
Preexisting Conditions: Birth defect on left kidney grown in upside down and backwards, stint placed inside and changed every 9 months last done on Jan 20, 2021,
Allergies: Allergies to all Cillins Environmental allergies
Diagnostic Lab Data: Labs but I won''t know until later today.
CDC Split Type:
Write-up: the adverse event started on 2/12 around 5pm and i got cold down to the bone and it lasted and I never got warm all night. 2/13 my arm was sore and slightly swollen arm was warm and i got really tired, then the headaches started went across the head and got worse and worse. on 2/14 - 2/28 I had diarrhea headache and bone chills, loss of taste and smell, 2/16 dizzy, sore throat, runny nose, cough and fever, 24th brain fog started, 25 vomiting started, on 3/1 I had just headaches, I''m still tired but I can stay away today

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VAERS ID:	1075082 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	70.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Influenza like illness, Pain, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flomax .4mg, urocit-k 10 meg x 4 tabs, aspirin, allopurinol 100mg x 2 daily, hydrochlorothiazide 25mg, metformin 1000mg x 2 daily,. atorvastatin 40 mg, glimepiride 4mg x 2 daily, Lantus injectable 32 units, Trulicity 1.5 mg x once weekly
Current Illness: no
Preexisting Conditions: Type 2 Diabetes
Allergies: yellow jackets
Diagnostic Lab Data: no
CDC Split Type:
Write-up: pt states he had a sore right arm the day of the vax but the next day he woke up feeling like he has the flu. He has body aches, chills, and fever. He still has all of these symptoms and will call his physician if they get worse.

VAERS ID:	1077025 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	60.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Basedow's disease, Hyperthyroidism, Tachycardia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Optic nerve disorders (broad), Hyperthyroidism (narrow), Dehydration (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LIsinopril, atenolol, atorvastatin, Lansoprazole
Current Illness: NOne. Of note got second COVID Pfizer 2/19/2020
Preexisting Conditions: Htn, Hyperlipidemia, GERD
Allergies: None
Diagnostic Lab Data: See above
CDC Split Type:
Write-up: First CPVOD Pfizer on 1/22/2021, 2nd COVID Pfizer on 2/19/2021 Developed episodes of tachycardia starting 2/12/21. Seen by me (MD) 2/15. BW showed low TSH, otherwise NL. Labs repeated and TSH undetectible with high Total T3 and NL Free T$. TSH stimulating AB very high, suggesting new Graves disease/Hyperthyroidism. We have a NORMAL TSH on file from March 2020

VAERS ID:	1078170 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-06
Age:	68.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bell's palsy, Magnetic resonance imaging head normal
SMQs:, Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: albuterol, aripirazole, aspirin, atorvastatin, citalopram, gabapentin, hydrochlorothiazide, levothyroxine, Lisinopril, metformin, pregabalin, spironolactone, torsemide, tramadol, Anoro
Current Illness: none
Preexisting Conditions: CAD, HTN, DM, hypothyroid, depression

Allergies: penicillin
Diagnostic Lab Data: MRI head negative for stroke
CDC Split Type:
Write-up: Bell"s Palsy: left facial

VAERS ID:	1078878 (history)	**Vaccinated:**	2021-03-06
Form:	Version 2.0	**Onset:**	2021-03-06
Age:	20.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Back pain, Headache, Pain in extremity, Somnolence
SMQs:, Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Back pain, leg pin, arm pain(both arms) a headache and weakness and sleepiness

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VAERS ID:	1078941 (history)	**Vaccinated:**	2021-02-22
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	79.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Eye pain, Fatigue, Ocular hyperaemia, Somnolence
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Glaucoma (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Insulin,, Losartan, Allopurinol, fish oil, levothyroxine, atorvastatin, turmeric, multi-vitamin,. All were taken the day before, not the morning of vaccine.
Current Illness: None
Preexisting Conditions: Type II Diabetes , Hypothyroidism.
Allergies: Bactrim and Morphine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extraordinary fatigue & sleepiness. As of today, back to normal for 2 days. Right eye bloodshot & painful with feeling of something big in the eye. Left eye not affected. Vision not lost. Examined by two of the ophthalmologists. Could not find anything in the eye or any sign of disease, i.e. glaucoma. Prescribed steroidal eye drops. As of today, condition worse in the morning, but bloodshot fading and pain subsiding. May be going back to see them March 11, 2021.

VAERS ID:	1079597 (history)	**Vaccinated:**	2021-02-15
Form:	Version 2.0	**Onset:**	2021-02-20
Age:	85.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Eye pain, Facial pain, Headache, Injection site pain, Toothache, X-ray
SMQs:, Extravasation events (injections, infusions and implants) (broad), Glaucoma (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Diltiazem Hydrochloride ER 180 mg / 1X; Enalapril / 20mg, 2 X;Diltiazem Hydrochloride ER 180 mg / 1X; Enalapril / 20mg, 2 X daily; Trental / Pentoxifylline, 400mg ER 1X daily. Advair Diskus 250/50, 2x daily; Pro-Air Inhaler / Albuterol 1x;
Current Illness: Almost continuous urinary tract infections and retention--self catherization 2X daily
Preexisting Conditions: Small Vessel Brain Disease; Digestive issues ?reflux disease, bloating, gas; Back synovial cysts L4-5; Osteoporosis; Peripheral Neuropathy; Essential Tremor, Left Trigeminal Neuralgia; hiatal hernia; Heart?non-obstructive coronary artery; Hypertension; Early macular degeneration, eye migraines / cataract surgery
Allergies: Cipro; Keflex liquid; Penicillin; Cefpodoxime 200mg; Macrobid; ZPak; Clindamycin; Doxycycline; Bactrim; Levaquin; Trimethoprim; Cat Scan Dye; Acyclovir; Neosporin Ointment; Tramadol; Di Falcon; Vicodan; HTZ?Hydrochlorothia; Advil; Flecainide; Percoset; Forteo; glycopgrrolate
Diagnostic Lab Data: 2/22/21 Dentist visit, dental x-ray, teeth fine. 2/25/21 Eye doctor visit, numerous tests all fine. 2/26/21 PCP visit, no tests.
CDC Split Type:
Write-up: Sore arm and tired after injection. Woke up Feb. 20th at 3:00am with severe headache, face ache, pain in eye socket and teeth, neck ache, left shoulder ache, left arm ache

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VAERS ID:	1079812 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain, Arthralgia, Myalgia, Neuropathy peripheral
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy (narrow), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tacrolimus, Mycophenolate mofetil, Actigall/ursodial, Pantopra
Current Illness: Neuropathy symptoms, tremors, sore muscles & joints, osteopor
Preexisting Conditions: Liver transplant on 08/20/20
Allergies: Eggplant, black fly bites
Diagnostic Lab Data: None. I will have my monthly visit at clinic this month for labs and Dr. consultation. I will discuss the reaction with her at that time.
CDC Split Type:
Write-up: I have neuropathy symptoms, sore joints and muscles believed due to Tacrolimus. I see a neurologist later this month. Following the first Covid vaccine, these symptoms increased. I was unsure whether this increase was due to the vaccine. However, following the second vaccine, my symptoms increased again and are substantially more severe than they were prior to the vaccine. I am also having increased pain in the area of my liver following both doses.

VAERS ID:	1080940 (history)	**Vaccinated:**	2020-12-21
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	66.0	**Days after vaccination:**	15
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J2GA / 1	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: One week after I started a rash that was itch. The following morning I started getting small itchy blisters on my ankle and wrist. I would get a new batch of blisters everyday. They weren''t going away so I went to see a Dr. to see if it was from the vaccine. She said it looked like

a allergic reaction but I have not done anything different. So I got a prescription cream and it helped, about three weeks later they stopped occurring. I got my second dose but not no allergic reaction.

VAERS ID:	1081567 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-03
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest pain, Computerised tomogram thorax, Electrocardiogram
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient received her 1st COVID-19 vaccination and during the post-vaccination observation period developed left-side chest pain that radiated to her left scapula. Patient was brought to the emergency department but by that time the chest pain had subsided significantly but the left scapular pain remained. The patient was given 243 mg of aspirin and work-up consisted of ECG and Chest CT scan. Pain was deemed to be non-specific and patient was discharged in good condition.

VAERS ID:	1082110 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-08

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Muscle tightness
SMQs:, Anticholinergic syndrome (broad), Dystonia (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: ER Evaluation in progress.
CDC Split Type:
Write-up: Vaccination at 1:30pm with Lightheadedness, jaw tightness and dizziness at 1:45pm. HR 73, Pulse Ox 99%, B/P 120/80, T 97.7. Benadryl 25mg po given with water. Pt also given sandwich as she had not eaten since breakfast. Pt reported not sleeping well d/t being a caregiver. Pt unable to drive d/t symptoms and requested eval in ER. Transported to ER at 2:15pm.

VAERS ID:	1082498 (history)	**Vaccinated:**	2021-02-04
Form:	Version 2.0	**Onset:**	2021-02-06
Age:	79.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Impaired driving ability, Injection site discomfort, Joint range of motion decreased, Nausea, Pain, Pain in extremity, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Felodipine 5mg, HCTZ 12.5 mg, ASA 81 mg, Advair Inhaler once per day 250/50
Current Illness: 0
Preexisting Conditions: asthma, sinusitis
Allergies: 0
Diagnostic Lab Data: none
CDC Split Type:
Write-up: First 2-3 days felt normal discomfort at injection sit. It got progressively worse and began to feel like a torn rotator cuff. A lot of pain (7-8) unable to sleep on that side and unable to lift more than two pounds or drive or reach above my shoulder without pain of about a 10 on scale of 1-10. Saw orthapedic physician assistant on 03/26 who gave me a steroid shot in that shoulder with 75% relief by the next day. Still some minor residual discomfort at this writing. Also ran a fever with nausea and headache exactly two weeks after first shot.

VAERS ID:	1084143 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	72.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L204 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Impaired work ability, Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Malaise, fever, body aches, missed work

VAERS ID:	1084159 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Malaise, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Malaise, fever, HA missed work

VAERS ID:	1084177 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	36.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Malaise
SMQs:
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Malaise, HA

VAERS ID:	1084192 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Impaired work ability, Malaise, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Malaise, fever, missed work

VAERS ID:	1084333 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Nausea, Paraesthesia oral, Throat tightness
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Lip and tongue tingling, throat tightness, nausea. Took benadryl before arrival. Treated with dexamethasone with improvement.

VAERS ID:	1084410 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-06
Age:	70.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Other **Purchased by:** ?

Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: metformin, januvia, pravastatin, losartan, Aleve
Current Illness: Diabetes type 2, arthritis
Preexisting Conditions: diabetes type 2
Allergies: sulfa and lisinopril
Diagnostic Lab Data:
CDC Split Type:
Write-up: Moderna COVID-19Vaccine EUA

VAERS ID:	1084615 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-03-02
Age:	76.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Feeling hot, Headache, Irritable bowel syndrome, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: 3000 IU"s vitamin D, multi vitamin
Current Illness: Became nauseous with headache within one hour of having vaccine. No other illnesses
Preexisting Conditions: Heart issues including heart attach in 2000 and bradycardia
Allergies: cortisone, amoxicillin, lorazepam , valium
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Became nauseous with headache within one hour of getting vaccine, developed irritable bowels third day after, and became extremely hot the morning of the fourth day after the vaccine and again on the seventh day after the vaccine. The nauseous, headaches, and irritable bowels subsided by fourth day after the vaccine. Did not receive any treatment.

VAERS ID:	1085075 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-06
Age:	77.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Injection site pain, Pain, Poor quality sleep, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxin Sodium 112 mcg Tab oral, Dorzol/Timol Sol, Alphagan P Sol, L:umigan 0.01% solAtorvastatin Clcium 20MG Multivitamin, Osteobiflex. CoQ10
Current Illness:
Preexisting Conditions: High cholesterol, hypothroidism, glaucoma
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Body aches and sore at injection site night of second injection. Morning after, fever at 101.4, body aches, extreme fatigue. By afternoon, temp had dropped to 100.3. Still very tired, aches diminishing. Slept poorly that night. Temperature normal on second day, still a little tired. Back to "normal" on third day.

VAERS ID:	1085313 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Impaired work ability, Malaise, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Malaise, fever, missed work

VAERS ID:	1085329 (history)	**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-01-29
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L204 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Lymphadenopathy, Malaise
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen lymph nodes, malaise

VAERS ID:	1085351 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	46.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, HA, Fever, malaise, unable to come in for next shift

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VAERS ID:	1085383 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, HA, Fever, unable to come in for next shift, fever

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VAERS ID:	1085400 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, HA, Fever, malaise, unable to come in for next shift

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VAERS ID:	1085449 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, HA, Fever, unable to come in for next shift, fever

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VAERS ID:	1085527 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Anxiety, Dizziness, Hunger, Malaise
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Rizatriptan prn, Alendronate, ASA 81mg, Calcium, Fish Oil, Vitamins B12, C, and D3
Current Illness: N/A
Preexisting Conditions: Migraine HA, HPLD, chronic fatigue, vit D deficiency, eczema, osteoporosis
Allergies: Doxycycline, Gabapentin, Contrast Dye
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient described feeling lightheaded immediately after getting the vaccination, but walking in outside in the cold weather improved sx. She was able to drive home safely and didn''t experience any other sx until 8pm that evening. She reports that the lightheadedness, anxiety, feeling hungry and "out of sorts." The patient reports no sx over the next two days, but woke up today with a milder version of previous sx.

VAERS ID:	1085972 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	60.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, HA, Fever, unable to come in for next shift

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VAERS ID:	1086534 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-09
Age:	55.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Headache, Influenza like illness, Myalgia, Pain, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Flu like symptoms - headache, low grade fever, body and muscle aches

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VAERS ID:	1303156 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-07
Age:	68.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	UN / UN

Administered by: Private **Purchased by:** ?
Symptoms: Angioedema, Lip swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: pls. see attached list: ALBUTEROL SULFATE; BENZONATATE; BUPROPION HCL;CITALOPRAM; CYCLOBENAPRINE; FLUTICASONE PROION; FUROSEMIDE; IPRATROPIUM- ALBUTEROL;
Current Illness: currently has diagnosis of lung cancer
Preexisting Conditions: lung cancer, Copp an oxygen, S/P Hep C, Hypertension, Sleep apnea, GERD
Allergies: N/A
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received vaccine (Covid) second shot on 03/04/2021. developed upper lip swelling 03/07/2021

VAERS ID: 1087981 (history)		**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Cheilitis, Disturbance in attention, Fatigue, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Noninfectious encephalopathy/delirium (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril-HCTZ 10-12.5 mg
Current Illness: none
Preexisting Conditions: blood pressure
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: started 3/5/2021 tired, scattered thinking, sore developed above top lip. muscle in both legs and into top of feet painful til 3/10/2021

VAERS ID: 1088418 (history)		**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	65.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Feeling abnormal
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Vestibular disorders (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: cancer treatment
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt describes feeling light headed and "floaty" approx 5 minutes post vax. Denies other SX. 1540 - BP - 128/90, P - 58, O2 sat 97% - provided water, rest 1555 - States sx resolved, BP - 130/84, P- 56, O2 sat 95% Pt leaves clinic.

VAERS ID:	1090480 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	2021-02-19
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	M031M20A / UNK	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chills, Dizziness, Fatigue, Headache, Immediate post-injection reaction, Malaise, Myalgia, Rash macular, SARS-CoV-2 test negative, Tenderness, Visual impairment
SMQs:, Rhabdomyolysis/myopathy (broad), Anticholinergic syndrome (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Eosinophilic pneumonia (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Frequently prolonged rxns. To vaccine including shingrix and influenza
Other Medications: Enalapril, Amlodipine, levothyrozine, Singular, vit D, Grape seed extract,

Glucosamine
Current Illness:
Preexisting Conditions: H/I breast ca, asthma , Hypertension ,
Allergies:
Diagnostic Lab Data: Covid test PCR 02/08/2021 negative
CDC Split Type:
Write-up: Immediate feeling unwell and dizzy, vision change Unwell x two weeks w/ chills first day only, headache, muscle & joint aching, fatigue At 13 days post ?COVID Arm? red, tender, no itching Now feeling well

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VAERS ID:	1090541 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6204 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort, Dysphagia, Dysphonia, Eye pruritus, Hypoaesthesia oral, Paraesthesia oral, Pharyngeal hypoaesthesia, Pruritus
SMQs:, Anaphylactic reaction (narrow), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Benadryl 25 mg by mouth taken at 3: 05 pm
Current Illness: No
Preexisting Conditions: No
Allergies: Morphine, Flagyl, Shellfish, Iodine,
Diagnostic Lab Data:
CDC Split Type:
Write-up: (Note; after 1st dose on February 1st had some tongue and lip tingling within 30 minutes, took Benadryl 25 mg with relief). Prior to second dose, took Benadryl 25 mg at 310pm.... at 350pm, received second dose of Pfizer vaccine.... tingling of lips and tongue within 10 minutes,

took Benadryl 25 mg at 4pm...?. progression of tingling of tongue to some numbness of tongue, towards back of throat, some difficulty swallowing, throat hoarseness, chest discomfort, sporatic spot itching of eyeballs - shoulder-forehead-top of right arm. Went to Emergency room around 5pm.... given corticosteroid and Pepcid IV... with relief. Left Emergency room around 730 with minimal tingling of tongue....no other symptoms. Took Benadryl 25 mg by mouth before bed. 3/6/21- woke up with no symptoms.

VAERS ID:	1090832 (history)	**Vaccinated:**	2021-03-06
Form:	Version 2.0	**Onset:**	2021-03-06
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 2	LA / -

Administered by: Other **Purchased by:** ?
Symptoms: Injection site rash, Lymphadenopathy, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu vax in 2019- pt had two extreme dizzy spells after taking vax
Other Medications: Sotalol HCL 120mg, Lisinopril 30mg, Hydrochlorothiazide 12.5mg, Levothyroxine 100mcg, Fish Oil 1000mg w/ Omega 3, Vitamin D3 25mcg
Current Illness:
Preexisting Conditions: Former Diabetic, HBP, Hypothyroid, AFIB,
Allergies: Theophylline, codeine, tylox meds
Diagnostic Lab Data: No
CDC Split Type:
Write-up: Pt states she developed swollen lymph nodes under her left armpit towards her breast. The next day she had a itchy red rash at the injection site. Pt contacted her PCP and she was told to keep an eye on it and make a VEARS report since she had a reaction to taking the vax.

VAERS ID:	1091086 (history)	**Vaccinated:**	2021-02-08
Form:	Version 2.0	**Onset:**	2021-02-08
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / UNK	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Headache, Injection site pain, Injection site pruritus, Nodule, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: atenolol 25mg/day, loratadine 10mg/day, multivitamin
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Pain at injection site for 13 days, swelling/lump under skin for 12 days , itching at injection site for 10 days, headache for first 24 hours

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VAERS ID:	1091204 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I experienced a high fever of 103 that was not lowered with fever reducer.

VAERS ID:	1091249 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	52.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, HA, Fever, unable to come in for next shift

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VAERS ID:	1091259 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, HA, Fever, unable to come in for next shift

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VAERS ID:	1091282 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills

VAERS ID:	1091302 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Malaise, HA, body aches, fever, missed next shift

VAERS ID:	1091323 (history)	**Vaccinated:**	2021-02-02
Form:	Version 2.0	**Onset:**	2021-02-02
Age:	30.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Malaise, HA, body aches, fever, missed next shift

VAERS ID:	1091468 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	30.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Malaise, HA, body aches, fever, missed next shift

VAERS ID:	1091480 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-02-02
Age:	51.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Impaired work ability, Malaise
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Malaise, HA, missed work

VAERS ID:	1091489 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	58.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Joint and muscle aches, fatigue, chills, HA, symptoms resolved within 48 hrs

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VAERS ID:	1091495 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe muscle pain, joint pain, fever

VAERS ID:	1091505 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever 101.1, fatigue and body aches

VAERS ID:	1091522 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Impaired work ability, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches and fatigue, missed work

VAERS ID:	1091881 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	54.0	**Days after vaccination:**	54
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bell's palsy, Blood test normal, Facial paralysis

SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Lyme negative, esr, crp normal 3/8/2021
CDC Split Type:
Write-up: Bell''s Palsy, right sided moderate facial paralysis, acute onset Started on prednisone 80mg x 7 days, valacyclovir 1g TID x 7 days, and acupuncture

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VAERS ID:	1092133 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013A21A / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Cognitive disorder, Diarrhoea, Dizziness, Fatigue, Headache, Memory impairment, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Low dose Naltrexone 3 ml/day, Viactiv Calcium chews (2/day).

Current Illness: None
Preexisting Conditions: Auto-immune: Psoriasis. PAC"s - Premature Atrial Contractions and PVC"s - Premature Ventricular Contractions. Generalized Anxiety Disorder, PMDD-Premenstrual Dysphoric Disorder.
Allergies: Allergy to CT Scan contrast.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Issues with cognitive functioning, cognitive delays, simple work tasks for difficult and made a lot of mistakes, initially without even realizing it. Had to keep triple-checking my work. Slight memory delays - ex. remembering the name of my mortgage company when paying bills or remembering the name of other payors. Headache, slight dizziness, slight nausea, mild diarrhea, fatigue.

VAERS ID:	1093326 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-02-19
Age:	70.0	**Days after vaccination:**	22
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9262 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Chest X-ray, Pneumonia, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ACYCLOVIR [ACICLOVIR]
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Penicillin allergy
Allergies:
Diagnostic Lab Data: Test Date: 20210224; Test Name: Chest X-ray; Result Unstructured Data: Test Result:mild pneumonia; Test Date: 20210219; Test Name: Nasal Swab; Test Result: Positive
CDC Split Type: USPFIZER INC2021214171
Write-up: reveled mild pneumonia; I tested positive for Covid19 19Feb (3 weeks +2days) after 2nd dose of vaccine; I tested positive for Covid19 19Feb (3 weeks +2days) after 2nd dose of vaccine; This is a spontaneous report from a contactable consumer (patient). A 70-year-old female

patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EL9262; expiry date: unknown) via an unspecified route of administration in the left arm, on 28Jan2021 at 15:00, at a single dose, for COVID-19 immunisation. Medical history included known allergies to penicillins. Concomitant medication included acyclovir (ACICLOVIR). The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number: EL1284) in the left arm, on 06Jan2021 at 13:00, for COVID-19 immunization. The patient is not pregnant at the time of vaccination. The patient was not diagnosed with COVID-19 prior vaccination. The patient did not receive other vaccines within four weeks prior to COVID-19 vaccination. The patient had dry cough and difficulty getting deep satisfying breath about 12Feb2021 (2 weeks + 2 days) after 2nd dose of Pfizer vaccine. The patient tested positive for COVID-19 nasal swab on 19Feb2021 (3 weeks +2days) after 2nd dose of vaccine. On 24Feb2021, patient was seen in a physician office for symptoms of cough and shortness of breath (SOB). On the same day (24Feb2021), chest X-ray revealed mild pneumonia. Patient was now on prednisone, azithromycin and albuterol inhaler. Patient was a little better and was now on 3rd day of taking 3 medications. Outcome of the events was recovering.

VAERS ID:	1093447 (history)	**Vaccinated:**	2021-01-23
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	49.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 2	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Clostridium test, Haematochezia, Inflammation, Stool analysis
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amlodipine 5 mgs po qd
Current Illness: None
Preexisting Conditions: HTN
Allergies: NKDA
Diagnostic Lab Data: C-diff SAL/SHIG?CAMPY culture SHIGA TOXIN, EIA w/RFL to Ecoli culture Lactoferrin Calprotectin Hemoglobin
CDC Split Type:
Write-up: 1 week after my 2nd vaccine shot I began to have bloody mucous stools. I have NO

history of IBS or Chrons or previous bleeding. I monitored x 1 week and then reported it to my Dr. tests were ordered, all test for infection were negative. The two tests for inflammation (lactoferrin and calprotectin) were positive (the calprotectin which was done last as it is most sensitive to inflammation vs infection was abnormally high @ 264) At this time I am still having these bloody mucous stools and awaiting a colonoscopy. I reported this suspicion of it being an adverse reaction to the VT dept of Health, who encouraged me to call the VAERS line. I have left 2 messages.

VAERS ID:	1093643 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Inadvertently administered 2nd dose 9 days after initial dose. Lack of communication from this provider with daughter; this provider did not know that the patient already received first dose. No adverse effects noted so far.

VAERS ID:	1093893 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-03-06
Age:	73.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site rash, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrochlorothiazide, Candesartan, Atorvastatin
Current Illness: None
Preexisting Conditions: Hypertension, High Cholesterol
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: 9 days after receiving the vaccine the injection site became swollen, red, hot to the touch, with a raised rash, and it was extremely itchy. I was concerned the site was infected. The symptoms decreased markedly over the next 4 days when they resolved.

VAERS ID:	1093970 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cold sweat, Dizziness, Feeling hot, Rash, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: slight dizziness, hot, turned clammy, no rash, no SOB, tremor in one hand started on transport to ED. Became increase in dizziness, shaking all over, put on ED stretcher, rash on chest, very dizzy

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VAERS ID:	1094304 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Pain in extremity, Pain of skin, Rash erythematous, Sensitive skin
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Armour Thyroid
Current Illness: None
Preexisting Conditions: Hashimoto
Allergies: Bees, cashews, peanuts, gluten, doxycycline
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Approximately 18 to 20 hours after my injection, my left arm developed a red and swollen rash in a circular shape approximately 3.5 cm in diameter. The circular area was very

sensitive and painful. My upper arm was also sore, although not severely. On day 3 or 4 post-injection, the red circular area remained the same in size but seemed less swollen. Although sensitive, it was no longer painful. However, it is now day 8 post-injection and the circle remains the same size and color.

VAERS ID:	1094805 (history)	**Vaccinated:**	2021-03-07
Form:	Version 2.0	**Onset:**	2021-03-07
Age:	65.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthma, Pruritus, Sleep disorder, Steroid therapy
SMQs:, Anaphylactic reaction (narrow), Asthma/bronchospasm (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Montelukast,Lisinopril, Tamsulosin, Sulindac, Benadryl
Current Illness: None
Preexisting Conditions: Asthma, Allergies, Hypertension, Polyneuropathy, BPH, OA. Has allergy injections each month. Last done on 2/23/21.
Allergies: Trees, Grass, Molds, Fungi
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient woke up at 10:00PM, out of a sound sleep, having an acute asthma attack and generalized itching. No rash. Used Albuterol inhaler twice, 5 minutes apart, and took Prednisone 20 mg orally. Within 60-90 minutes, symptoms completely resolved and did not reoccur. He did not seek medical attention at the time of this reaction, but called this office on 3/11/2021 so that the reaction could be documented. That prompted today''s office visit and the completion of this VAERS form. Patient does have monthly allergy injections, but last injection was on 2/23/2021.

VAERS ID:	1095249 (history)	**Vaccinated:**	2021-01-14
Form:	Version 2.0	**Onset:**	2021-01-15
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature increased, Chills, Fatigue, Headache, Impaired work ability, Lymph node pain, Lymphadenopathy, Myalgia, Nausea, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Symbicort, fluoxetine
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: The day I got the vaccine around 5PM I started feeling really tired and started having symptoms from the vaccine, a really bad headache, muscle aches, temperature of 100.2F, chills, nausea and I noticed my arm hurt and then my noticed my lymph nodes under my right armpit swollen (painful - lasted about a week) all other symptoms about 2 days. I had the vaccine on a Thursday, on Friday I could not even finish my work day. The overall symptoms lasted about2 or 3 days. Consulted with PCP on the phone who suggested hot and cold compresses.

VAERS ID:	1095275 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	32.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1885022 / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, headache, nausea

VAERS ID:	1095371 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	58.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature, Chills, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received vaccine at pharmacy. Called clinic today to report body aches/chills, temperature of 99.

VAERS ID:	1095380 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	54.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Injection site induration, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions:
Allergies: Penicillin and Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itchy, firm about 1 inch in diameter around injection site

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VAERS ID:	1096368 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Chills, Pyrexia

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills then fever of 102.4

VAERS ID:	1097064 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	69.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	EN6199 / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Decreased interest, Diarrhoea, Dyspepsia, Dyspnoea, Fatigue, Heart rate, Hyperhidrosis
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Depression (excl suicide and self injury) (narrow), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: occasional baby aspirin, omega3,vitamin d
Current Illness: none
Preexisting Conditions: Chronic Heart Failure
Allergies: none
Diagnostic Lab Data: non
CDC Split Type:
Write-up: indigestion, growing into severe indigestion, then shortness of breath, then soft-serve diarrhea , then big chills, converting to sudden sweats with chills. Soaked through bedclothes, and was sitting up in bed to reduce indigestion, when the urge to vomit came along... Avoided that, but still upchicked into my mouth three times. Heart rate increased to pounding, then turned into butterfly flutter, and quickly ended, leaving nothing but sweats and indigestion. Slept for approx an hour, themn got up @ 5:30am with no residual effect except for heavy tiredness and disinterest.

VAERS ID:	1097703 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-09
Age:	42.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Palpitations, Rash
SMQs:, Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Xanax .5mg
Current Illness: No
Preexisting Conditions: Anxiety
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: Covid arm rash which went away, but now..... non stop heart palpitations from 5-8pm. Very scary. These started a few days after the injection. Never had one in my life before this shot.

VAERS ID:	1097741 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Intermenstrual bleeding
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bupropion Xl 300mg, Baclofen 10mg, Omeprazole 40mg, L-norges/eth Est (Kurvelo) 28s .15/30, Naltrexone Hcl Tab 50mg, Amphetamine Mixed Tabs 20mg,
Current Illness: NA
Preexisting Conditions: NA
Allergies: NA
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: My menstrual cycle is not due to begin until March 17, 2021. I am on birth control and I take it routinely at the same time everyday. I did not miss a dose, my cycle has never been early like this (maybe a day early.) I started spotting hours after I received my shot, on March 8, 2021 and now it is a full blown cycle. This makes my cycle 9 days early.

VAERS ID:	1098359 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	72.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Injection site erythema, Injection site pruritus, Injection site rash, Vertigo
SMQs:, Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Vestibular disorders (narrow), Hypersensitivity (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid 75mg Cytomel 5mg Vitamin D, C, B12 Lysine
Current Illness: None
Preexisting Conditions: Hypothyroidism
Allergies: Penicillin Sulfur
Diagnostic Lab Data: None as yet.
CDC Split Type:
Write-up: Day 1: Symptoms began with dizziness when getting up from a reclined position. Day 2: Mild vertigo symptoms began to appear throughout the day. Location of shot on upper arm began to itch; rash appeared. Itching worsened. Day 3: (Today) Feeling vertigo with head movements. Rash area is larger and red -- about the 3" diameter.

VAERS ID:	1098365 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 1	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Neck pain, Tenderness, Throat clearing
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: fever, prolonged shivering, fatigue, age 69, 08/04/2020 Shingrix dose 2, intramuscular injection
Other Medications: loratadine, levothyroxin, fluoxetine, latanoprost, brimonidine, calcium + Vitamin D

Current Illness: none
Preexisting Conditions: asthma, hypothyroidism, vitiligo, depression, glaucoma
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Very sharp pain about one inch below left collarbone, halfway between neck and shoulder. Remained noticeable, and very sensitive to touch, for 8 hours. Gone the next morning. About 6 hours after injection had frequent need to clear my throat that occurred for about 3 hours.

VAERS ID:	1098440 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026A21A / 2	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fatigue, Headache, Nausea, Somnolence
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atenolol, 100 mg, 1 tab/day, at bedtime Eliquis, 5mg, 1 tab 2/day, w/meals Flecainide, 100 mg, 2/day HCTZ 25 mg,1 tab/day, w/breakfast Potassium Chloride 20 meg, 1 tab daily w/lunch Pentassa, 500mg, 4 tablets,
Current Illness: Beginning to retain fluid
Preexisting Conditions: Crohn''s Disease, A-Fib, hypertension
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Exhaustion, quisiness, headache - first through third day after injection. Took extra strength tylenol, and slept most of two days.

VAERS ID:	1099066 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-09
Age:	70.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Estrogen Flonase Turmeric Calcium D3
Current Illness: None
Preexisting Conditions: None
Allergies: Wasp sting
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Erythema at the injection site . 3inches by 3 inches Noted on day 9 post vaccine

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VAERS ID:	1099087 (history)	**Vaccinated:**	2021-03-07
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	45.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Axillary pain
SMQs:
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none known
Current Illness: none known.
Preexisting Conditions: none known.
Allergies: amoxicillin, bactrim, clindamycin
Diagnostic Lab Data: (none. Phone consult only)
CDC Split Type:
Write-up: Beginning 6 days + 5 hours after vaccination, patient noted pain/soreness in left armpit. So far, this has persisted for ~24 hours (continues at time of report). No treatment has been given. PCP advised that anti-inflammatory (ibuprofen) may be taken.

VAERS ID:	1099399 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-14
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Arthralgia, Body temperature increased, Erythema, Feeling abnormal, Influenza like illness, Migraine, Nausea, Swelling face
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Fibrillary Glomerulonephritis, Common Variable Immune Deficiency
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Janssen COVID-19 Vaccine EUA- nausea first at 4:45am, followed upon rising by severe joint pain and an extreme migraine. It felt like my bones were made out of glass and someone had taken a hammer to my bones. My face was swollen and red. Unable to sit up. Walk from bed to toilet only. Overall, I would say extreme flu-like symptoms. Temperature 99.6 all day. I could not take the pain any further at 4:20 pm and took 1,000 mg of Tylenol. I finally fell asleep and woke up at 8:30pm and could walk again and my fever had broken. I still don''t feel great, but I think the worst is behind me.

VAERS ID:	1101559 (history)	**Vaccinated:**	2021-02-09
Form:	Version 2.0	**Onset:**	2021-02-09
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site pain, Malaise, Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 500 mg NAC 500 mg Vit C
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Moderna COVID 19 Vaccine EUA I felt malaise and pain at site of injection within six hours of receiving the second dose of the Moderna vaccine. I was asleep by 9PM and woke around 11 PM with intense nausea. I proceed to vomit violently throughout the night, at least fifteen times. I believe this was intractable nausea and vomiting. I vomited through the next morning and finally stopped by mid afternoon of the next day. I did not go to the emergency room or call my doctor because I am very healthy overall, because as an acupuncturist I am trained in health and I was able to keep myself from getting dehydrated, and because due to living for many years in developing countries. I have some experience with acute bouts of intense illness and felt able to monitor myself.

VAERS ID:	1101792 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	UN / IM

Administered by: Public **Purchased by:** ?
Symptoms: Anxiety, Burning sensation, Injection site pain
SMQs:, Peripheral neuropathy (broad), Extravasation events (injections, infusions and implants) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Anxiety
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine given approximately 5 minutes following injection patient states "anxiety feeling". Also stated burning at site of injection radiating all the way up into neck, dissipated within a few minutes. However high anxiety feeling persisted for another 20 minutes. Recommended patient be seen in ED as symptoms of "anxiety" with feeing of intermittent burning in neck. Patient refuses and left clinic in the care of her husband.

VAERS ID:	1101797 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	22.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	UN / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Dyspnoea, Vital signs measurement
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Vestibular

disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: She reports every time she gets a vaccine she feels SOB and dizzy
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: BP: 98/60 mmHg- rechecked 15 minutes later and was 110/60 mmHg HR: 62 BPM at time of event RR: 18 breaths/minute at time of event
CDC Split Type:
Write-up: Patient complained of feeling dizzy and short of breath immediately after receiving the vaccine. She states that she feels this way every time she gets a vaccine. Her BP was 98/60 mmHg, pulse 62 BPM and RR 18 breaths/minute. She lied down for 15 minutes and reported that she felt normal. BP was rechecked to be 110/60 mmHg. Her mother was with her and she felt well enough to leave.

VAERS ID:	1101816 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	31.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	UN / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Pallor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine given at approximately 11:10. Patient states "light headed". Noted to be diaphoretic and pale. Vitals taken. Patient placed on floor with 2 assist. Dr. on site. Patient recovered quickly with color (skin) improvement. He was moved by wheelchair and brought to the clinic"s first aid room. Patients vitals obtained and within normal limits. No further issues noted. Patient left clinic for home in the care of his wife.

VAERS ID:	1101829 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	UN / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Erythema, Tremor, Vital signs measurement
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: HTN
Allergies: Allergy to latex
Diagnostic Lab Data: Pulse: 80 BPM RR: 16 breaths/minute BP: 182/72 mmHg
CDC Split Type:
Write-up: Patient felt light-headed and dizzy 15 minutes after receiving the vaccine. She also felt like her hand was shaking. Her forehead and cheeks appeared to be red and flushed. Her symptoms did not improve, she was evaluated by the ID physician and was transferred to the ER.

VAERS ID:	1101846 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	UN / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Vital signs measurement
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shortly after receiving the vaccine patient reported feeling like he was going to pass out. Assisted patient to the first aid station so he could lay down on the cot. After 15 minutes of lying down the patient felt back to normal. Vitals taken. Patient then sat in waiting area for an additional 15 minutes and then he felt well enough to leave.

VAERS ID:	1101851 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	45.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Injection site paraesthesia, Nausea, Vital signs measurement
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: NDKA
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: About 10 minutes after receiving the vaccine, patient reported feeling dizzy, nauseous, and had tingling of her left arm (vaccine was given to the right arm). At the time of event her BP was 142/75, HR 76 and RR 20. Patient was placed in a first aid room and after 15 minutes she reported she was feeling well. She was able to sit up and drink some water. After another 15 minutes she said she felt well enough to leave. She went home with her husband

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VAERS ID:	1104207 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	42.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Military **Purchased by:** ?
Symptoms: Dermatitis allergic, Hypersensitivity, Injection site pruritus, Injection site rash, Rash macular
SMQs:, Angioedema (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol PRN inhaler; Ferrous sulfate; Vitamin B complex; Sumatriptan PRN
Current Illness: None
Preexisting Conditions: Asthma Nasal polyps Migraine headaches
Allergies: Seasonal allergies NSAID allergy
Diagnostic Lab Data: None

CDC Split Type:
Write-up: Cutaneous hypersensitivity reaction with macular circumferential rash around injection site with associated pruritus, improving at day four after presentation

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VAERS ID:	1104551 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Hyperhidrosis, Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe vertigo, nausea experiences about 5 min after vaccine admin. HR regular, skin diaphoretic, Over course of 15 minutes of observation symptoms subsided, No dysphagia, redness or swelling at site, After observation for additional 15 minutes was able to ambulate and feelings of dizziness subsided. He is not driving and advised to rest for the next 24 hours, and to go immediately to ED or Express Care if any other symptoms develop.

VAERS ID:	1104593 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Paraesthesia, Vertigo
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe vertigo, tingling in both arms. Monitored for additional 30 minutes. Symptoms reduced but remain. Instructed to go to the ER if symptoms worsened.

VAERS ID:	1104618 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / UNK	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Paraesthesia, Skin warm, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Throat constriction, ears tingling and warm. HR regular, color pink, no difficulty swallowing, no history of allergies to food or medications. Monitored for 30 minutes with resolution of symptoms. Instructed to go to the ER if symptoms worsen.

VAERS ID:	1104644 (history)	**Vaccinated:**	2021-02-22
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	23.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Erythema, Injection site rash, Pruritus, Rash macular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft and birth control pill
Current Illness: none
Preexisting Conditions: endometriosis, anxiety
Allergies: amoxicillin
Diagnostic Lab Data: I went to see my primary care doctor twice about this issue. They are unsure of what is going on, but the vaccine is the only new thing that has been introduced into my life that could give me a rash.
CDC Split Type:
Write-up: A week after my first shot, I developed a rash. It was on my injection site, both of my upper arms, and my butt. The rash is kind of red and blotchy, and very itch. It also first looked like hives. It started to go away after a couple of days, but then came back on my arms and chest. It has been about two weeks now and the rash has not gone away.

VAERS ID:	1104776 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-03
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Hypoaesthesia oral, Intranasal hypoaesthesia, Lip swelling, Nasal congestion, Paraesthesia, Paraesthesia oral, Pharyngeal hypoaesthesia, Pharyngeal paraesthesia, Pharyngeal swelling
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Armour Thyroid
Current Illness: NA
Preexisting Conditions: hypothyroidism
Allergies: Amoxicillin, Tetracycline, Erythramycine, novocaine, coediene,
Diagnostic Lab Data: none were conducted
CDC Split Type:
Write-up: In first 15 minutes, no adverse reaction. In second 15 minutes, while driving home, my lips, throat, nasal passages began to go numb, tingle, swell. This lasted a day and a half. No breathing obstruction.

VAERS ID:	1104791 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Hypoaesthesia, Injection site pain, Musculoskeletal stiffness, Paraesthesia, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit E, Vit C , Vit D3, Omega 3 and herbal formula "new Chapter"s Zyflamend"
Current Illness: none
Preexisting Conditions: none
Allergies: penicillin, sulfa based antibiotics
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within minutes of getting the shot in my left arm I started to feel the left side of my neck getting stiff. It felt like the stiffness was creeping up my neck. After about a hour I felt my ear lobes tingling and the left side of my face in the jaw area seemed a bit swollen and felt a little numb. It resolved and I had only a sore injection site the next day and no other symptoms. I"m wondering if I should be concerned about getting the second shot

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VAERS ID:	1104800 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-02-26
Age:	62.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	023M20A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Decreased appetite, Fatigue, Influenza like illness, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approx 12 hours post injection woke in night with chills and fever. 101.5F fever persisted through the following morning until early afternoon. Flu-like symptoms; fever, body aches, low appetite, fatigue, chills. High fever reduced with acetaminophen. Bed rest through afternoon and fluids. Body aches and fever dissipated by 36 hours post injection. Return to normal health by 48 hours.

VAERS ID:	1104804 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PFIZER EN6203 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Diarrhoea, Nausea
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: high blood pressure hypothyroid
Allergies: Penicillin
Diagnostic Lab Data:

CDC Split Type:
Write-up: I experienced sudden uncontrollable diarrhea (not watery) at end of waiting period 15 minutes. It continue for short trip (5 minutes) home and using bathroom for 1/2 hour. Once home I also experienced nausea. Nausea rest of the day. Only drank ginger ale. Better by evening.

VAERS ID:	1105272 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-02-26
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024M120A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Fatigue, Headache, Impaired work ability, Nausea, Pain in extremity, Pyrexia, Sleep disorder
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aimovig, Restasis, methylphenidate, Synthroid DILT-CR. Vitamins are B2, magnesium, CoQ 10.
Current Illness: Migraines
Preexisting Conditions: Migraines
Allergies: None
Diagnostic Lab Data: I have chronic migraine that I treat with Aimovig shots prescribed by Dr. My migraines are constant but low-grade with the help of the medication. Since my second vaccine my migraines are intense I have nausea, with a little relief! Please help
CDC Split Type:
Write-up: About 12 hours after the injection I woke up in the night with my Left knee and ankle in severe pain. I started with a king and a headache. The next day my knee and ankle were fine and I tired and my migraine kicked in. I felt feverish and my arm was sore. everything seem to fade except my migraine continued for days, weeks, and I still have it! Nearly 3 weeks later?? I tried going back to work for two hours at a time, unsuccessfully! I was unaware that the side effects for last this long?? Please help!

VAERS ID:	1105523 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	69.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	023M20A / 1	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Felt sick after shingles vaccine
Other Medications: lumigan
Current Illness: None
Preexisting Conditions: None
Allergies: bactrim, fentanyl
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 8 days after my shot, my arm near the injection spot started to itch and turn red. A red oval formed about 3 inches long and 2 inches wide. It lasted about 3 days.

VAERS ID:	1106388 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Asthenia, Chills, Decreased appetite, Fatigue, Headache, Injection site pain, Mobility decreased, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Severe headache, fever, chills, extreme fatigue, weakness, loss of appetite, body aches, and pain in arm at and around injection. As a high level endurance athlete, I was unable to get out of bed for 24 hours. Symptoms improved gradually after that. Minor headache continued through 48 hours. Inability to fully exert myself has continued through day 4, although gradually improving each day.

VAERS ID:	1106494 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	75.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Arthralgia, Gait disturbance, Musculoskeletal discomfort
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Taken daily, including morning of vaccine: 25 mg Losartan Potassium, 100 mg vit C with Citrus bioflavinoids, 50 mg CoQ10, 2 tablets of Bio-B complex, Vit D Emulsion Forte (d as cholecalciferol, sesame seed oil, gum arabic), 100 calcium/m
Current Illness: none

Preexisting Conditions: arthritic right hip being treated with orthovisc injections (series of 3 a week apart every 6 months
Allergies: Aspirin, mold, pet dander
Diagnostic Lab Data: n/a
CDC Split Type: KB/VDH
Write-up: At 3 PM (6 hours after injection) my right hip became incredibly painful (12 on a scale of 1-10) and my right leg was not able to bear weight (it would "give" when attempting to walk). During the night, it felt like my hip was "on fire". 1000 mg of Tylenol Rapid Release helped. The pain was greatly diminished and my leg was able to bear weight by by 8 AM on the following day.

VAERS ID:	1106618 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: synthroid, preservision, probiotic, vitamin D, vitamin B complex, claritin
Current Illness:
Preexisting Conditions: hypothyroidism
Allergies: ibuprofen, clindamycin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tinnitus in both ears developed about six hours after receiving the vaccine.

VAERS ID:	1107709 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	68.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	G48A21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Discomfort, Mobility decreased, Pain, Sleep disorder
SMQs:, Parkinson-like events (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril, metropolol,zetia, elequis, omeprazol
Current Illness: None
Preexisting Conditions: None
Allergies: No
Diagnostic Lab Data: N/a
CDC Split Type:
Write-up: Extreme shoulder soreness. Pain and discomfort. Could not lie down. Could not sleep. 3 Tylenol at 6:00 p.m. and ice. 3 Tylenol at 9:30 p.m. 2 Tylenol and ice at 3:00 a.m.

VAERS ID:	1108189 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	71.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site rash, Peripheral swelling, Pruritus, Skin warm
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: First flu shot - swelling, hot to touch, painful for a week
Other Medications: Simvastatin 20mg, Levothryoxine Sodium 50mcg
Current Illness: None
Preexisting Conditions: Hashimoto disease (diagnosed 2018)
Allergies: Hay fever, local reaction to bee stings, dislike eggs and milk (possible allergy?)
Diagnostic Lab Data: None. CDC website says not to worry, it will go away.
CDC Split Type:
Write-up: On the 9th day after vaccination my arm began itching. The next morning (10th day) I noticed a red rash beneath the injection site, and the rash area was hot to the touch and swollen. I''m at day 14, the rash isn''t as bright red but it''s larger (larger than my palm), still swollen, and still hot to the touch. I''m reporting this because the CDC website says only 14 people have reported having this.

VAERS ID:	1108231 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: School **Purchased by:** ?
Symptoms: Headache, Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme shuddering, fever spiked to 102.6, headache

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VAERS ID: 1108764 (history)		**Vaccinated:**	2021-03-17
Form:	Version 2.0	**Onset:**	2021-03-17
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Graves disease
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: About 15 minutes after receiving the vaccination c/o feeling lightheaded and like she needed to lay down. Rested for about 30 minutes and felt fine. Ambulated without issue and went home.

VAERS ID: 1109400 (history)		**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-17
Age:	64.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Atrial fibrillation, Dizziness, Fatigue
SMQs:, Anticholinergic syndrome (broad), Supraventricular tachyarrhythmias (narrow), Vestibular disorders (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis, tadalafil, lansoprazol, diltiazem, cetirizine,
Current Illness: No
Preexisting Conditions: Asthma, atrial fibrillation. (I had an ablation in the fall, that seemed to have worked.)
Allergies: No
Diagnostic Lab Data: Just the pulse oximeter
CDC Split Type:
Write-up: No treatment. I had a cardiac ablation in the fall because of chronic atrial fibrillation. It appeared to have worked. One day after receiving the vaccination I took a walk with some hills and had what I believe was a mild episode of atrial fibrillation. I verified as best I could, using a pulse oximeter. I feel fine for the most part, but a little bit tired and dizzy. I do not plan to call the doctor unless things get worse.

VAERS ID:	1109546 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-07
Age:	53.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	036A21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Allodynia, Blood test, Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Strep throat 3 weeks prior
Preexisting Conditions: None
Allergies: Allergic to Raw fish

Diagnostic Lab Data: Went to a walk-in clinic and they took blood on 3/12. On 3/14 I received my results which said there was nothing wrong and the was no sign of cancerous elements.
CDC Split Type:
Write-up: The 2nd day after the shot the Lymphnode on the left side of my neck began to swell. 5 days later it was the size of a baseball and was sensitive to the touch. Currently it is about the size of a golfball.

VAERS ID:	1110244 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-17
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Dyspnoea, Flushing, Headache, Myalgia, Peripheral coldness, Pyrexia, Tremor
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Cipro
Diagnostic Lab Data:
CDC Split Type:
Write-up: Violent shaking, shivering uncontrollable, fever, headache, joint and muscle intense pain, shortness of breath, ice cold extremities. Flushing.

VAERS ID: 1110367 (history)		**Vaccinated:**	2021-03-06
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	67.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032M20A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Oxybutinin and Alfuzosin
Current Illness:
Preexisting Conditions:
Allergies: Cashews
Diagnostic Lab Data: Urgent Care on 03/10/2021 at 4:00PM
CDC Split Type:
Write-up: Shingles, above my right eyebrow

VAERS ID: 1110384 (history)		**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site discomfort, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin
Current Illness: none
Preexisting Conditions: none
Allergies: naproxen
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received vaccine, had some discomfort at the injection site. Ringing in my ears started a few hours afterward.

VAERS ID:	1110422 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Work **Purchased by:** ?
Symptoms: Abdominal pain, Diarrhoea, Headache, Neck pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: synthroid, magnesium, b2, metamucil, fish oil, aimovig
Current Illness:
Preexisting Conditions: thyroid,migrains, diverticulosis
Allergies:
Diagnostic Lab Data: seen by md and diagnosed with diverticulitis most likely. no testing done
CDC Split Type:
Write-up: fever to 100.4, headache, neck pain for 10 hrs then 3 days later developed fever 100.6 and abd pain, diarrhea,

VAERS ID:	1110459 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-17
Age:	71.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 HP / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Lymphadenopathy, No reaction on previous exposure to drug
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: finasteride 5mg. / tamsulosin 0.4 mg
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Day after injection lymph node under right arm pit swelled to size of a small lemon, This reaction didn''t occur after my first injection.

VAERS ID:	1110658 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	74.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / UNK	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site swelling, Pruritus, Rash macular
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin 10 mg , Bupropion HCL SR 150 mg, Klor-Con M10, Furosemide 20 mg, Metoprolol Succ ER 25 mg, Calcium Citrate +D, aspirin 81, Trelegy Ellipta Triamcinolone Acetonide Cream 0.1% (occasionally)
Current Illness: none except possible skin cancer spot treated
Preexisting Conditions: COPD aortic dissection with top part repaired in 2013 other minor things
Allergies: Purported to be allergic to penicillin as a baby
Diagnostic Lab Data: none
CDC Split Type:
Write-up: slight swelling of arm just below the vaccine site with swelling covered initially with red blotches, slightly itchy. swollen area about 2 inches in diameter initially. red blotches started to blend together into a somewhat solid red patch. As of last night, 3/17, the swollen part seems to have moved down arm towards elbow with the redness remaining above. Does not hurt

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VAERS ID:	1110971 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	84.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013A21A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Asthenia, Fatigue, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: carbo levodopa tamsulosin omeprazole vitamin B-12 vitamin D Iron
Current Illness:
Preexisting Conditions: copd pancytopenia
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: fatigue, body ache, fever 101.8 the evening of second day after jab, and again evening on fourth day after jam. Treated with 2 Tylenol and over night sleep. Next day weak, but ok.

VAERS ID:	1111558 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Back pain, Chills, Headache, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NA
Current Illness: NA
Preexisting Conditions: NA
Allergies: NA
Diagnostic Lab Data: nA
CDC Split Type:
Write-up: Sore back, muscles and headache Chills and shaking chills Fever of 101.8

VAERS ID: 1111692 (history)		**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Anxiety,
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very dizzy next AM for about 4 hours. Lightheaded ness has persisted off and on for 3 weeks. I do have a hex of Vestibular neuritis 2 years ago.

VAERS ID: 1111958 (history)		**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-17
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SC

Administered by: Public **Purchased by:** ?
Symptoms: Conjunctival haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Conjunctival disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertaline, Losartin , Lovastatin, calcium, Famotodine
Current Illness: no
Preexisting Conditions: hypertension
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left eye subconjuntival hemorrhage

VAERS ID:	1112095 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Induration, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: D3, B12, calcium, biotin, birth control
Current Illness: None
Preexisting Conditions: Left knee injury, chronic pain
Allergies: Lactose intolerant. I''m allergic to something else but I don''t know what. I haven''t found a doctor that will agree to allergy tests.
Diagnostic Lab Data:
CDC Split Type:
Write-up: A few inches below the shot my arm turned red, swelled up, and was hard. It was like that for 8 days. The muscle in my arm has been sore since.

VAERS ID:	1112134 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	26.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Facial spasm, Muscle twitching
SMQs:, Dyskinesia (broad), Dystonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: D-Amphetamine ER 15MG Salt Combo CP
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: n/a
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Upon leaving the vaccination site, I began experiencing "twitching" or mouth spasms on the left side of my face. The exact area was between the corner of the mouth and the cheek area/bone. They were persistent for the remainder of the day on 3/16/21. The twitches/spasms were similar to an eye twitch and lasted into the day on 3/17/21. The twitching subsided today, 3/18/21 but still experiencing them off and on, just not consistent or as frequent.

VAERS ID:	1112182 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	LA / IM

Administered by: Other **Purchased by:** ?

Symptoms: Flushing, Hyperhidrosis, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: UNKNOWN
Current Illness: COMMON VARIABLE IMMUNODIFICIENCY*** UNKNOWN OTHER
Preexisting Conditions: SEE ABOVE
Allergies: PCN-RASH, SOB, LATEX-RASH
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: FACE FLUSHING, CHEST FLUSHING, HIVES, DIAPHORESIS, ITCHING. BP SYSTOLIC 170"S-180"S OVER 70"S. VS. TAKEN EVERY 15 MINS X 1.25 HRS. BENADRYL 25 MG PO GIVEN 45 MINS. AFTER VACINE ADMINISTRATION WITH RELIEF OF MOST OF SYMPTOMS. PT. VERBALIZED UNDERSTANDING TO GO TO ER OR CALL 911 IF SYMPTOMS WORSEN. SHE WILL CALL IMMUNOLOGIST TO SEE IF SECOND DOSE IS INDICATED. I CALLED LOCAL MD. OFFICE, TO NOTIFY THEM OF THE ABOVE.

VAERS ID:	1113699 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	RA / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Tendinitis in left shoulder. Treated with steroids that I finished taking 1 week prior to second dose of phizer vaccine.
Preexisting Conditions: Arthritis
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Day 7 post vaccine arm pain at injection site. Sometimes a dull ache and sometimes sharp pain with movement.

VAERS ID:	1114252 (history)	**Vaccinated:**	2021-03-02
Form:	Version 2.0	**Onset:**	2021-03-02
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022M20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Diverticulum, Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No reported medical history)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: diverticulosis; pain at injection site; A spontaneous report was received from a consumer concerning a 70 year old male patient, who was received Moderna"s COVID-19 vaccine(mRNA-1273) and experienced diverticulosis and pain at injection site. The patients medical history was not provided. No relevant Concomitant medications were reported. On 02 mar 2021,prior to the onset of events, the Patient received the first of two planned dose of mRNA-1273(Lot number: 022M20A) vaccine intramuscularly for prophylaxis of COVID-19 infection. On 02 mar 2021, patient experienced pain at the injection site and diverticulosis. The patient was

admitted to Hospital on 02 mar 2021. No surgery performed. Discharged on 04 mar 2021.The event caused two days of hospitalization. Treatment for the event included Amoxicillin . Action taken with the second dose of mRNA-1273 in response to the event was not reported. The outcome of the event diverticulosis and pain at injection site was not provided.; Reporter''s Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

VAERS ID:	1114517 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	68.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032M20A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site reaction, Injection site warmth, Pain in extremity, Rash erythematous, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pneumonia shot in 2019 she had a very swollen and warm around injection site.
Other Medications: none
Current Illness: no
Preexisting Conditions: no
Allergies: none
Diagnostic Lab Data: no
CDC Split Type:
Write-up: pt stated that her left arm was sore the next day after getting the vax but about 7 days later she developed a warm, red, itchy bump around injection site that is about the size of a quarter.

VAERS ID:	1115981 (history)	**Vaccinated:**	2021-03-17
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	68.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Headache, Oropharyngeal pain, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ezetimibe, Oxycodone, Eliquis, Advair HFA, Valtrex, Proair HFA, Verapamil HCl
Current Illness: COVID-19
Preexisting Conditions: Hypertension, hyperlipidemia, diastolic dysfunction, chronic pain syndrome, Vitamin D deficiency, morbid obesity.
Allergies: Penicillamine, Atorvastatin, Percocet
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received his first COVID-19 vaccine (Moderna) and within 12 hours had full blown COVID symptoms including headache, body aches, low grade fever, sore throat. Within the next 24 hours those symptoms had increased by 50%.

VAERS ID:	1116303 (history)	**Vaccinated:**	2020-10-01
Form:	Version 2.0	**Onset:**	2020-10-06
Age:	1.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	B23EA / 1	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	S028914 / 1	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	T000697 / 1	LA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Feeling abnormal, Mood altered, Pyrexia

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Developed a fever and fatigue six days after vaccination (10/6/2020). Fever resolved by 10/13/2020 but took about 6 weeks until his mood and energy were back to baseline.

VAERS ID:	1116894 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 1	AR / IM

Administered by: Other **Purchased by:** ?
Symptoms: Hypoaesthesia, Hypoaesthesia oral, Paraesthesia, Paraesthesia oral
SMQs:, Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown

Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Shellfish allergy - anaphylaxis
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximately 20min prior to admin of 1st dose of vaccine, patient developed tingling and numbness sensation of lips. Over the course of 3min this tingling and numbness sensation progressed to the left side of her face and the left side of her tongue. 0.3mg of epinephrine was administered via autoinjector 3min following onset of s/s. 50mg PO diphenhydramine was administered 5min following onset of s/s. Pt developed no further s/s, No: rash, pruritus, chest tightness, chest pain, angioedema, abdominal pain, nausea, emesis, dizziness, syncope. VS stable throughout evaluation. Ambulance arrived approximately 10min following onset of s/s and pt was transported to ED for evaluation.

VAERS ID:	1117207 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	68.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Gait disturbance, Vertigo
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Vestibular disorders (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: shingles
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: androgel, nitro glycerin, cipro, doxepin, premadone, thorazine, doxycycline, batrim, flonase, omeprazole, chlorine, bees, clorhexidine, gabapentin, myrbetrig
Diagnostic Lab Data:
CDC Split Type:
Write-up: wobbly legs, spinning head, shortness of breath

VAERS ID:	1117375 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-26
Age:	76.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Present Medications: Fluticasone MD 50MCG SPR Amlodipine MD 5MG TAB Pravastatin 5 mg Aspirin MD 81 mg Losartan 50 mg Finasteride 5 mg Neomycin and Polymyxin B Sulfates and Hydrocortisone Otic MD as needed
Current Illness: none
Preexisting Conditions: Papillary Renal Cell Carcinoma, watching only Hemorrhoids Arthritis
Allergies: Codine, Tetnus Toxoid
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I received my 1st dose on 2/26, but I still have intermittent level 2-3 pain in the left upper arm where I was given the shot. I think eventually it will go away, but since my 2nd shot is coming up and it has been almost a month, I thought I should mention it to you and ask whether I should mention it to the CDC as a reaction. I think this is just a result of the injection itself and not of the vaccine. But I have never had such a lingering pain before from an injection and so I raise the question.

VAERS ID:	1117837 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046A21A / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Blood glucose normal, Dizziness, Feeling abnormal, Nervousness, Speech disorder, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: unknown
Preexisting Conditions: Asthma, HTN, PTSD, Anxiety, Phobia disorder, Back and Neck, depression, vertigo, suicidal ideation, arthritis, hyperthyroid, pschosis, chronic pain syndrome
Allergies: Unknown
Diagnostic Lab Data: Capillary Glucose 80
CDC Split Type:
Write-up: 30 minutes after receiving the vaccination she reported feeling dizzy and not right. She leaned herself forward in her chair saying I don''t feel good. She then attempted to through herself onto the floor. She was assisted to the ground. On the way down to the floor she kept saying I don''t feel good. Once on the floor she continued to speak and started to shake her whole body around, kicking her legs about and flailing her arms and shaking her head. She initially was speaking then she stopped speaking and alternated between having her eyes open and her eyes closed. She shook for about 30 seconds then she stopped but she did not speak for about 5 minutes. She shook intermittently shake briefly when someone tried to speak to her or take her vital signs.

VAERS ID:	1118051 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	65.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site induration, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic

oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: hard red swelling at injection site. some itching.

VAERS ID:	1118053 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	70.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Headache, Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: 12 hours of headaches, body aches, fever, and feeling very unwell.

VAERS ID:	1120792 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Key info: fever data on daily check in can be skewed based on #of people taking otc for symptoms. Ie: my fever was 99 but I have been alternating Tylenol and Advil for symptoms.
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Temp reading altered by otc meds.

VAERS ID:	1121075 (history)	**Vaccinated:**	2020-12-24
Form:	Version 2.0	**Onset:**	2020-12-25
Age:	38.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-21

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Condition aggravated, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Wellbutrin 300mg
Current Illness: None
Preexisting Conditions: MDD
Allergies: Seasonal to pollen
Diagnostic Lab Data: N/a
CDC Split Type:
Write-up: Tinnitus, progressively worsening

VAERS ID:	1121871 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A21B / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Cognitive disorder, Confusional state, Crying, Depressed mood, Emotional distress, Feeling abnormal, Malaise, Myalgia, Somnolence
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: Same, tired, achy, depressed
Other Medications: Woman?s multivit Calcium citrate Sertraline Levothyroxine Omeprazole Prevastatin Enalapril Propanolol
Current Illness:
Preexisting Conditions: Cirrochis post hep c
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Impaired cognition...fog headed, indecisive, unclear Malaise, lethargy, slept 1 1/2 days Muscular and joint aches and pains, rest Depressed, sad, tearful...cried and slept

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VAERS ID:	1122173 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	45.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808609 / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None taken at the time, or before the vaccination. I did take ibuprofen after the vaccination, about 18 hours after it.
Current Illness: None
Preexisting Conditions: None
Allergies: None that I am aware of.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I felt extreme fatigue- really tired. I first got the fever, then chills, the fever, then chills again. Finally, after the fever and chills, I got a very intense headache for about 18 hours. The fever and chills lasted for about 36 hours.

VAERS ID:	1122497 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	72.0	**Days after vaccination:**	22
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Rash, Rash macular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: diabetes, coronary artery disease, hypertension, hypercholesterolemia, obesity
Allergies: penicillin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient developed scalp sensitivity with rash, blotchy red hypersensitive symmetrically over temples and scalp. 3 weeks an d1 days after the first COVID vaccine. He sought medical attention at the emergency room 3-21-2021

VAERS ID:	1123256 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	81.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site pruritus, No reaction on previous exposure to drug, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions:
Allergies: Lisinopril
Diagnostic Lab Data: none
CDC Split Type:
Write-up: C/O Itching to left arm after receiving injection. No prior reaction/issue with first dose. HR 62 SpO2 98. Medicated with 25mg PO Benadryl

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VAERS ID:	1123955 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808609 / 1	LA / -

Administered by: School **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Junel
Current Illness: none
Preexisting Conditions: none
Allergies: penicillin, egg whites, other antibiotics
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash, fever , severe headache for 2 days; exhaustion, body aches continuing on day 4

so far

VAERS ID:	1124067 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Retching
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi-vitamin
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Terrible chills, dry heaves, acute hip pain. Lasted about 5 hrs.

VAERS ID:	1124349 (history)	**Vaccinated:**	2021-03-20
Form:	Version 2.0	**Onset:**	2021-03-20
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Dizziness, Fatigue, Hyperhidrosis, Injection site pain, Malaise, Nausea, Pain, Pyrexia, Rash, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: pain at site of injection, sudden onset of chills/sweats, feverish, fatigue, body aches , nausea, lightheaded, feeling unwell. Recovered following day with exception of a flat reddened rash developed to torso area, may be fever related.

VAERS ID:	1124473 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Pyrexia, Urine analysis, Vaginal haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 2nd Shingles vaccine had fever, headache, injection site itching, rash, swelling & soreness.
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Amoxicillin Soy protein products
Diagnostic Lab Data: urine- have not received the results yet
CDC Split Type: vsafe
Write-up: Couple of hours after the vaccine I got a fever I had a fever on 3/13/2021 & 3/14/2021. I''ve been through menopause & on 3/15/2021 I got my period after 18 month not getting it. It lasted for 5 days. I seen my on 3/16/2021 and she did an internal exam & she did say it appeared to be a regular period & she ordered additional tests.

VAERS ID:	1124582 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Erythema, Immediate post-injection reaction, Injection site erythema, Injection site inflammation, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Trelegy 200; indomethacin; vitamin D; vitamin C; vitamin E; red yeast rice; aspirin; iron; norethinedrone; synthroid;
Current Illness: Bladder infection (was not treated until after vaccine was administered)
Preexisting Conditions: Asthma
Allergies: Bactrim; hydrogen peroxide; adhesive tape
Diagnostic Lab Data:
CDC Split Type:
Write-up: Immediately became dizzy (within 30 seconds of receiving vaccine), which became

upon arriving home. Several hours later upon waking in the night face and hands were bright red. Eight days after vaccine (and after not having had any local effects up until this time), the site became red and inflamed; at the same time hives developed over both sides and hips; treated at ED with Benadryl and methylprednisolone intravenously; sent home with hydroxyzine.

VAERS ID:	1125050 (history)	**Vaccinated:**	2005-02-01
Form:	Version 2.0	**Onset:**	2005-10-01
Age:	51.0	**Days after vaccination:**	242
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Anogenital warts, Inappropriate schedule of product administration
SMQs:, Medication errors (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Allergic reaction to antibiotics; Anticoagulant therapy; Chronic iron deficiency anaemia; Depression; Drug hypersensitivity; Familial risk factor; Family history of cardiovascular disorder; Gastroesophageal reflux; Hirsutism; Hypercoagulation; Lumbar spinal stenosis; Malabsorption; Obesity; Pernicious anaemia; Rhinitis allergic; Smoker; Sulfonamide allergy; Transverse sinus thrombosis
Preexisting Conditions: Medical History/Concurrent Conditions: Anxiety; Cholelithiasis; Furuncle; Gastric bypass; Jaundice; Low blood pressure; Oedema peripheral; Pain in elbow; Peptic ulcer disease; Radiculopathy; Rotator cuff injury
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132103USA004197
Write-up: Genital warts; The patient was administered Pneumovax in February 2005 and October 2005; This spontaneous report has been received from other healthcare professional via a medical records from a case in litigation for zoster vaccine live (ZOSTAVAX)(2102USA003524), concerning a 52-year-old female patient (pt). The pt was a smoker. She was allergic to codeine, cephalexin and sulfa drugs. Her concurrent conditions included transverse sinus thrombosis, hypercoagulation with anticoagulant therapy, depression, astroesophageal reflux (GE) disease, lumbar spinal stenosis (LLS), obesity, hirsutism, allergic rhinitis, pernicious anaemia, iron deficiency anemia- malabsorption. The pt"s family history included coronary artery disease (CAD) and cystic fibrosis. The PT" medical history included pain in left elbow, gastric bypass, anxiety,

peptic ulcer disease (PUD), peripheral edema, furuncle, chronic low blood pressure, left lower extremity (LLE) radiculopathy, cholelithiasis, jaundice and rotator cuff strain. The patient received doses of unspecified influenza vaccines on unspecified dates in: November 1992; September 1993; October 1994; November 1995; November 1996; October 1999; November 2000; November 2001; October 2002; September 2003. It was also reported that the pt was vaccinated in the past with tetanus (+) diphtheria (+) pertussis (Tdap) vaccine (on 01-AUG-2003). On an unknown date in February 2005, the pt was vaccinated with first dose of pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX). On an unknown date in October 2005, the pt was vaccinated with the second dose of pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX) for prophylaxis (dose, route of administration, anatomical location, lot# and expiration date were not provided for both)(inappropriate schedule of vaccine administration). On an unknown date in November 2005, the pt experienced genital warts. The outcome of the event of genital warts was not reported. The causality assessment between the event of genital warts and pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX) was not provided. All available medical records will be provided upon request. This is the one of two cases regarding the same patient (linked: MARRS#2102USA008735).; Sender''s Comments: US-009507513-2102USA003524:

VAERS ID:	1126443 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-15
Age:	40.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Asthenia, Diarrhoea, Dizziness, Dyspnoea, Fatigue, Headache, Heart rate increased, Impaired work ability, Nausea, SARS-CoV-2 test negative, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Noninfectious diarrhoea (narrow), Dehydration (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEVOTHYROXINE, iron ferrous sulfate elixir
Current Illness: Hypothyroidism, anemia

Preexisting Conditions: Hypothyroidism
Allergies: Sulfa, codeine, benadryl
Diagnostic Lab Data: Covid test was negative and other test results are pending at the moment.
CDC Split Type:
Write-up: On the fourth day I began feeling a headache and weakness. On 5th day my symptoms increased to nausea , vomiting, headache, dizziness, weakness, fatigue, diarrhea, trouble breathing, rapid heart beat. These symptoms persisted for a few days. Then came on again on March 21, 2021. I have visited urgent care center and have tested negative for covid. I have been prescribed pain for headaches and nausea. My symptoms continue and persist as of now. I have missed work due to reactions.

VAERS ID:	1127256 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-20
Age:	59.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001B21A / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site mass, Injection site pain, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 40 mg Atorvastatin,2.5 mg midodrine twice daily, 25 topiramate twice daily, 25 mg atenolol , 30 mg Citalopram
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 9 days later woke up again arm sore with a hot spot feeling at the area of the shot. Felt like a small ball under it , swollen , slightly red, fairly itchy for about 2 into 3 days.

VAERS ID:	1128493 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Eye pruritus, Eye swelling, Lacrimation increased, Ocular hyperaemia, Pain in extremity, Sneezing
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Glaucoma (broad), Lacrimal disorders (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Carisoprodol, Armour Thyroid, Hydrocodone-APAP, Metoprolol,
Current Illness:
Preexisting Conditions:
Allergies: Tetracycline
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sore arm, itchy/watery/red/swollen eyes, sneezing

VAERS ID:	1128567 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-17
Age:	35.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site discomfort, Injection site pruritus, Injection site rash, Injection site swelling, Injection site warmth, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole, Metoprolol, Lafaxine 3, Synthroid, Omega 3, Apple cider, Vit D
Current Illness: No
Preexisting Conditions: Hypothyroid, PCOS, High blood pressure
Allergies: Dairy sensitivity, Porcecet, Morphine
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: I exp the red rash on Sunday itchy around the injections site. I woke up Monday morning the rash area was warm to touch, felt discomfort, slightly swollen and itchy. I contacted my PCP about my symptoms was informed to take Dose 2 my immune system reacting. I wonder if the size of needle matters depending on the size of the person.

VAERS ID:	1129429 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: asthma
Allergies: None

Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient had syncopal episode after getting vaccine. Gets similar reaction with blood work

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VAERS ID:	1130189 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	23.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Pain, Pulmonary embolism
SMQs:, Anaphylactic reaction (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: lorazepam, hydroxyzine, paliperidone, fluoxetine, and multivitamin
Current Illness:
Preexisting Conditions: depression, anxiety, hypothyroidism
Allergies: sulfa allergy
Diagnostic Lab Data: Multiple.
CDC Split Type:
Write-up: Patient received Moderna Covid19 vaccine on the 18th of March. Patient began to experience symptoms the next day (shortness of breath, general body pains) on the 19th. Discovered that patient had bilateral PE on the 23rd. Physicians unable to confirm or deny if vaccine was a contributing factor, but due to timing I am reporting this. Patient received treatment for ~24 hours and

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VAERS ID:	1130361 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6208 / 2	RA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Ocular hyperaemia
SMQs:, Anaphylactic reaction (broad), Glaucoma (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Sulfa and Latex
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme redness in right eye, believe broken blood vessels.

VAERS ID:	1130582 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Pain, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: sertraline, melatonin, Vitamin D
Current Illness: acute low back pain
Preexisting Conditions: obesity knee pain depression insomnia, fatigue PTSD anxiety
Allergies: Relafen
Diagnostic Lab Data:
CDC Split Type:
Write-up: lower arm shooting pain in the side that was injected. nerve type shooting pain from the elbow to the wrist, pain mostly in the thumb

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VAERS ID:	1130585 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	76.0	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022M20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Decreased appetite, Fatigue, Injection site erythema, Injection site induration, Injection site pain, Injection site warmth, Muscular weakness
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acetaminophen, Clotrimazole topical powder, Aspirin, Metformin, Atenolol, Diltiazem, Omeprazole, Albuterol inhaler, Losartan
Current Illness: n/a
Preexisting Conditions: Parkinson"s, CAD, DM2, mild Dementia, Arthritis, Hx of MI, Hyperlipidemia, GERD
Allergies: Bee sting Simvastatin, Atorvastatin, Pravastatin, Lisinopril, Meloxicam, Gabapentin, Fluvastatin
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Patient and caregiver report redness 7" x 4" around site, hardness, heat to left deltoid with tenderness that developed 3/18 accompanied with low appetite, muscle weakness, and fatigue. Arm symptoms were reported on 3/22 and improving by 3/23. Other symptoms reported

on 3/23. They report that on 3/23 symptoms were still present but starting to improve.

VAERS ID:	1130680 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-27
Age:	85.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EMCLIV / 2	UN / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bisacodyl. Gemfibrozil, Losartan, Mirtazapine, Vit D, Acetaminophen, Amlodipine
Current Illness: n/a
Preexisting Conditions: legally Blind, Depression, Hx of skin cancer, Insomnia, Cognitive Impairment, BPH, Hyperlipidemia, Hypertension
Allergies: Lisinopril
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Patient reports that the morning after his 2nd vaccine on 2/26/21, he experienced severe lack of energy, with lightheadedness and N/V. He reports that symptoms lasted 2-3 days. He reported adverse reaction on 3/22/21 to his nurse

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VAERS ID:	1131569 (history)	**Vaccinated:**	2021-03-17
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	22.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain and rash on left arm at injection site six days after injection.

VAERS ID:	1131795 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	42.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Military **Purchased by:** ?
Symptoms: Condition aggravated, Dizziness, Fatigue, Feeling cold, Headache, Inflammation, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Tbi/C5/6 Fusion Radiculopathy/constrictive Bronchiolitis/Migrane/Upper Body injuries and Pain
Preexisting Conditions: Above
Allergies: Pcn
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe Headache, Extreme inflammation in already injured neck and upper body bringing current pain level to 10. Fever, chills, naseau, dizziness, tiredness.

VAERS ID:	1131969 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	65.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthma, Chest discomfort, Cough, Dyspnoea, Sleep disorder
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pantoprazole, Flaxseed Oil, Vitamin C, Ventolin HFA, Buffered Aspirin, Ipratropium/Albuterol Solution, Multi-vitamin, Lisinopril, Metoprolol Succinate, Simvastatin, Hydrochlorothiazide, Metformin, Symbicort and Zinc.
Current Illness: None
Preexisting Conditions: Diabetes, Hypertension, Asthma, Coronary Atherosclerosis, GERD, Hyperlipidemia, Obesity
Allergies: Sulfa
Diagnostic Lab Data: None. Didn''t report this to us until today.
CDC Split Type:
Write-up: Sudden onset of shortness of breath, chest tightness and coughing. His usual rescue inhaler didn''t help symptoms. Up all night long. Unable to lay down as it made his breathing

worse. The next day, he did a nebulizer treatment and that helped his symptoms. Unfortunately, he has had an acute asthma attacks nearly every day since. Starting 1 week ago, symptoms have gradually improved. He is still having to use his nebulizer, but not as often, as his usual inhalers have not been ineffective.

VAERS ID:	1132067 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Mobility decreased, Skin warm
SMQs:, Parkinson-like events (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, warm face. Bed rest.

VAERS ID:	1132389 (history)	**Vaccinated:**	2021-03-20
Form:	Version 2.0	**Onset:**	2021-03-20
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808609 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole, Zyrtec
Current Illness: No
Preexisting Conditions: Synopsis Throat
Allergies: No
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: I exp redness, itchiness at the injection site. On Tues spoke with school nurse at my employer she put Hydocardizone and measured it to keep track of the sieze. As of 3/25 smaller in size and lighter in color,still exp tender now I"m applying Hydocardizone.

VAERS ID:	1132719 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8727 / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Abdominal pain upper, Headache, Night sweats, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu shot swollen and painful injection site and muscle pain
Other Medications: Lisinopril, levothyroxine, omeprazole, loratadine, advair, mometasone furoate
Current Illness: Diverticulitis

Preexisting Conditions: Hypothyroidism, metabolic syndrome, hypertension, asthma
Allergies: Codeine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Stomach cramps, fever, headache, night sweats

VAERS ID:	1132830 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / UNK	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness:
Preexisting Conditions:
Allergies: Ativan, Adhesive
Diagnostic Lab Data:
CDC Split Type:
Write-up: PT was 15 at the time of vaccination.

VAERS ID:	1133609 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-21
Age:	33.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / N/A	RA / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None (other than vaccine side effects the week prior)
Preexisting Conditions: None
Allergies: Allergic to bananas
Diagnostic Lab Data: I have not seen my doctor about this yet
CDC Split Type:
Write-up: 8 days after my vaccine I noticed a lump in my neck on the same side that I received the vaccine (right).

VAERS ID:	1134541 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arrhythmia, Asthenia, Dyspnoea, Electrocardiogram, Fatigue, Headache, Malaise, Pain in extremity, Ultrasound chest
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aspirin Calcium and vitamin D3 Citrucel

Current Illness: None
Preexisting Conditions: Celiac Disease Hemochromatosis
Allergies: Keflex Seasonal allergies - hay fever
Diagnostic Lab Data: Heart monitoring over a period of two weeks Heart ultrasound
CDC Split Type:
Write-up: I started to feel unwell soon after receiving the vaccination. I was tired and had a sore arm the first day. By the second day, I began having heart arrhythmia and shortness of breath, which was confirmed at my physician''s office by EKG. I was referred to a cardiologist. Today (day three), I am still feeling less energetic and have a higher than usual amount of skipped beats. I get short of breath easily. This afternoon I have a bad headache. My cardiologist has ordered heart ultrasound and monitoring out of an abundance of caution. He says it could be that the inflammation from the vaccine might be causing heart irritation.

VAERS ID:	1135711 (history)	**Vaccinated:**	2021-02-28
Form:	Version 2.0	**Onset:**	2021-02-28
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Cellulitis, Haematoma
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METOPROLOL; VIT D [COLECALCIFEROL]; ATORVASTATIN; MOTRIN [IBUPROFEN]
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No medical history reported)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210

Write-up: Hematoma Cellulitis; Hematoma Cellulitis; A spontaneous report was received from a nurse professional (patient) concerning a 66-years-old female patient was who received Moderna"s COVID-19 Vaccine (mRNA-1273) and had hematoma cellulitis (cellulitis) and hematoma cellulitis (haematoma). No medical history was reported. The concomitant medications included metoprolol, colecalciferol, atorvastatin, ibuprofen. On 28 Feb 2021, the patient received their first of the two planned doses of mRNA-1273 (Batch number: 025A21A) intramuscularly in left deltoid for the prophylaxis of COVID-19 infection. On 28 Feb 2021, the patient developed hematoma cellulitis (medically significant). No treatment information was provided. Action taken with mRNA-1273 in response to the events was unknown. The outcome of the events of hematoma cellulitis (cellulitis) and hematoma cellulitis (haematoma) was unknown. The reporter did not provide assessment for the event of hematoma cellulitis (cellulitis) and hematoma cellulitis (haematoma).; Reporter"s Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.

VAERS ID:	1135728 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-16
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Anaphylactic reaction
SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse reaction
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Anaphylactic response; A spontaneous report was received from a consumer concerning a female patient of unspecified age, who received Moderna"s COVID-19 vaccine (mRNA-1273) and experienced an anaphylactic reaction. The patient"s medical history was not provided. Concomitant medications were not provided. On 16 Mar 2021, a few moments prior to

the onset of the events, the patient received their first of the two planned doses of mRNA-1273 (Batch number: unknown) for prophylaxis of COVID-19 infection. On 16 Mar 2021, the patient had an anaphylactic reaction and had to be hospitalized. She was still in the hospital as of 17 Mar 2021. Treatment information mentions 4 epinephrine pens and diphenhydramine. Action taken with mRNA-1273 in response to the events was unknown. The outcome of the events, anaphylactic reaction, was considered as unknown.; Reporter''s Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested

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VAERS ID:	1136603 (history)	**Vaccinated:**	2021-03-09
Form:	Version 2.0	**Onset:**	2021-03-09
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Dysphagia, Dyspnoea, Hypoaesthesia oral, Movement disorder
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: LORATADINE; METFORMIN; PAROXETINE; WELLBUTRIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergic reaction to bee sting; Depression; Pre-diabetes
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021263134
Write-up: Dizziness; numb tongue; difficulty swallowing; difficulty breathing; inability to move arms and legs; This is a spontaneous report from a contactable consumer. A 44-years-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution

for injection, lot number EN6199 and expiration date unknown), via an unspecified route of administration in the left arm on 09Mar2021 at 15:00 as a single dose for COVID-19 immunization. Medical history included depression, pre-diabetes and known allergies: bee stings. Concomitant medications included loratadine (LORATADINE), metformin (METFORMIN), paroxetine (PAROXETINE), and bupropion hydrochloride (WELLBUTRIN), and "Mul". The patient had no other vaccine in four weeks. On 09Mar2021 at 15:15, The patient experienced dizziness, numb tongue, difficulty swallowing, difficulty breathing, and inability to move arms and legs. The patient had no COVID prior vaccination and had not tested post vaccination. Therapeutic measures were taken as a result of the events which included Epinephrine, ER treatment, and Prednisone. The outcome of the events was resolving. The events resulted in: Emergency room/department or urgent care, Life threatening illness (immediate risk of death from the event).

VAERS ID:	1136755 (history)	**Vaccinated:**	2021-03-09
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	67.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040A21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Feeling jittery, Feeling of body temperature change, Headache, Impaired work ability, Pain, Respiratory tract congestion, SARS-CoV-2 test negative
SMQs:, Arthritis (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Furosemide, quetiapine, simvastatin, buspirone, omeprazole, lisinopril, sertraline, hydroxyzine, Fibercon, and a multivitamin.
Current Illness: 2 to 3 prior to the vaccine he was having similar symptoms of congestion, pounding headache, body aches, and joint soreness. He has previously had pneumonia and described that it felt like that. He reported testing negative for COVID-19 at that time and his doctor did not feel as though it was pneumonia.
Preexisting Conditions: High blood pressure, anxiety, panic attacks, and acid reflux.
Allergies: Allergy to an unknown antibiotic he took for osteomyeltitis
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient describes symptoms starting the morning after receiving the vaccine of massive headache, body aches, joint aches, feeling hot and cold, jittery, and congestion. He states that they have been increasing in intensity since they have started. He reports that he is unable to work because of the symptoms.

VAERS ID:	1137616 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	7354R / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Feeling hot, Pain, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt developed a red raised area about the size of a quarter. Area was warm and painful. It is resolving but still present as of 03/26/21

VAERS ID:	1137771 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain upper, Dehydration, Glassy eyes, Malaise, Pallor, Unresponsive to stimuli

SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: Disassociation Disorder
Allergies: No
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: Less than 10 minutes after injection, patient verbalized she did not feel well, then became unresponsive to verbal cues, eyes glazed over, pale face. Clinic was being held outdoors, clinic staff could not get accurate vital signs. Call EMS. Meanwhile, patient began to respond to verbal cues, was able to walk inside, said her stomach hurt. EMS arrived and also had difficulty obtaining vital signs, transported to the local ER. Patient was treated and released from the ER with a diagnosis of dehydration.

VAERS ID:	1137919 (history)	**Vaccinated:**	2021-03-20
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	36.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / N/A	LA / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Blood test normal, Dizziness, Magnetic resonance imaging normal, Sleep disorder, Vision blurred
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamins, vitamin D3
Current Illness: None
Preexisting Conditions: Chronic acid reflux
Allergies: None
Diagnostic Lab Data: Blood tests and MRI done at ER on 3/25. Everything came back normal, though still waiting on results from tick panel.
CDC Split Type:
Write-up: Started having blurry vision/trouble focusing eyes/feeling dizzy on Monday. By Wednesday, this was very difficult to handle and I went to see a practicioner at my primary care office and I could not sleep at all on Wednesday night; went to the ER on Thursday morning out of major concern.

VAERS ID:	1138009 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	80.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A21A / UNK	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: About six and a half hours after receiving the second COVID-19 Vaccine EUA I became extremely tired. The extreme tiredness lasted 24 hours and then went away.

VAERS ID:	1138386 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	32.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Blood test, Chills, Goitre, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypothyroidism (broad), Hyperthyroidism (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Blood tests were preformed on my thyroid
CDC Split Type: vsafe
Write-up: I have a left thyroid-megaly, no pain or symptoms. I had a fever and chills the ight of my vaccine. The left side of my thyroid is quite enlarged and is still very present.

VAERS ID:	1138432 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-25
Age:	70.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: atenolol 25 bid
Current Illness: none
Preexisting Conditions: allergies, hypertension
Allergies: penicillin family
Diagnostic Lab Data:
CDC Split Type:
Write-up: large red spot, itchy and very sensitive to touch, about 2 inches below injection site. Spot is approx. 2.25" in diameter.

VAERS ID:	1138485 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	63.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood pressure decreased, Computerised tomogram, Electroencephalogram, Magnetic resonance imaging, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: None

Preexisting Conditions: week immune system overall
Allergies: None
Diagnostic Lab Data: CT Scan, EEG, and MRI in the emergency room
CDC Split Type:
Write-up: I had a vaso-vagal syncope and a very severe drop in Blood pressure.

VAERS ID:	1138815 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood pressure increased, Heart rate irregular
SMQs:, Neuroleptic malignant syndrome (broad), Hypertension (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metformin Atorvastatin Lisinopril Vitamin D Multi- Vitamin Xanax
Current Illness: None
Preexisting Conditions: Vertigo Diabetes
Allergies: Sulfa Niacin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rapid pulse and rise in blood pressure

VAERS ID:	1139339 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-27

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006BZIA / UNK	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Hyperhidrosis, Nausea, Pyrexia, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID, glipizide, cranberry pills and vitamin C, meclazine, antibiotic
Current Illness: UTI
Preexisting Conditions: Sjogrens, rheumatoid arthritis, barret?s esophagus, carpal tunnel, diabetes type 2
Allergies: Lactose intolerant, tetanus, many more.
Diagnostic Lab Data: I waited it out and took Tylenol Extra Strength.
CDC Split Type:
Write-up: Uncontrollable shaking, high fever with sweats, nausea for three days after the shot. Extreme fatigue.

VAERS ID:	1139695 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-27
Age:	69.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER 2613 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Fatigue, Feeling abnormal, Influenza like illness, Pain, Skin burning sensation
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Dementia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit. D Vit. C Vit. B Fiber
Current Illness: none
Preexisting Conditions: Healthy
Allergies: apricots cherries
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Pfizer-BioNTech COVID-19 Vaccine EUA I had no symptoms after the first Pfizer vaccine. On Tuesday, March 23, 2021 I had the second vaccine and had flu symptoms the next day with body aches and fatigue. I felt better the day after that-Thursday. This morning, Saturday, as soon as I got out of bed, my face burned and turned bright red. I looked like I had a sunburn. My arms, especially around my elbows turned an angry red. They didn''t burn as badly as my face. Around an hour later, the redness subsided, but my face still feels hot. I don''t feel like myself and am taking it easy today. I want to report this so you are aware of the reaction. I take no medications and am extremely healthy. My last vaccine was in 1976.

VAERS ID:	1140970 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	70.0	**Days after vaccination:**	28
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Diarrhoea, Muscle spasms, Nausea
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: Same reaction for first Covid vaccine
Other Medications: Atenolol, levothyroxine
Current Illness:
Preexisting Conditions: High blood pressure, low thyroid
Allergies: Penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Within 15 minutes of injection experienced cramping, diarrhea and nausea. Observed for 30 minutes.

VAERS ID:	1140981 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	78.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A21A / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Balance disorder, Dizziness, Mobility decreased, Nausea, Pain, Respiration abnormal
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Carvedilol, Lisinopril, Ezetimibe, Eliquis, Tamsulosin, Finasteride, Isosorbide, Aspirin
Current Illness: No other illnesses
Preexisting Conditions: Heart attack 11/2020 Pacemaker Defibrillator implanted 11/2020 Chronic A-Fib rate Controlled Decreased kidney function. OnLy has 1 kidney
Allergies: Hytrin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: ?Can?t get a full breath? Nauseated, Dizzy, balance was off. ?Thought I was having a heart attack. Couldn?t walk without a cane because of pain and weakness.?

VAERS ID:	1141257 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A21B / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin, Vit D, Omega 3
Current Illness: none
Preexisting Conditions: none
Allergies: Gluten sensitive
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Extreme chills for 24 hours, nausea, fatigue, headache, joint pain, and fever. Symptoms lasting up to 48 hours.

VAERS ID:	1141781 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-03-27
Age:	23.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Injection site pain, Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine, escitalopram, bupropion, doxycycline
Current Illness: None
Preexisting Conditions: None
Allergies: none
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Soreness at injection site for approximately 24 hours post vaccination Mild headache in hours following vaccination, treated with Aleve Nausea and vomiting 24 hours post vaccination, ended by the following day

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VAERS ID:	1141901 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	73.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	RA / -

Administered by: Public **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamins A, D3, C and B complex Black seed oil and giinkgo Biloba
Current Illness: None
Preexisting Conditions: No
Allergies: Celebrex
Diagnostic Lab Data: I was seen by a physician on March 26, 2021 who gave me the diagnosis
CDC Split Type:
Write-up: I developed shingles. On the night after the vaccination

VAERS ID:	1142781 (history)	**Vaccinated:**	2021-03-25
Form:	Version 2.0	**Onset:**	2021-03-25
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6208 / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Arthralgia, Chest discomfort, Dyspnoea, Feeling abnormal, Hallucination, Headache, Loss of consciousness, Movement disorder, Pain in extremity, Restlessness, Tremor
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Psychosis and psychotic disorders (narrow), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lexapro 10mg 1 tab/day Echinechea with goldenseal 500 units per day Fiber pills Zyrtec 1 tab/day
Current Illness: Anemia
Preexisting Conditions: Mild osteoarthritis
Allergies: Biacin
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Night of vaccine felt heaviness on chest - using elliptical machine as usual and felt out of breath very quickly within 15 minutes. Normally do 30 minutes and can speak through it. Just thought I was tired. Overnight joint pain significant in knees, fingers and shoulder blades. Husband told me I was moaning throughout the night and turning from side to side. Got up to go to the bathroom once and head felt foggy. Morning got up as usual and quickly became light headed. Started to black out to the point where sitting down and putting my head down didn?t help. Was blacked out and yelled for my husband. Husband carried me to the couch what I was saying he

thought I was hallucinating. Began to have whole body trembling - not necessarily chills just trembling. After about an hour subsided. Blacking out lasted on and off throughout the day. O2 stats between 91 and 94 throughout the day, fast heart rate 90+. No fever. Stayed in bed all day, barely moved. Restless and couldn?t get comfortable - very bad headache. Going in and out of sleep. Treated with Tylenol arthritis and ibuprofen. Drank water and some hot tea. Very hard to even drink anything. Next day felt like I had been sick although by 5pm seemed to be back to baseline.

VAERS ID:	1142941 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6204 / UNK	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Allergy to vaccine, Arthralgia, Asthenia, Chills, Dizziness, Fatigue, Feeling abnormal, Heart rate, Heart rate increased, Joint stiffness, Lymphadenopathy, Musculoskeletal stiffness, Myalgia, Neuropathy peripheral, Palpitations, Paraesthesia, Suspected COVID-19
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Arthritis; Asthma (Mild asthma); Food allergy (Known allergies: Yes, react to some foods); Insect bite allergy (Known allergies: insect bites)
Allergies:

Diagnostic Lab Data: Test Date: 20210310; Test Name: heart rate; Result Unstructured Data: Test Result:increased; Comments: intermittent heart racing for 3 more days
CDC Split Type: USPFIZER INC2021293946
Write-up: peripheral neuropathy in face; Covid-like symptoms; allergic reaction immediately after vaccination; dizziness; weakness; tingling; increased heart rate; brain fog; fatigue; chills; muscle and joint soreness and stiffness; muscle and joint soreness and stiffness; muscle and joint soreness and stiffness; muscle and joint soreness and stiffness; swollen lymph nodes; intermittent heart racing for 3 more days; This is a spontaneous report from a non-contactable consumer (patient). A 66-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6204), via an unspecified route of administration, administered in the left arm on 10Mar2021 at a single dose (at the age of 66-years-old) for COVID-19 immunisation. Medical history included mild asthma, arthritis, known allergies: react to some food, insect bites, and had a bad reaction to shingles vaccine. There were no concomitant medications. The patient had no other medication in the last two weeks and no other vaccine in the last four weeks. On 10Mar2021, the patient experienced an allergic reaction immediately after vaccination which included dizziness, weakness, tingling, increased heart rate - lasting approximately 2 hours; followed by COVID-like symptoms of brain fog, fatigue, chills, muscle and joint soreness and stiffness, peripheral neuropathy in face, swollen lymph nodes and intermittent heart racing for three more days. The patient was not COVID tested post vaccination. No treatment was given in response to the events. The patient was recovering from the events. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1144175 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	45.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1802072 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Chills, Dyspnoea, Fatigue, Feeling abnormal, Hyperhidrosis, Injection site pain, Joint stiffness, Myalgia, Nausea, Pain, Pain in extremity, Pyrexia, Somnolence
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: knee issues registered with VA new past year and a half elbow/forearm pains
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Mach 24 1700-1730 feeling odd with some joint pain in knees. Injection shot pain normal as most injuections. 1900 achy 2000 chills started 2100 fever of 99.8 March 25 0015 sweaty and hot fever of 102.5 entire body aches, joint pains knees and arms. Musclar aches all over felt slight nausea 0700 aches continued fever down 100.2, fatigued slept most of the day. Injection site tender. Drank water ate toast. 1300 fever subsided 98.6 (my normal is 98.2) Took motrin for aches. Rest of day and night slightly achy stiff joints fatigued. March 26 Still achy and stiff. No fever. Took Motrin. By midday had more energy and able to get around and walk. Noticed taking deep breaths was hard to do with out slight pain. Was gone by the 28th.

VAERS ID:	1146219 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-25
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dyspnoea, Fatigue, Headache, Insomnia, Myalgia, Rash, Rash erythematous, Rash pruritic, Somnolence, Tension headache, Throat clearing, Upper-airway cough syndrome, Urticaria, Wheezing
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (narrow), Angioedema (narrow), Asthma/bronchospasm (broad), Anticholinergic syndrome (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lamictal, topimax, Vyvanse, nuvaring
Current Illness:
Preexisting Conditions: Anxiety, migraine, asthma
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1. First: Rash between breasts appears that evening. It is very very itchy and red. There are five raised hives which are white and dime-sized. They appear almost to have a pinhead sized pus in them. At the 36 hr mark, it remains the same in discomfort, but there are more hives and it has spread out by three inches across the chest and is halfway up to the neck. The rash does not improve or spread further and remains the same at the 4.5 day mark today. 2. Around day 1.5 or 2, a mucusy film fills throat making it necessary to constantly clear my throat in an almost violent way order to feel comfortable. It feels like there is lots of post nasal drip in my throat, however, I have completely clear sinuses. Sometimes this means coughing though I would not say I have a cough. 3. I need to use my inhailer in my car on Sunday, day 3.5 to breathe deeply. This is very unusual. I have shortness of breath and deep wheezing more than usual. 4. Day 3, I realize I am very very tired, which I had though was just because I have been busy, but with alight myalgias starting, now recognize that the fatigue is abnormal. I feel like if I let my eyes close at 3pm, which they feel like doing, I would fall asleep. This continues day 4. Ironically, I have trouble sleeping. .. 5. Day 4.5, Myalgias, see above. And skin also feels fender in spots. .. 6. Today started a general unease, day 4,. I had this with Covid. It is hard to explain. The feeling of just "bad" -- an experience I have only ever had with Covid. Like a dread mixed with a fear with a stomach bug. Maybe that helps. 7. Day 2 on -- Headache off and on. A tension headache. Could be from not getting enough sleep but it was persistent throughout the day yesterday and today.

VAERS ID:	1147160 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-25
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046A21A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Asthenia, Back pain, Diarrhoea, Fatigue, Lymph node pain, Mobility decreased, Pain, Pyrexia, Weight bearing difficulty
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders

(broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Moderna COVID-19 Vaccine . March 25 fever peak 102.5, groin lymph sore, body ache,weak. March 26- weak, body ache, left ankle can''t bear weight, lower back pain. March 27- tired, diarrea and extreme lower back pain during night. I feared paralysis. March 28- extreme lower back pain. Diarrea. Fatigue. Hardly able to move due to back pain. Began taking advil. Improved mobility over the day using Advil. March 29 - continued back pain, fatigue, and limited movement. Treating with Advil, I phoned my primary physician. March 30 - continued back pain, fatigue and limited movement - treating with Advil

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VAERS ID:	1149472 (history)	**Vaccinated:**	2021-03-29
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	22.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Dizziness, Fatigue, Headache, Myalgia, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: no
Current Illness: no
Preexisting Conditions: no
Allergies: tree nuts, biaxin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: muscle pain in the back of the legs, chills, fever, headache, dizziness, tiredness. It started around 12am and went until 1pm when I took tylenol.

VAERS ID:	1149504 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	76.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A21A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Fatigue, Influenza like illness, Injection site pain, Pyrexia, Rhinorrhoea, Skin sensitisation
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Stool softener, Omega 3 fish oil, glucosamine MSM, vitamin minerals, CoQ10, Melatonin. Lisinopril.
Current Illness: None.
Preexisting Conditions: High blood pressure.
Allergies: Seasonal allergies.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: She got the vaccine, did have pain at the site and thinks it was the first day at the end of the day. When she laid down she could feel it and also on the 2nd day at night. On day #2 she felt like she was coming down the flu. She had skin sensitivity, chills and a fever, extreme fatigue and her nose was running. These symptoms lasted all day long and into the evening. By the third day she woke up and was fine. She was a little tired, which lasted for about 3 more days, but minimal. She cleaned an area in her kitchen and came across a detox that she had taken (herbal formula), and she thinks when she first found it she took it, and the next day she took it as well.

VAERS ID:	1150385 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	67.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Thrombophlebitis superficial, Thrombosis
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021284550
Write-up: I had a return of a superficial thrombophlebitis on my left arm above where a catheter had been when I had surgery 7 weeks before. The blood clot returned again to the same level of pain and the same; I had a return of a superficial thrombophlebitis on my left arm above where a catheter had been when I had surgery 7 weeks before. The blood clot returned again to the same level of pain and the same; This is a spontaneous report from a contactable consumer (patient). A 67-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in right arm on 01Mar2021 13:30 (lot/batch number was not reported) as single dose for COVID-19 immunisation. The patient''s medical history included high blood pressure. The patient had no known allergies. The patient''s concomitant medications were not reported. On 04Mar2021 07:30, the patient had a return of a superficial thrombophlebitis on her left arm above where a catheter had been when she had surgery 7 weeks before. The blood clot returned again to the same level of pain and the same. No treatment was received for the events. Patient was not pregnant at the time of vaccination. Patient had no COVID prior to vaccination and not tested for COVID post vaccination. Vaccine facility type was other. There was no other vaccine in four weeks and there was other medications in two weeks. The outcome of the events were not recovered. Information on the lot/batch number has been requested.

VAERS ID:	1152267 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-03-14
Age:	94.0	**Days after vaccination:**	16
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Death
SMQs:
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-03-14
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Hospice patient
Preexisting Conditions: Hypertensive heart disease with heart failure
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: The patient was a Hospice patient that passed away.

VAERS ID:	1152421 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-25
Age:	63.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Death
SMQs:
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-03-25
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Hospice patient - Malignant neoplasm upper lobe r bronchus or lung and Secondary neoplasm of brain
Preexisting Conditions: Hospice patient - Malignant neoplasm upper lobe r bronchus or lung and Secondary neoplasm of brain
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: hospice patietn passed away

VAERS ID:	1153439 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	67.0	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Computerised tomogram, Electroencephalogram, Encephalitis, Laboratory test, Lumbar puncture, Magnetic resonance imaging
SMQs:, Noninfectious encephalitis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 4 days
Extended hospital stay? No

Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Cat scan MRI, spinal tap EEG. Plus over 60 other tests.
CDC Split Type:
Write-up: Encephalitis Treated ED then hospitalized for three days. Steroid infusion.

VAERS ID:	1154370 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-14
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	80777-0273-10 F / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Injection site rash, Injection site swelling, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Breast cancer 25 years ago. No chemo nor radiation Psoriasis
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 19 hours after vaccine I woke up with a headache, then some chills and went to bed. In bed all day and night with Fever, 101, body aches, crushing headache . Day 2 up for 3 hours in morning then back to bed and slept all day, and night with crushing headache. Fever down to 99 on day 2. Moderate headache for next few days., but no more bed rest. 6? rash at vaccine site and swollen area at shot site.

VAERS ID:	1154783 (history)	**Vaccinated:**	2021-03-30
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	55.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Paraesthesia, Rash
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Methotrexate , metoprolol, doxycycline
Current Illness: No
Preexisting Conditions: Hypertrophic cardiomyopathy, auto immune,high blood pressure
Allergies: No
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Sensation of cold rain on back of hands and left side of face lasting several seconds to a minute several times since vaccinated, Whole body rash 34 hours after vaccination. Large red bumps back of neck both arms and legs

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VAERS ID:	1155131 (history)	**Vaccinated:**	2021-03-29
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site rash, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sprycel, metropolol, vitamin D, vitamin B12
Current Illness: chronic myeloid leukemia
Preexisting Conditions:
Allergies: Sulfur drugs, amoxicillin, lavender products
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, up to 102.9 night of 3/30/2021 (early morning of 3/31/2021). Low grade fever again5:00 p.m. 3/30/2021. Fatigue. Headache. Rash around injection site almost reaching shoulder and just above elbow. No treatment.

VAERS ID:	1155251 (history)	**Vaccinated:**	2021-03-09
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	78.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022M20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fluorescence angiogram, Ophthalmic herpes zoster, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Ocular infections (narrow), Opportunistic infections (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: naproxen 220 mg prn
Current Illness: none
Preexisting Conditions: DJD iridocyclitis Grade 1 Ca of prostate
Allergies: none known
Diagnostic Lab Data: Flourescein exam of L eye
CDC Split Type:

Write-up: Began having paresthesias L forehead and periorbital area on 03/10/2021 (1 day after vaccine), then developed zoster rash in L Ophthalmic nerve distribution over the next couple of days

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VAERS ID:	1156552 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8732 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chest discomfort, Dyspnoea, Feeling cold, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Duloxetine Trazodone
Current Illness: N/A
Preexisting Conditions: Asthma
Allergies: N/A
Diagnostic Lab Data: Currently being evaluated by the Emergency Department: 4/1/2021 @3:00pm.
CDC Split Type:
Write-up: Patient received second dose of Pfizer mRNA covid-19 vaccine on Thursday, 4/1/2021 at 2:25pm. After administration, patient reported tightening in her chest and was negative for difficulty breathing, change in heart rate, and had normal cognitive functioning. After approximately 5 minutes of being observed, the patient reported further tightness in chest and started feeling short of breath, but was negative for change in pulse or cognitive functioning. At that time, the pharmacist provided the patient with dexamethasone 4mg, which was self administered, and after 5 minutes hydroxyzine 10mg when the patient''s symptoms did not resolve. An Epipen injection was administered around 2:35pm by the pharmacist after the patient''s tightness in chest worsened despite dexamethasone and hydroxyzine and the patient was feeling cold and started shaking uncontrollably. 911 was called at that time and EMS services evaluated the patient around 2:45. The patient was transported to the emergency department at

the local hospital around 2:50pm.

VAERS ID:	1156736 (history)	**Vaccinated:**	2021-03-17
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	73.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I have been experiencing chills right after my second shot on March 17th at 8:20 am. Fifteen days so far, Today is April 1st.

VAERS ID:	1156820 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	67.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Feeling cold, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: sulphur, tetracycline
Diagnostic Lab Data: none
CDC Split Type:
Write-up: severe chills, headache, dizzy, nausea

VAERS ID:	1156911 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-03-31
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8732 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dyspnoea, Paraesthesia oral, Vital signs measurement
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: none
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 25 minutes after vaccination started to have sensation of difficulty breathing. No wheeze. Reported lips felt tingly. No swelling. Vital signs monitored for 1 hour. Breathing normalized. Lip tingling resolved. Vital signs normal. WIll follow up with PCP if necessary. When left clinic site at 14:11: BP 138/82 Pulse: 62 Resp: 16 O2 Sat 99% on room air, lungs clear oropharynx normal

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VAERS ID:	1156932 (history)	**Vaccinated:**	2021-01-19
Form:	Version 2.0	**Onset:**	2021-01-20
Age:	35.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Pain, Syncope, Ultrasound scan normal
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: fibroid
Allergies: n/a
Diagnostic Lab Data: Ultra sound; negative
CDC Split Type: vsafe
Write-up: 1/19 vaccination 1/20 At about 3pm, I had symptoms of having my period. I started having really bad pain on lower back, I could not stand. I could not pick my baby up. I called my husband to come home. The pain was extremely bad, I could not walk. I took Ibuprofen, called clinic and they said you should call CDC or wait. I went to bed and around 6am I felt like I had to go to the bathroom. Walking back, I went to sit on edge of bed, I was in so much pain. I started feeling so bad, I fainted. When I woke up, my husband was asking me questions. We called 911,

took vitals, transferred to ER. Gave Ibuprofen and did ultra sound. They discharged between 11-12. They said to follow up with PCM. It was so scary. Symptoms lasted for 4-6 days after. It became better each day. *still have not had second vaccine

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VAERS ID:	1156937 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / UNK	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was vaccinated on day 14 vs day 21

VAERS ID:	1158293 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	35.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site pain, Malaise
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paroxerine 60mg, proair, singulair, symbicort 160/4.5, nasacort, 1000mg vitamin c, 50mcg vitamin d, 250mg magnesium, multivitamin
Current Illness: None
Preexisting Conditions: Asthma
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: General fatigue/malaise (4/1/21), muscle pain at injection site, bad headache (4/2/21 - 12:30 am) -- no treatment

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VAERS ID:	1158678 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	74.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdomen scan, Asthenia, Back pain, Blood pressure measurement, Body temperature, Chest X-ray, Chills, Culture urine, Dehydration, Dizziness, Headache, Hypotension, Loss of personal independence in daily activities, Pyrexia, SARS-CoV-2 test, Tremor, Ultrasound abdomen
SMQs:, Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (narrow), Hypokalaemia (broad), COVID-19 (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Anal cancer (h/o anal cancers/p chemo & RT2013); Anemia; Hypertension; Hypothyroidism
Allergies:
Diagnostic Lab Data: Test Name: abdominal and pelvic cat scan; Result Unstructured Data: Test Result:Unknown Result; Test Name: blood pressure/BP; Result Unstructured Data: Test Result:low 80''s to 90''s over 40''s to 50''s all thru night; Test Name: blood pressure/BP; Result Unstructured Data: Test Result:still not improved; Test Name: fever; Result Unstructured Data: Test Result:99 or 100; Test Date: 20210310; Test Name: fever; Result Unstructured Data: Test Result:high fever up to 103 degrees; Test Name: CXR; Result Unstructured Data: Test Result:Unknown Result; Test Name: urine culture; Result Unstructured Data: Test Result:Unknown Result; Test Date: 20210310; Test Name: Nasal Swab; Result Unstructured Data: Test Result:Negative; Test Name: abdominal ultrasound; Result Unstructured Data: Test Result:Unknown Result
CDC Split Type: USPFIZER INC2021295228
Write-up: weak; lightheaded; My blood pressure low 80''s to 90''s over 40''s to 50''s all thru night; dehydrated prior to this admit; shaking; chills; severe headache; right mid and low back pain; high fever up to 103 degrees; Not able to get out of bed except to get to nearby bathroom; This is a spontaneous report from a contactable nurse (patient). A 74-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), first dose at the age of 74-years-old via an unspecified route of administration, administered in arm left on 05Mar2021 15:30 (Batch/Lot Number: EN6200) as single dose for covid-19 immunisation. Medical history included anal cancer (h/o anal cancers/p chemo & RT2013), hypertension, hypothyroidism and new fe deficiency anemia dx during this admit from an unknown date and unknown if ongoing. The patient''s concomitant medications were not reported. The patient has known allergies to Ampicillin, clindamycin, trilafon, imipramine. The patient reported that 4.5 days after 1st dose of Pfizer vaccine on morning of 10Mar2021 09:00, the patient woke up with shaking chills, severe headache, right mid and low back pain, high fever up to 103 degrees within 1/2 hr of onset and not able to get out of bed except to get to nearby bathroom to use toilet when needed. The patient took Tylenol 500 mg up to 5 doses by 10:00 am of 11Mar2021 when fever would not abate; the patient was weak and lightheaded on an unspecified date and since lived alone called a number to take her to ER. On an unspecified date, her blood pressure was low 80''s to 90''s over 40''s to 50''s all thru night and 1000 more mg of Tylenol was given at 4:00 am and fever then lowered to 99 or 100. Full infectious work up negative for bacterial sources including abdominal and pelvic cat scan, abdominal ultrasound, CXR, urine culture, she received 2 1/2 liters of IV fluid and IV Ceftriaxone and Flagyl in ER. In case bacterial cause which was not found including blood cultures, due to her BP still not improved by 5:00 am as she was dehydrated prior to this admit, she was admitted on medicine floor for 2 days. The patient underwent lab tests and procedures which included abdomen scan: unknown result on an unspecified date, blood pressure

measurement: low 80''s to 90''s over 40''s to 50''s all thru night on an unspecified date; still not improved on an unspecified date, body temperature: high fever up to 103 degrees on 10Mar2021; 99 or 100 on an unspecified date, chest x-ray: unknown result on an unspecified date, culture urine: unknown result on an unspecified date, sars-cov-2 test: negative on 10Mar2021, ultrasound abdomen: unknown result on an unspecified date. Therapeutic measures were taken as a result of the events which included IV, fluids, 1 dose of 2 different IV antibiotics (Ceftriaxone and Flagyl) and Tylenol. The patient was recovering from the events.; Sender''s Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID:	1159177 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dyspnoea, Fatigue
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Difficulty breathing for 4 hours and exhaustion

VAERS ID:	1160144 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	74.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chest X-ray normal, Chills, Clostridium difficile colitis, Clostridium difficile infection, Clostridium test positive, Computerised tomogram abdomen normal, Computerised tomogram pelvis, Computerised tomogram thorax normal, Condition aggravated, Hyperhidrosis, Neutropenia, Neutrophil count decreased, Pain, Pain in extremity, Pancytopenia, Pyrexia, Tremor, Urine analysis normal
SMQs:, Agranulocytosis (narrow), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (narrow), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Myelodysplastic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: acyclovir 400mg BID vancomycin 125mg QID meclizine 25mg BID
Current Illness: None
Preexisting Conditions: postherpetic neuralgia, vertigo and DLBCL (Dxed July 2020) s/p 6 cycles of R-CHOP c/b C. difficile colitis following cycle 2
Allergies: penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: She received her first COVID vaccine on 2/24/2021 and her second COVID vaccine on 3/24/2021. She had some arm soreness following the second shot. On the morning of 3/26/2021, she awoke with fevers, chills, body aches, diaphoresis and shaking. Her symptoms minimally improved with Tylenol. She recorded her temperatures with the highest being 102.7 F this morning. She reached out to her hematologist who recommended coming to the ED. On admission she was noted to be pancytopenic with neutropenia ANC 100 and febrile 102.7F. CXR was clear, UA showed no pyuria, and CT chest/abd/pelvis was unremarkable. She reports she did not develop diarrhea until she arrived at the hospital. C.diff testing was sent and returned positive. Although fevers have been reported up to 7 days post COVID vaccination, I am not aware of

reports of it causing pancytopenia. It is not clear if C.diff or other infectious etiology contributed to her pancytopenia or if her pancytopenia is a result of severe infection. Considering she did not have any recent insult that would have induced the C.diff infection (last chemo in Jan and no recent antibiotic use), no diarrhea prior to admission, and no CT evidence of significant colitis, I suspect her profound pancytopenia is what caused her C.diff to flare. Unsure to what caused the pancytopenia, considering the vaccine.

VAERS ID:	1160312 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Enlarged uvula, Flushing, Paraesthesia oral, Pharyngeal paraesthesia, Throat irritation
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Hx of anaphylaxis to tree nuts
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximately 5 min following injection, pt reported that she felt her uvula was swelling with pruritus of the throat, and that the back of her tongue was tingling. She reported feeling dizzy, with a flushed sensation in her chest, tingling progressed to entire tongue and to lips. No angioedema or rash on exam, airway clear, VS stable, 02 on RA 96-99% (02 sat increased following admin of epi) HR 106-109, BP 155/90. Administered 0.3mg epi via autoinjector and 50mg diphenhydramine PO. Pt noted sensation in the sensations in her throat, tongue and lips was beginning to subside approximately 10min after admin of medications. Transported via ambulance to CVMC ED for observation and further tx.

VAERS ID:	1160463 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	80.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	06B21H / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Acoustic stimulation tests abnormal, Deafness unilateral, Dizziness, Gait disturbance, Nausea, Vertigo, Vomiting, Walking aid user
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hearing impairment (narrow), Vestibular disorders (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FUROSEMIDE 20mg Glimepiride 1mg Methimazole 5mg Buspirone HCL 7.5mg Breo Ellipta 100-25mcg/Inh Alprazolam (Xaneax) 0.5mg SERTRALINE HCL (Zoloft) 100mg Pepcid(Famotidine) 20mg Eliquis 5mg Cozaar(Losartan) 100mg Metroprolol 50mg Potasi
Current Illness:
Preexisting Conditions: diabetes, high blood pressure, obesity, COPD
Allergies: vancomycin, cephapine, rafampin
Diagnostic Lab Data: Hearing test 3/29/21- total hearing loss- right ear, some loss in left ear
CDC Split Type:
Write-up: Vertigo, nausea, dizzyness, vomitting, hearing loss. All symptoms lasted 48 hours. Went to Urgent care and was givenMeclizine 12.5mg and Ondansetron 4mg. Dizziness and nausea lessened over the next 3 days. Went to ENT doctor - Hearing test on 3/29/21 revealed total loss of hearing in right ear. Hearing in left ear was diminished before vaccination and that was about the same after the vaccination. ENT injected steriod into right ear on 3/31/21. Second steriod injection on 4/2/21. No improvement in hearing so far. Dizziness continues off and on. Still unstable and needs to use a walker.

VAERS ID:	1160823 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026A21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cough, Pulmonary congestion, Respiratory tract congestion, SARS-CoV-2 test negative, Sleep disorder, Wheezing
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Infective pneumonia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none within a month, but very sick in January with classic Covid symptoms although tested negative
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Approximately 7 hours after receiving the Moderna vaccine, I began coughing with an identical cough to the one I had been sick with in January. A very wheezy, crackling, popping congestion overtook my lungs causing me to cough repeatedly for several hours. It was severe enough to wake the entire household as well as keep me awake for a few hours. By morning it was completely resolved.

VAERS ID:	1160913 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	ER8734 / UNK	LA / IM

PFIZER/BIONTECH		

Administered by: Other **Purchased by:** ?
Symptoms: Dyspnoea, Swollen tongue, Throat irritation, Tongue pruritus
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 4 minutes after administration of 0.3 ml of Covid-19 vaccine pt experienced audible weezes and swelling of tounge as well as itching to tounge and throat. Pt was administered .3 MG Epinephrine VIa Epi-pen auto injector to Left VL by RN @ 1510. EMS called and Pt Transferred to ED.

VAERS ID:	1161985 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Angioedema, Blister, Skin exfoliation, Swelling, Urticaria
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LORATADINE; CETIRIZINE HCL; FAMOTIDINE; METOPROLOL; EPINEPHRINE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergic reaction (patient is allergic to benzyl peroxide); Angioedema; Paroxysmal atrial fibrillation
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: angioedema; blistering on arms; swelling; arms continues to have flaking; arms continues to have blistering; welts on arms; A spontaneous report was received from a Health care professional, concerning a female patient of 37 year age, who received Moderna"s COVID-19 vaccine and experienced angioedema, welts on arms, blistering on arms, swelling, arms continues to have flaking, arms continues to have blistering. The patient"s medical history includes chronic idiopathic angioedema, paroxysmal atrial fibrillation is noted. Patient has known allergy to benzyl peroxide. Concomitant product use includes cetirizine, famotidine metoprolol, epinephrine were provided by the reporter. On 28 DEC 2020, prior to the onset of events, the patient received their first of two planned doses of mRNA-1273 (lot number unknown) via intramuscular route for COVID-19 infection prophylaxis. The treatment given were Cetirizine 10mg BID for angioedema, Famotidine 20mg BID for angioedema,2 doses of epinephrine 2 hours apart with no relief for angioedema, triamcinolone for welts and blistering, Benadryl (Diphenhydramine) 25mg-50mg for angioedema noted. Action taken with mRNA-1273 in response to the event was unknown. The outcome of the events such as angioedema, welts on arms, blistering on arms, arms continues to have flaking, arms continues to have blistering was considered to be not unknown at the time of this report. The outcome of event swelling considered to be resolved at the time of report.; Reporter"s Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

VAERS ID:	1163382 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	68.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808978 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Erythema, Flushing, Hot flush
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis 5mg 1 tablet 2xday, vitamin d, coenzyme Q10, magnesium, b12, calcium, ther-biotic complete, pro mega fish oil
Current Illness: Atrial Fibrillation
Preexisting Conditions: No
Allergies: None known
Diagnostic Lab Data: None, did go to the walk-in clinic to have it looked at.
CDC Split Type:
Write-up: Red flushing face, neck chest and arms. Felt like my face was on fire. It lasted maybe 30 minutes and then started to go away on my arms, chest and neck. My face got better, but felt hot for maybe 2 hrs. after.

VAERS ID:	1163621 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Chest discomfort, Diarrhoea, Dyspnoea, Lip swelling, Paraesthesia oral, Pruritus, Taste disorder
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Taste and smell disorders (narrow), Pseudomembranous colitis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Calcium 600 plus vitamin D-3, One A Day Adult, Propranolol, Simvastatin, Omeprazole and Letrozole.
Current Illness:
Preexisting Conditions:
Allergies: Barbituates, Metformin and Z-Pack. Milk Protein, Bananas, Kiwi.
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1:50 pm: chest pressure, a bit of breathing difficulty tingling in mouth and odd taste in mouth. Tingling in mouth stopped within an hour or so. Chest issue and breathing problem lasted about 3-4 hours. Early evening, about 20 minutes of constant diarrhea. Late evening, inside bottom lip a bit swollen and outside bottom lip a bit itchy around the edges.

VAERS ID:	1164251 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	52.0	**Days after vaccination:**	63
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test positive
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: asthma
Allergies: none
Diagnostic Lab Data: PCR positive on 3/31/2021
CDC Split Type:
Write-up: i tested PCR positive for thus far mildly symptomatic COVID-19 after being fully vaccinated with Moderna

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VAERS ID:	1164814 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9264 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Decreased appetite, Fatigue, Loss of personal independence in daily activities, Pain, Pain in extremity, Pruritus, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Several dietary supplements, taken for years under supervision
Current Illness: None
Preexisting Conditions: None
Allergies: Some slight to moderate food and chem sensitivities
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Day 1 (evening) -- vax Day 2 & 3 -- high fever (101, my normal 97.4), anorexia, weakness, curled up in bed Day 4 & 5 -- low energy, achey, more soreness in arm, itchiness, moderate fever (99-100) Day 6 -- tired, arm still itchy and sore, temp normal Day 7 -- felt GOOD, resumed normal activities Day 8-10 -- moderate-to-severe headache (which I never get), fever on and off (99-100) Day 11 ---- $g present (Day 33) -- mostly recovered but occasional slight headache and occasional dizziness

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VAERS ID:	1165687 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-02-11
Age:	82.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-04

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	LA / -

Administered by: Work **Purchased by:** ?
Symptoms: Constipation
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021154099
Write-up: Constipation; This is a spontaneous report from a contactable consumer. A 82-year-old male patient received first dose of bnt162b2 (BNT162B2; Solution for injection; Lot number: EN6201) via unspecified route of administration on Left arm on 11Feb2021 11:00 at single dose for covid-19 immunization. Medical history and concomitant medications were not reported. It was reported on 11Feb2021 patient experienced constipation and did not received any treatment. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient diagnosed with COVID-19 was unknown; Patient has not tested positive for COVID-19 since having the vaccine. The outcome of the event was "Recovered".

VAERS ID:	1166040 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	93.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Dyspnoea, Fatigue
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Symbicourt. Ferosimide, omperzole, losartin
Current Illness:
Preexisting Conditions: COPD. High blood pressure.
Allergies: Tomato, cucumber, aleave
Diagnostic Lab Data: This has not been reported to her Heath care provider. She will probably be annoyed that I reported it here. She refuses to have oxygen or an oxygen extractor in the house. We?ve been trying to get her to use it for years but she refuses to cooperate.
CDC Split Type:
Write-up: She has COPD. She is a little more out of breath than usual. It is more pronounced late in the day. First day at 7 pm. I put her to bed because she was exhausted. Second day. Became worse at 10 pm. I think it?s at its worst when she has sat the longest.

VAERS ID:	1166041 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-25
Age:	68.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Lymphadenopathy, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Symbicort, Fasenra, Vitamins C and D, red yeast rice
Current Illness:
Preexisting Conditions: eosinophilic asthma, severe allergies including a history of anaphylaxis

Allergies: aspirin, food coloring, alcohol, dust mites, cats, mold, polle
Diagnostic Lab Data:
CDC Split Type:
Write-up: A week after receiving the first injection of Moderna vaccine, my arm began to itch and develop a red rash on the upper arm. My armpit also began to swell and was sore, indicating swollen lymph nodes. The symptoms lasted about 3 days, then subsided.

VAERS ID:	1166147 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-03-31
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Condition aggravated, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D 5000 IU
Current Illness: None
Preexisting Conditions: Mild tinnitus
Allergies: Almonds
Diagnostic Lab Data:
CDC Split Type:
Write-up: Worsening of tinnitus in both ears which has not abated since the vaccine.

VAERS ID:	1166253 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Breast pain, Chills, Decreased appetite, Dizziness, Injection site pain, Pain, Thirst
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Vestibular disorders (broad), Lipodystrophy (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Divalproex, Cetirizine, Citalopram. Vitamin B2, Magnesium, Baby Aspirin, Verapamil.
Current Illness:
Preexisting Conditions: Currently well-managed atopic eczema through managing allergic responses; long-standing autoimmune issues with extreme allergic reactions to many antihistamines, Plaquenil, Wellbutrin.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Soreness in vaccine spot, chills, thirst, on the first night. Lack of appetite, pain, and dizziness on the second day, and soreness spreading to the left breast and side, dizziness, thirst, on the third day.

VAERS ID:	1166777 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	32.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808978 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Decreased appetite, Fatigue, Headache, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: spironolactone
Current Illness:
Preexisting Conditions: N/A
Allergies: Sulfa
Diagnostic Lab Data: N/a
CDC Split Type:
Write-up: Headache Fatigue Loss of appetite Sore arm

VAERS ID:	1167003 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	036A21A / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Fatigue, Hypersomnia, Influenza like illness, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: chills all the following day, felt like I had a fever at one point, exhausted and slept all day, sore all over. It felt like I had the flu. Lasted for about 30 hours.

VAERS ID:	1167873 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	21.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8732 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Hyperhidrosis, Loss of consciousness, Pallor, Syncope, Vital signs measurement
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No medications
Current Illness: None
Preexisting Conditions: High Cholesterol. TBI January 2021.
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Experienced syncopal episode while seated in chair at Exit station after receiving first dose of Pfizer COVID 19 Vaccine. Patient was found to be pale, diaphroretic and + LOC. Was transferred to cot and surrounded by privacy screen. 18:10 118/60 HR 70 95% SpO2. Cold packs were provided to back of neck and forehead. In addition water and snack were provided when return to full consciousness was achieved. Was observed for an additional 30 mins. Full resolution of symptoms. 18:30 140/88 HR 60 98% SpO2. No further incident occurred and patient was released to significant other and told to call 911 if symptoms worsened.

VAERS ID:	1168023 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	16.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0150 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Hyperhidrosis, Nausea, Presyncope
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: vasovagal syncopal episode after receiving his first COVID vaccine. Patient became nauseous and began to perspire. He was able to respond to verbal commands, and never had complete LOC. We were able to provide oral hydration and cold compresses. After 15 mins I was able to have him sit in a chair, where he stated he was feeling much better. After a total of 45 mins, he was able to walk out of clinic independently

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VAERS ID:	1168340 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007B31A / 2	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Decreased appetite, Diarrhoea, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with

eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: high blood pressure meds
Current Illness: none
Preexisting Conditions: high blood pressure
Allergies: penecillin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: fever, chills, nausea, body aches, head ache, loss of appetite, diareaha 8 hours after both injections lasting for 3 days

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VAERS ID:	1168402 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-27
Age:	56.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A21A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Eye swelling, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid, Propranolol, Lisinopril, Junuvia, Xanax, Remeron, Pravastatin, baby aspirin, B12 Shots, Vitamin D capsules, Mega Red, Advil when needed.
Current Illness: none
Preexisting Conditions: Migraines, high cholesterol, hypo thyroid, diabetes, HBP.
Allergies: Abreva (cold sore medication) Some fruits-black cherries, some applies, plums, peaches, nectarines.

Diagnostic Lab Data: Did not have any tests done. Just waited it out so see if it got better and very slowly thru out the day it went down but it took most of the day.
CDC Split Type:
Write-up: I woke up in the morning on 03-27-2021 and my whole face was swollen especially from my nose up. My eyes I could barely open and it looked like I just won a boxing championship since my eyes and around my eyes were extremely swollen.

VAERS ID:	1168934 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-03-18
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-05
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chest discomfort, Chills, Electrocardiogram, Headache, Pain, Palpitations
SMQs:, Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Allergic reaction to antibiotics; Anxiety; Digestion impaired; Penicillin allergy
Preexisting Conditions: Comments: Unknown
Allergies:
Diagnostic Lab Data: Test Name: EKG; Result Unstructured Data: Unknown
CDC Split Type: USJNJFOC20210347704
Write-up: HEART PALPITATION; BODY ACHES; CHILLS; HEADACHE; CHEST TIGHTNESS; This spontaneous report received from a patient concerned a female of unspecified age. The patient''s height, and weight were not reported. The patient''s concurrent conditions included digestive problem, anxiety, penicillin allergy, and sulfa allergy. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805022, expiry: UNKNOWN) dose was not reported, administered on 18-MAR-2021 on left deltoid for prophylactic vaccination. No concomitant medications were reported. On 18-MAR-2021, the subject experienced chest tightness. On 18-MAR-2021 18:00, the subject experienced body aches. On 18-MAR-2021 18:00, the subject experienced chills. On 18-MAR-2021 18:00, the subject experienced headache. On 20-MAR-2021, the subject experienced heart palpitation. Laboratory data (dates unspecified) included: EKG (NR: not provided) Unknown. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from body aches, and the outcome of headache, chills, chest tightness and heart palpitation was not

reported. This report was non-serious.; Sender''s Comments: V0: Medical assessment comment is not required as per standard procedure as case assessed as non-serious.

VAERS ID:	1169181 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	79.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Cyanosis, Death, Discomfort, Hyperhidrosis, Myocardial infarction, Pain in extremity, Unresponsive to stimuli
SMQs:, Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-03-16
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D3 Sominex Probiotic Ferrous Sulfate 324mg Multivitamin Flomax 0.4mg Ketaconazole Cream PRN Triamcinolone Cream PRN
Current Illness: Quadraparesis due to neuromuscular juctional disorder Neurogenic bladder Hemrrhoids Basal Cell Carcinoma shoulder
Preexisting Conditions: Quadraparesis
Allergies: Sulfa Drug - rash
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Wife reported that no side effects from vaccine noted until 3/16/2021 when patient had arm and back pain and wanted to go back to bed and she noted he was extremely sweaty at that time. He was lifted back to bed and was reportioned several times because he could not get comfortable. She went to get him a drink from the kitchen and heard a guttural sound and rushed back to find him unresponsive and blue in color. She called "911" and patient was dead upon arrival (and a DNR) so the Medical examiner arrived and pronounced him dead. She states sx

started at about 4pm and he was pronounced dead at about 5pm. Medical examiner determined a heart attack cause of death. The family not sure that the vaccination had anything to do with death but wanted it to be reported.

VAERS ID:	1170133 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028A21A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Injection site reaction, Injection site warmth, Rash macular
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Obesity, irregular heartbeat
Allergies: None
Diagnostic Lab Data: Televisit with primary care doctor on 4/5. Keeping an eye on it for now but will go to urgent care tomorrow if it continues getting worse.
CDC Split Type:
Write-up: Approximately 24 hours after injection, I developed a red blotch two inches below the injection site. It is painful and hot to touch . As of now (57 hours later) it is expanding in size, hot to touch, but is expanding downward toward hand.

VAERS ID:	1170396 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	55.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Pruritus, Rash, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Allegra, Multivitamin, Vitamin D, Antioxidants, Fish Oil
Current Illness: none
Preexisting Conditions:
Allergies: no
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itchy, red rash all over my body.

VAERS ID:	1170885 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	76.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007B21A / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Asthenia, Body temperature increased, Condition aggravated, Decreased appetite, Erythema, Fatigue, Pruritus, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 3/5/21 Moderna

Other Medications: 1) ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP USE 1 TEST ACTIVE STRIP EVERY DAY TO TEST BLOOD GLUCOSE LEVEL 2) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE TWICE DAILY AS NEEDED FOR PAIN 3) ALBUTEROL 90
Current Illness: 1. Parkinson"s Disease (SCT 49049000) 2. Dementia 3. Coronary artery disease 4. Diabetes mellitus type 2 5. Restless legs (SNOMED CT 32914008) 6. Diverticular disease of colon 7. Low back pain (SNOMED CT 279039007) 8. Cervical Radiculopathy 9. History of myocardial infarction 10. Hyperlipidemia 11. Rheumatoid Arthritis 12. Osteoarthritis 13. Anxiety 14. Gastroesophageal reflux disease
Preexisting Conditions: Parkinson"s disease Dementia Diabetes Mellitus CAD
Allergies: BEE STINGS, SIMVASTATIN, ATORVASTATIN, PRAVASTATIN, LISINOPRIL, MELOXICAM GABAPENTIN, FLUVASTATIN
Diagnostic Lab Data:
CDC Split Type:
Write-up: 4/2/21- increased fatigue and right arm reddened and itching in right arm 4/3/21- Temp to 101.7, decreased appetite, worsening tremors and weakness. worsening Parkinson"s symptoms that lasted 24 hours.

VAERS ID:	1170914 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808978 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site pain, Injection site swelling, Nausea, Pain
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Squash allergy - food poisoning symptoms. Avoid squash. Lidocaine response - heart racing
Diagnostic Lab Data: None
CDC Split Type:

Write-up: Slight pain and swelling at injection site. Body ache and slight nausea and exhaustion. Worth noting that I was so excited about getting the vaccination that I could not sleep the night before. I blame the exhaustion and later headache on lack of sleep, food, and caffeine. I went to bed early and took acetaminophen and slept well. In the morning a shower, coffee and breakfast and more acetaminophen makes me almost as good as new.

VAERS ID:	1171107 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Influenza like illness, Myalgia, Neuralgia, Pain, Tremor
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: I started shaking uncontrollably and shivering that lasted about 3 hours. I could not stop shivering, even though the house with much warmer than usual. I had shooting pain all over, especially in my shoulders. I could not move, or even reach for my water glass, without extreme pain. It felt like nerve pain, muscle and joint pain. I am very active, strong and healthy. When I walked to go to bed I was in so much pain that I could not stop moaning and saying Oh my god, oh my god, (that?s not like me ? I have a high tolerance for pain and consider myself stoic) and I was shaking so hard I thought I was going to have a seizure or something. I was very tired and slept through the night. This morning I feel like I have the flu ? headache, body aches, fatigue. Thank you.

VAERS ID:	1171223 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Headache, Pain, Pain in jaw, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Osteonecrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Augmentin (amox-clav)
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Janssen COVID?19 Vaccine EUA 12 hours of severe chills, aches, very bad headache and jaw ache, possibly fever beginning 9 hours after dose. Felt almost back to normal after 12 hours.

VAERS ID:	1171363 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	AR / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia

related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Past History of Breast cancer. Syncopal episodes in past
Preexisting Conditions: none
Allergies: NKA
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Individual received vaccine at 0915 and was in the monitoring area for approximately 13 minutes when she raised hand stated "I am going to pass out". She was placed into a wheelchair where became diaphoretic and she had a very brief loss of consciousness. She was placed lying on stretcher and vitals were obtained. Initial BP 72/32 and heart rate 46. Patient recovered to baseline within a short period of time. She was sat up and drank orange juice. She left clinic at 1015 stating she felt "back to normal self".

VAERS ID:	1171547 (history)	**Vaccinated:**	2021-03-25
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	63.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007821A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Multi vitamin, vitamin D, 50 MG CBD Oil all daily
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Left arm at site: Red, hot, painful morning until after bed time. Fine the next day. Hips painful: Morning until after bed time. Fine the next day. I failed to check my temperature

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VAERS ID:	1171764 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007B21A / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Amnesia, Dyspnoea, Fatigue, Feeling abnormal, Influenza like illness, Rash
SMQs:, Anaphylactic reaction (narrow), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu-like symptoms, fatigue
Other Medications: Loratadine 10mg daily, famotidine 20mg daily
Current Illness: None
Preexisting Conditions: Atrial septal defect with mitral valve prolapse; urticaria
Allergies: N/a
Diagnostic Lab Data: Did not consult a doctor
CDC Split Type:
Write-up: Rash, difficulty breathing, severe flu-like symptoms, brain fog and memory recall issues, fatigue

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VAERS ID: 1172484 (history)		**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Dyspepsia, Fatigue, Headache, Myalgia, Nausea, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: antihistamine,
Current Illness: none
Preexisting Conditions: none
Allergies: environmental, cats
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt woke up next morning after taking the vax with severe chills, severe headache, extreme fatigue, muscle aches, nausea, and heart burn. She felt like she had fever. These symptoms lasted for about 8 hours. she slept 19 our of 24 hours. Pt says she felt fine after about 24 hours.

VAERS ID: 1172564 (history)		**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Hypoaesthesia oral, Urticaria

SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Penicillins, Quinolone antibiotics, Shellfish, tuna
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed shortness of breath, hives, urticaria to anterior chest, back and neck, and numbness in mouth during the observation period after receiving her first Moderna COVID-19 Vaccination. She was given Epinephrine 0.3 mg IM x1 in the vaccination clinic prior to transfer to the Emergency Department. In the ED the patient was given IV fluids, diphenhydramine, famotidine, and methylprednisolone. Symptoms were alleviated and patient was discharged with a prescription for 4 additional days of oral prednisone.

VAERS ID:	1173078 (history)	**Vaccinated:**	2021-03-27
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	64.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017B21A / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Injection site induration, Injection site reaction, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: nka
Diagnostic Lab Data:
CDC Split Type:
Write-up: At 7 days, a slight rash at the injection spot. Spot hard and itchy. Applied Cortisone (OTC) cream.

VAERS ID:	1173134 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Hyperhidrosis, Loss of consciousness, Vertigo
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: None
CDC Split Type:
Write-up: After feeling well and dinner I passed out. I came to after a minute or so. Everything was spinning and I was sweating profusely and had pretty strong chills and shivering. I stood on the floor until I felt better. I was able to go upstairs and I went to bed. I did continue to shiver for about 15 minutes. I have felt ok since then. I am not sure if I will get the second dose after that

experience.

VAERS ID:	1175306 (history)	**Vaccinated:**	2021-02-13
Form:	Version 2.0	**Onset:**	2021-02-14
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	P27JE / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Injection site erythema, Injection site swelling, Myalgia, Pain, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEVOTHYROXINE CHINESE MEDICINE (ESSENTIAL YANG FORMULA) OVER 50 MULTI VITAMIN 5HTP - COQ10 - RED YEAST RICE - TUMERIC - CRANBERRY WITH VINEGAR - VITAMIN D3 - CHROMIUM PICOLINATE - SELENIUM - KRILL OIL
Current Illness: NONE
Preexisting Conditions: THYROID
Allergies: YAZMIN - HAD 7 EMBOLISMS SULPHA - MAKES ME ITCHY
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: THE NEXT DAY I HAD A FEVER OF 102 WHICH WENT AWAY THE SAME DAY MY RIGHT ARM AT INJECTION SITE STAYED VERY RED AND SWOLLEN FOR OVER 5 DAYS - RIGHT ARM PAINFUL IN MUSCLE AND JOINT FOR A MONTH AND A HALF - (COULDNT LIFT ARM WITHOUT PAIN) MUSCLE/JOINT IS BETTER BUT STILL CAN FEEL ITS NOT BACK TO NORMAL TWO MONTHS LATER - CAN THIS BE PERMANENT?

VAERS ID:	1175554 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Chills, Decreased appetite, Fatigue, Nausea, Sleep disorder, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losaratan 100 mg
Current Illness: None
Preexisting Conditions: Bicuspid aortic valve High blood pressure
Allergies: None
Diagnostic Lab Data: No e
CDC Split Type:
Write-up: On Saturday 4/3, about 6 hours after shot, I began to have cold chills. Within 2 hours later I was so tired that I went to bed. I have never shook so much from cold chills. Fever reached 103.8 during the night. I did feel nauseous a couple of times, but no vomiting. Drank lots of water but no appetite. On Sunday 4/4, stayed in bed and slept - waking every 2-3 hours. On Monday 4/5, feel better - just really tired. Still unable to sleep more than 2-3 hours at a time. Still no appetite but forced myself to eat a little. On Tuesday 4/6, feel better than day before. Still really tired. No energy. Still sleeping 2-3 hours at a time. Appetite coming back slowly.

VAERS ID:	1175588 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	73.0	**Days after vaccination:**	11
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 2	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain, Asthenia, Burning sensation, Diarrhoea, Insomnia, Pain in extremity
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Diarrhea. 4/4/2021:More than 2 or more episodes daytime; 6 episodes at night, treat by eating only banana, applesauce, dry cracker, mashed sweet potato. Abdominal pain at times. Difficulty sleeping at night. 4/5/21: mostly watery stool, weakness. Eating beef broth, Pedialyte for liquid replenishment, dry toast, banana, applesauce. Better sleep at night. Improved diarrhea. 4/6/21: Only 2 diarrhea epsisodes until night time when 3 episodes and periodic abdominal pain. Ate small amounts of meat, sauerkraut and two eggs on dry cracker that may have brought diarrhea back. 4/7/2021: Slight but explosive diarrhea one time in AM. Returning strength in legs and walking though still weak. Pain and burning in thumb never experienced previously. Only moderate pain and only if I rub the thumb.

VAERS ID:	1175601 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR

Administered by: Other **Purchased by:** ?

Symptoms: Hyperhidrosis, Hypoaesthesia, Injected limb mobility decreased, Nausea, Pain in extremity, Sleep disorder, Vomiting
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Adderal
Current Illness: None
Preexisting Conditions: N/A
Allergies: Gluten
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Injection site seems higher than normal, almost at the shoulder unlike the first dose. I had soreness within a few hours and by bedtime (7-8pm) my arm was throbbing in pain and shooting numbness into my forearm. The pain woke me through the night while I also began sweating and vomiting with nausea. I can?t lift my arm very high, more painful than the traditional soreness associated with a vaccine, and there?s constant pain even without movement.

VAERS ID:	1176363 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	PFIZER EW0151 / 1	- / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Dysphagia, Skin warm
SMQs:, Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Contrast dye Had same reaction today that I had taking a one time herbal supplement
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Difficulty swallowing and dizzy began quickly. Nurse stayed with me. Gave me juice. Brought me to a back room to lay down. Checked and monitored vitals all were good. It has been hours since my shot and I still have difficulty swallowing, my face feels hot.

VAERS ID:	1177385 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	55.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032B21A / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site pain, Nausea, Pain
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Had a reaction to the second shingles vaccine listed above. Similar to this reaction but a little less severe. Severe headache
Other Medications: Gabapentin, Hydrochlorothiazide, vitamin D, B Complex, Turmeric Curcumin, ginseng
Current Illness:
Preexisting Conditions:
Allergies: fish, penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe headache, body ache, nausea, fatigue, arm where injection was given

throbbing.

VAERS ID:	1177538 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026B21A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fall, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Coffee Fruit Extract & Phosphatidylserine
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: I fainted while on the toilet. Woke up on the bathroom floor with a smashed, bleeding nose. I also bit my tongue, split my lip and banged up my knee and hand. As a result I now have two black eyes.

VAERS ID:	1177578 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Dizziness, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamins
Current Illness: None
Preexisting Conditions: None
Allergies: Aspirin sensitivity
Diagnostic Lab Data:
CDC Split Type:
Write-up: I got a headache around 2 hours after the vaccine. I woke up with a much stronger headache and chills around 6am with some dizziness when standing. Chills and headache continued to worsen with the addition of body aches. I spiked a fever for 100 around 2pm, which broke around 5pm (with the use of Tylenol and Advil).

VAERS ID:	1177733 (history)	**Vaccinated:**	2021-03-06
Form:	Version 2.0	**Onset:**	2021-03-06
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	070A21A / 1	RA / IM

Administered by: School **Purchased by:** ?
Symptoms: Pain in extremity, Product administered to patient of inappropriate age
SMQs:, Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oral Contraception
Current Illness: N/A

Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Client, was less than 18 years of age when she received the vaccine at the Campus MPOD. Mother''s consent /approval was obtained by her aunt and was physically present during the vaccination. No adverse affects were noted. Mild to moderate right arm soreness was experienced the day after the vaccination was given.

VAERS ID:	1177993 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026B21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Inflammation, Lip swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol HFA, Buspirone, Flovent, Duoneb, Lisinopril, Rosuvastatin, Spiriva, Venlafaxine.
Current Illness:
Preexisting Conditions: Athsma, Hypercholesterolemia, HTN
Allergies: Cipro, Sulfa antibiotics.
Diagnostic Lab Data: N/a
CDC Split Type:
Write-up: Patient reports no reaction near injection site on arm, but swelling and inflammation near lips / cheek after injection about 5 hours after injection. Patient told to take a Benadryl if the swelling gets worse and if worsens further to seek urgent care. No reported breathing issues or throat swelling / closing.

VAERS ID: 1178043 (history)		**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	38.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001BZ1A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Sciatica
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Wellbutrin Lamictal
Current Illness: None
Preexisting Conditions: Depression
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Severe sciatic pain down my right leg. I have never had sciatica before. It has been going on for the past almost 4 weeks.

VAERS ID: 1178189 (history)		**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-25
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 1	- / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Feeling abnormal, Malaise, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Did fine day of shot but next morning woke up felt like I got hit by a Mack Truck my left arm that I received shot swelled alot. I not experience that with previous flu shots or my pneumonia shot. I felt weird and sort of sick for 2 weeks.

VAERS ID:	1178463 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	38.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0211321A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Epistaxis
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Topimate propranolol buspirone Zoloft atorvostatin
Current Illness:
Preexisting Conditions: High cholesterol anxiety depression
Allergies: Augmentin naproxen
Diagnostic Lab Data:
CDC Split Type:
Write-up: Had a sudden bleeding from left nostril that took 30 minutes to to stop at 3:30 pm on

4/6/2021. On 4/7/2021 at 1:05 pm sudden bleeding from left nostril again took about 25 minutes to stop bleeding had a quarter sized blood clot come out of my mouth towards end of nose bleed. Do not typically get nose bleeds. Called dr told to report incidents and to report to Ed if gets worse or happens again.

VAERS ID:	1178567 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-03-31
Age:	45.0	**Days after vaccination:**	5
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chillblains, Granuloma, Injection site pain
SMQs:, Accidents and injuries (broad), Extravasation events (injections, infusions and implants) (broad), Vasculitis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Prazosin,Melatonin,Tizanidine,Topiramate,Doxepin,Lubiprostone,Temazepam,VitaminK-2,VitaminD-3,1/2 tablet Nature Way Alive multi-vitamin,NOW True Calm herbal sleep aid,NOW True Focus,NOW L-Carnitine,NOW Magtein,NOW UC-II Joint Relief, Perals
Current Illness: Possible exposure to Mycobacterium marinum.
Preexisting Conditions: PTSD, fibromylgia, asthma
Allergies:
Diagnostic Lab Data: You''ll know after Friday. Call my doctor then to find out the details. I''m just reporting it because your VSAFE system requires a smartphone and my phone isn''t smart enough for that.
CDC Split Type:
Write-up: By next day, extreme pain at injection site. The following week, I developed painful Chilblains on my toes. I also have what appear to be granulomas on my fingers, but those could be due to exposure to Myobacterium marinum (or not, I don''t know - I have both an aquarium that I know has that bacteria in it and now these Chilblains, so life is pretty miserable). I have an appointment to see my doctor scheduled but she knows nothing about fish aquarium granuloma so I doubt I''ll get a diagnosis from her. The Chilblains on my toes looks exactly like the photos of the examples I found online of the Chilblains on my toes caused by the COVID vaccine though.

VAERS ID:	1179497 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Nausea, Oropharyngeal pain, Pain in extremity, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lexapro (30 mg), Albuterol, multivitamin
Current Illness: UTI, Pinkeye (one week prior)
Preexisting Conditions: Depression, OCD, anxiety
Allergies: Ceclor (causes hives)
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on forearms and itching (10 minutes after, lasted for an hour and a half). Headache (started half an hour after vaccine; comes and goes. Continuous since waking up 3 hours ago). Chills (started five hours after vaccine; still experiencing the next day). Nausea. Sore throat. Sore arm. Fatigue.

VAERS ID:	1180480 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0150 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: rosuvastatin 5 mg aspirin 81 mg multivitamin
Current Illness: 0
Preexisting Conditions: coronary artery disease
Allergies: 0
Diagnostic Lab Data: 0
CDC Split Type:
Write-up: tinnitus started within hours of vaccine

VAERS ID:	1182168 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	75.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6203 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Levothyroxine Vitamin B-12, D3, C, Biotin Magnesium Multivitamn FIsh oil
Current Illness: None
Preexisting Conditions: None
Allergies: Super glue
Diagnostic Lab Data: Doctors office thought fatigue could be caused by low thyroid and increased dosage. This has been no help.
CDC Split Type:
Write-up: About 6:00 PM experienced sharp pains in left arm. Lasted for about an hour. About 8:00 experienced sever chills or rigors in body. Could not control this. Lasted for over an hour. Took Tylenol and went to bed with heavy covers. Subsided in about an hour. Following day experinced extreme fatigue which still have today, 4/8/2021.

VAERS ID:	1182195 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Vertigo
SMQs:, Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan, Levothyroxine, Lunesta , gabapentin
Current Illness:
Preexisting Conditions: hypothyroidism . RLS, high blood pressure . (all under control with meds)
Allergies:
Diagnostic Lab Data: PT Epley to try to correct the vertigo
CDC Split Type:
Write-up: Vertigo 15 hours after 2nd shot

VAERS ID:	1182290 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	59.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	19EW0158 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Pain
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lithium, Valproic Acid
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: non
CDC Split Type:
Write-up: diarrhea, chills but no fever, achy

VAERS ID:	1183247 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	30.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Decreased appetite, Fatigue, Headache, Myalgia, Nausea, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant

syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu-like symptoms after flu shot in 2013 at the age of 23
Other Medications: Birth control and 40mg fluoxetine daily
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe muscle aches, joint pain, dull headache, low-grade fever, nausea, lack of appetite, fatigue; all symptoms lasted about 28 hours, but muscle aches and joint pain lasted about 48 hours. I took ibuprofen at regular intervals to lessen the pain, used a heating pad, drank lots of water, and slept a ton.

VAERS ID:	1183479 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Bone pain, Chills, Inflammation, Injection site pain, Malaise, Nausea, Palpitations, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Osteonecrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid, Estradiol, Progesterone, Amitriptyline. Tons of multi-vitamins, collagen, extra Vit D, C, etc.
Current Illness: none. Great health other than dealing with chronic cough.
Preexisting Conditions: No thyroid. 3 year chronic cough that was worsened by COVID in February 2020
Allergies: none
Diagnostic Lab Data: I did not enter ER, just waited outside. No medical tests done.
CDC Split Type:
Write-up: 7 hours from vaccine, my heart started palpitating and I started feeling sick. I got in my car to go home from a friends house and started severe chills and called Doctor for fear of heart attack. They told me to go to ER. I continued driving home. Chills got worse. I got in shower with heater on and chills persisted. Drank coconut water and heart palpitations resided. Got in bed and fever spiked to 102 and every bone was inflamed in pain. Nyquil did nothing. After a few hours of severe and unbearable pain I called ER. Headed over to ER at 3:00 a.m. and sat in parking lot. Fever broke at 3:00 a.m. which was hour 14 after vaccine. Other than severe nausea, pain calmed down. Drove home with Tylenol. Took 1,000 mg and finally rested at 4:00 a.m. Woke up at 8:00 a.m. with nausea but pain gone. 24 hours from vaccine, most of the reaction gone. 48 hours out body normal but pain in injection site.

VAERS ID:	1183775 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP6955 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK8729 / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Feeling abnormal, Headache, Injection site pain, Mental impairment, Nightmare
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: First dose: -moderate arm soreness/injection site pain for 3 days ~8:00 PM 4/7/2021 (day of dose 2): -mild dizziness (30 min) ~4:00 PM 4/8/2021 -?brain fog? spaced out and very tired, trouble focusing (~30 min) -tiredness continued throughout the rest of the day ~5:00 AM 4/9/2021 -vivid bad dream -slight head ache -mild injection site pain/arm soreness since 4/8/2021

VAERS ID:	1184053 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Chills, Influenza like illness, Malaise, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: Janssen COVID-19 Vaccine EUA - almost exactly 6 hours after my vaccine I started feeling sick. All flu-luke symptoms- fever (102), chills, aches, nausea. The intense symptoms lasted for 12 hours and then eased up a little. Fever broke with acetaminophen and dropped to 99/100.

VAERS ID:	1184238 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	52.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / UNK	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Impaired work ability, Malaise, Pyrexia, Vertigo
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness:
Preexisting Conditions: High ANA and long hauler from previous viruses but my dr. said it would be fine
Allergies: none
Diagnostic Lab Data: They just keep telling me to wait and that it will go away
CDC Split Type:
Write-up: Fever day after (Thursday) and felt run down. Felt a little better by Friday - then by Monday horrible vertigo which I had never had before and feel like my head is in a vice. Went to dr. to see if it was ear or something else but she found nothing. I couldn''t work barely at all this whole week - today, Friday, my head feels like a watermelon and I am still dizzy - constant dizzy feeling although not falling over. quite debilitating.

VAERS ID:	1184334 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	72.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Chest X-ray, Dyspnoea, Electrocardiogram abnormal, Heart rate irregular, Pulmonary embolism, Tachycardia, Thrombosis, Ventilation/perfusion scan
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Dehydration (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Metformin, Simvastatin, Losartan, Vitamins D, B12, B6, folic acid
Current Illness: None
Preexisting Conditions: High blood pressure, controlled with medication, prediabetes, high cholesterol controlled with medication
Allergies: None
Diagnostic Lab Data: 4/3/21: chest x-ray, EKG for irregular heartbeat, scan of lungs, 4/5/21 cardiogram Pulmonary emboli found in each lung Right side of heart pumping faster than normal
CDC Split Type:
Write-up: Two days after vaccine experienced shortness of breath and tachycardia. Went to ER. After testing, diagnosed with pulmonary emboli in each lung (one each). 1 blood clot also found in ankle.

VAERS ID:	1184698 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Fibromyalgia, Peripheral swelling, Skin warm

SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Milk Thistle, probiotic, omeprazole 20mg. Lisinopril 10 mg
Current Illness: None
Preexisting Conditions: Lynch Syndrome Fibromyalgia
Allergies: Penicillin and sulfur drugs
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Red swollen hot itchy arm that goes to almost the bend in my arm. I have fibromyalgia but do not take medication for it. I have had much more fibromyalgia pain and spent 2-3 days in Bed . That seems better today except for the covid arm.

VAERS ID:	1184706 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	63.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site pruritus, Injection site reaction, Injection site swelling, Rash macular
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none

Current Illness: none
Preexisting Conditions: none
Allergies: sulfa drugs
Diagnostic Lab Data:
CDC Split Type:
Write-up: Seven days after administration I experienced swelling and a strange feeling that was almost like itching at the vaccination site. It was about 3 inches in diameter, swollen and red with some surface blotches. I took a Benedryl, and the next day the site was much better.

VAERS ID:	1186105 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	53.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Injection site reaction, Injection site swelling, Rash erythematous, Rash papular
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: penicillin, tetracycline, sulfa, tylenol with codeine
Diagnostic Lab Data:
CDC Split Type:
Write-up: swollen raised red rash at injection site with some pain. I have taken tylenol and benedryl. will continue to take for one more day before contacting hospital.

VAERS ID:	1186474 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	65.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 2	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Erythema, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: lower back and hip pain
Allergies: sulfa drugs and amoxycillin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I noticed increased pain, swelling and redness at the base of my right hand baby finger into the hand (palm side up)- very painful to the touch, can''t bend'' can''t use.

VAERS ID:	1186626 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / UNK	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Anxiety, Depression, Fear

SMQs:, Depression (excl suicide and self injury) (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Celiac disease
Preexisting Conditions: Celiac disease
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Extreme and new/sudden otherwise unexplained feeling of dread/depression/anxiety about 30 hours after vaccine

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VAERS ID:	1187364 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	56.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal discomfort, Arthralgia, Body temperature increased, Diarrhoea, Flatulence, Headache, Muscle spasms, Pain, Pain of skin, Pollakiuria
SMQs:, Neuroleptic malignant syndrome (broad), Pseudomembranous colitis (broad), Dystonia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None

Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, 100 degree temp, aches, joint pain that includes neck, shoulders, knees, ankles and fingers. Cramps in legs. Skin sore to touch almost felt like sunburn. Gastrointestinal discomfort that included loose stools and gas. Frequent urination possibly due to water intake, but was unusual. Fever lasted about 24 hours. All symptoms starting to subside around the 24 hour mark.

VAERS ID:	1187379 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK8737 / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Injection site pain, Injection site swelling, Neck pain, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lamictal, celexa, Prilosec, Claritin, melatonin
Current Illness: IBS, and ongoing Allergies to cats/dust
Preexisting Conditions: IBS, ovarian cysts
Allergies: Erythromycin, cats, dust, skin sensitivities to various fragrances
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 7 hrs after injection, right Arm with injection swelled up from elbow to shoulder, and moderate pain in arm and neck muscle aches. 24 hrs after injection, swelling also occurred in opposite (left) arm, but subsided in injection (right) arm. After 48 hrs of vaccination, swelling is almost gone, but still mild aches in neck and left arm.

VAERS ID:	1188277 (history)	**Vaccinated:**	2021-03-28
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	31.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP6955 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Pain in extremity, Rash, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zyrtec Pepcid
Current Illness:
Preexisting Conditions:
Allergies: Shellfish: shrimp, crab, lobster
Diagnostic Lab Data:
CDC Split Type:
Write-up: I noticed my little toe hurting quite a bit and one spot under my big toe. When I looked I saw my little toe to be swollen and red. Then as I looked more I noticed red/purplish spots of color on my other toes. It looks like "covid toes." This is my left foot.

VAERS ID:	1189672 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	67.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Spring Hay Fever
Allergies: None known
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, headache, fatigue, aches starting 57 hours after 2nd dose. No reaction after first dose.

VAERS ID:	1189826 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Feeling cold, Hyperhidrosis
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: sertraline
Current Illness: none
Preexisting Conditions: none
Allergies: none

Diagnostic Lab Data: none
CDC Split Type:
Write-up: Within 5 minutes after injection, I started sweating, felt dizzy, cold and I thought I was going to faint. This last 5-10 minutes. I didn''t faint. Felt better after about 10 minutes and went home. No medical intervention.

VAERS ID:	1189855 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	69.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Epistaxis, Fatigue, Haemoptysis
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: estring, nasonex, boniva, multi-vitamin, calcium, presser vision, zertec, biotin
Current Illness: three biopsies performed two days before for basal cell skin cancer
Preexisting Conditions: osteoporosis sinusitus
Allergies: adverse effects with epinephrine and most antibiotics which cause rapid heartbeat, severe naussea and panic attacks
Diagnostic Lab Data: none
CDC Split Type:
Write-up: nosebleeds 5, 7 and 9 and 10 days after -vaccine. heavy bleeding for one hour coughing up blood clots. Finally stopped with pressure and cold compresses. Was on the verge of going to ER two times. Three additional lighter nosebleeds in the morning prior to three of them . Have not had nosebleeds for several years. very tired. Last one this a.m. Fear more.

VAERS ID:	1189960 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	66.0	**Days after vaccination:**	20
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025A21A / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Hyperhidrosis, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: None
Allergies: sulfa, Statins
Diagnostic Lab Data:
CDC Split Type:
Write-up: On March 23, about 2 1/2 weeks after my first dose, I woke up with sweats, chills, fever and vomiting that lasted about 24 hours. Note: This happened again 7 days after my second dose for which I have filled out a second form.

VAERS ID:	1189968 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	66.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028A21A / 2	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling cold, Headache, Hyperhidrosis, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: None
Allergies: sulfa, Statins
Diagnostic Lab Data:
CDC Split Type:
Write-up: On April 8th at 3:30 a.m., I woke up nauseated, sweating and with a huge headache. I was very cold throughout the day and couldn''t warm up. Very similar to what happened about 3 weeks ago after my first dose. This lasted about 24 hours, but the headache lingered throughout the second day.

VAERS ID:	1190641 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tamoxifen 20mg/day Chlorthaladone 25mg/day Diclofenac 75mg as needed up to 2x/day Xolair 1 ml subcutaneously every 14 days. Mixed Vespid allergy shots every 7 days
Current Illness: None
Preexisting Conditions: Kidney stones.
Allergies: Allergies: hornet, yellow jackets
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Ringing in my ears! Tinnitus. Started a couple of hours after the first shot. It?s loud, almost a hissing sound.

VAERS ID:	1190940 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	63.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6208 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Diarrhoea, Dyspnoea, Influenza like illness, Muscle spasms, Pain, Pain in extremity, Peripheral swelling, Pneumonia, Pyrexia, Skin disorder, Vaccination site erythema, Vaccination site pain
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Dystonia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BENZONATATE; AZITHROMYCIN
Current Illness: Blood pressure high; Liver disorder (Stated about 7 to 8 years ago); Pre-diabetic
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma; Breathing difficult; COVID-19 (she had COVID three weeks ago); Edema (Verbatim: Edema); Obesity; Pneumonia; Respiratory disorder; Swelling of legs; Varicose veins
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021330190
Write-up: pain; flu-like symptoms/felt like she had a little bit of the flu; she has one area with a "big circle around it and it"s hard; she had a little bit of pneumonia; got a fever; felt like she couldn"t go to the bathroom, cramps; had trouble breathing; the site was red; swelling/her arm is swelling; it does hurt her, right in that area where the shot was given; arm was sore and achy/her arm started aching; Diarrhea; This is a spontaneous report from a contactable consumer (patient) via medical information team. A 63-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, lot number EN6208, expiration date unknown), via an unspecified route of administration, administered in left arm on 22Mar2021

at the age of 63 years old at a single dose for COVID-19 immunisation. Medical history included ongoing pre diabetic, ongoing high blood pressure, ongoing non-alcoholic liver disease, edema, to help her breathe, pneumonia, COVID in 2021, respiratory problems, asthma, little bit of obesity, swelling in her legs, varicose veins. Concomitant medications included benzonatate at 100 mg to help her breathe, azithromycin (six pills of that, 200mg, two one day and one pill a day until gone) for pneumonia. Patient had her second dose scheduled on 12Apr2021. She explained after the shot, her "arm was sore and achy" she said she also had "pain". She added she experienced "flu-like symptoms". She specified these adverse reactions are all gone now but her arm is still "a little sore" and she has one area with a "big circle around it and it''s hard". She said it could be "swelling". She asked if her reaction was reported as side effects to the vaccine. She expressed being in a rush and is expecting her daughter soon and asked us to be quick. She said she will also consult with her HCP this afternoon. Patient stated she had the first shot on Monday 22Mar2021 and today and last night the site was red, but today in that area she has gotten a big circle around it and its hard. Patient stated she''s had it before with shots and just wanted to make, sometimes she has had to be put on medicine for it, wanted to be sure its healing because it does hurt her, right in that area where the shot was given. She also stated that after she has her second shot on 12Apr2021, she would like to talk to somebody and she would like to be able to have people in her home. She was reporting she had COVID three weeks ago, would she be ok after the 2nd shot to go out? She stated her daughter thinks she needs to wait until the end of April. She verified she did receive the Pfizer BioNtech Covid 19 vaccine. Swelling: Patient stated her arm is swelling. Also stated she always gets that and today there''s a circle there and it is red and hard. Also stated occurred after the shot. Patient reported that the shot hurt like heck and she couldn''t really tell, she has big arms, she knows it was swollen. Reported she took over the counter medicines, last night she noticed it was a circle and it was hard there. Stated area is not swelling anymore, now just one hard red circle. Red and a hard circle: She also reporting her entire arm ached after the shot, she stated she knows her entire muscle was aching. Stated it was swollen quite a bit but now its just red and a hard circle, and it''s ongoing. Arm swelling outcome: Patient reporting yesterday afternoon, she was feeling better, except that one spot. She stated it does hurt when she bends it because she had that one little area that''s swollen. Also stated the swelling started later that afternoon after the shot. Reported she went for a walk with her daughter and her arm started aching. It felt like she couldn''t go to the bathroom, cramps. It felt like she had a little bit of the flu, and it was from the shot but it only lasted a few days. Stated that part went fast, got a fever, other than that, just the one area on her arm. Stated she doesn''t even feel sick from the shot or anything. Stated she had Diarrhea: Stated she had diarrhea in the beginning after the shot then had trouble going to the bathroom. Stated she thinks its because she has IBS and that''s how her body is. She doesn''t know if that''s from the shot or not because that''s how her body always is. Pfizer BioNtech Covid 19 Vaccine: Patient stated she doesn''t want COVID again. She has respiratory problems anyway, she has asthma and a little bit of obesity. She states she was in fear of herself. She doesn''t do well with hospitals and being put under with that medicine. Also stated patient knew COVID causes a lot of people having trouble breathing and she doesn''t want to end up on a breathing tube where its breathing for her and she never sees her family again. Caller states it kind of scared her. Patient stated her niece and nephew, whos got it worse. She stated she went to the hospital and haven''t been back. She stated she was hospitalized about 2 weeks ago, and that''s when she was diagnosed with COVID, before she got the first COVID shot. About the medical history, non-alcoholic liver disease: Stated diagnosed about eight years ago, she would say the same time, about 7 to 8 years ago because she had a virus and when she went in the hospital, the virus had attacked her right kidney and liver. She stated with non-alcoholic liver disease, she is overweight, and that causes her to have issues with her liver. The last few times her liver has been okay. Pre-Diabetic: They have been watching that for a while. Stated she gets edema, swelling in her legs, well, all the time. She has had this the last two

years because she is pre-diabetic and a lot of overweight people have that. She also has varicose veins so that doesn''t help. Stated that was given those to help break up, because she had pneumonia when she got the COVID and she had a little bit of pneumonia and had trouble breathing. The patient was recovering from arm was sore and achy/her arm started aching, swelling/her arm is swelling and for other events it was recovering.

VAERS ID:	1191113 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1802982 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Lip swelling, Paraesthesia oral, Pharyngeal swelling, Swelling, Swollen tongue
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions: Diabetes, HTN, High Cholesterol
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Received vaccine at approximately 1040. Patient then went to the self monitoring area where approximately 5 minutes later stated she felt "slight puffiness in lower lip and tingling on tongue". Patent was removed from the self monitoring area and brought to our First Aid room. Vitals remained stable BP 138/70 HR 80 and respiratory rate 16. After 5 minutes within the First Aid area patient stated " the tingling and puffiness of lower lip is extending to the back of my tongue and throat". EMS was called and patient was transported to SVMC ED.

VAERS ID:	1191969 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	RA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Asthenia, Chills, Fatigue, Headache, Nausea, Photosensitivity reaction, Retching, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: n/a
Diagnostic Lab Data:
CDC Split Type:
Write-up: It started with extreme fatigue and an extreme headache. The headache caused patient to have an extreme light tolerance causing them to wear sunglasses indoors with the shades drawn three hours after injection. As time progressed the patient began to become nauseous and contract a bone shaking chill. By 5 P.M. the patient was dry heaving and having trouble consuming liquid and solids then around 8:30 the patient vomited for 10 minutes. After that the next day the patients headache continued and they were extreme weak and fatigued.

VAERS ID:	1191983 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Arthralgia, Chills, Cold sweat, Decreased appetite, Headache, Myalgia, Pain, Pain in jaw, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Osteonecrosis (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oral contraception
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data:
CDC Split Type:
Write-up: About 3 hours after vaccination, intense headache began. My head felt like it was being pounded with a hammer, and the pain was so intense it traveled down from my forehead to my jaw bone. At around 3:00 pm on April 8, I began to develop a fever which first started at 100 degrees Fahrenheit. By around 5:00 pm, the fever had progressed to 102 degrees Fahrenheit, and the 700mg of Tylenol I had taken was not breaking the fever. I started to get body chills, muscle pain, joint soreness, and cold sweats. Again, Tylenol was not helping. I had no appetite and was having trouble keeping fluids down. Around 11:00 pm on April 8, I took more Tylenol and the fever began to break but did not fully break until 36 hours after the vaccination. It is now April 10 and I am starting to feel like myself again, but for a full 36 hours the pain was so intense that even a light sheet covering my body was painful.

VAERS ID:	1192564 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-03-29
Age:	68.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Injection site pruritus
SMQs:

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Combian for Glaucoma Lipitor
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Arm itching near site of Covid injection

VAERS ID:	1193008 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Fatigue, Myalgia, Nausea, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Fever, chills, nausea, sore arm, achy muscles, fatigue

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VAERS ID:	1193130 (history)	**Vaccinated:**	2021-03-29
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	53.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017B21A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Pruritus, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Breo Ellipta, Spiriva Respimat, Latisse, Omeprazole, Retin A, OTC allergy pill daily
Current Illness: None
Preexisting Conditions: Asthma, Gerd, COPD
Allergies: None known
Diagnostic Lab Data:
CDC Split Type:
Write-up: Delayed swelling and redness. May have been present longer but I didn''t notice it until April 8th; it seems to be larger today (April 11), redder, more swollen. A little warm and slightly itchy but not painful.

VAERS ID:	1193441 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	25.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Blood test, Decreased appetite, Dizziness, Headache, Hyperacusis, Mobility decreased, Pain, Photophobia, Pyrexia, Urine analysis
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious meningitis (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Riboflavin 100mg Amitryptaline HCL 50mg Fish Oil 100mg Escitalopram Oxalate 5mg Montekulast Sodium 10mg Vitamin D3 125 mcg
Current Illness: None
Preexisting Conditions: Fibromyalgia
Allergies: Ragweed Dust Pollen
Diagnostic Lab Data: 4/10/21 Blood work done at Emergency Dept came back all good 4/10/21 Urinalysis done at Emergency Dept came back all good
CDC Split Type:
Write-up: After almost two weeks I started feeling feverish and achy all over my body. I had head pain almost to the point of migraine, felt weak and lost my appetite. Every time I stood up I felt sharp pain on the top of my head and got lightheaded. These symptoms responded a little to medication such as Tylenol and DayQuil but steadily worsened over the course of a few days then suddenly worsened. I woke up yesterday feeling more feverish and weak to the point where my mobility was compromised. My head felt like a balloon and hurt around the base of my skull and the top of my head. I had even more severe light sensitivity and could not tolerate sound. I also couldn?t bend down to pick something up or tie my shoes because of the lightheadedness and pain. The headache and migraine symptoms responded well to Toradol and Excedrin but returned full force after any medicine wore off. I am not getting any better despite rest and treatment.

VAERS ID: 1194346 (history)		**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	59.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Muscle spasms
SMQs:, Dystonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Estradiol hormone therapy
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe muscle spasms throughout my body and extremities, which lasted for 20-30 minutes

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VAERS ID: 1194519 (history)		**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Asthenia, Chills, Myalgia, Nausea, Pyrexia, Rash, Urticaria
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine 88mcg x 1 Bupropion 300 mg x1
Current Illness: None
Preexisting Conditions: Hyperthyroidism
Allergies: Larazopam
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever and chills. Severe muscle joint and body aches. Hives/rash nausea weakness

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VAERS ID:	1194563 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	44.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Chills, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: food sensitivities to wheat and bell peppers
Diagnostic Lab Data:
CDC Split Type:

Write-up: fever, chills, joint pain, and muscle soreness.

VAERS ID:	1195133 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Anxiety, Cold sweat, Disorientation, Electrocardiogram, Feeling abnormal, Feeling hot, Laboratory test, Palpitations
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Erithromycin
Diagnostic Lab Data: pulse, blood pressure, ecg, blood draws (don''t know what labs done).
CDC Split Type:
Write-up: I had shot and sat to be observed at 8:30 am. After about three minutes I felt a wave of adrenaline type feeling wash over me and my heart raced and I felt really out of it/fearful. I sat for a minute hoping it would pass, and it didn''t so I asked for help. EMT gave me pulse check and blood pressure, both were very very high (don''t know what) and irregular so they brought ECG. The ECG was also irregular. I felt disoriented and had waves of heat/blood racing/pulse racing. I was taken by ambulance to Hospital. Within 2.5 hours I was feeling better, not recovered but not as acute. They did another ECG, still irregular and did some blood draws which seemed to satisfy the Dr. that nothing was acute. Once I had returned to a more normal level they released me. Tonight at home I still have a bit of a racy clammy feeling but have felt more stable thus far. It was an awful, scary feeling and it come on in just two or three minutes after shot.

VAERS ID:	1195983 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	28.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030B21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cold sweat, Dizziness, Hyperhidrosis, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness, and body ache. Went to bed at 7 pm and woke up at midnight sweating then cold and dizzy. Finished out the night sleeping and woke up relatively normal

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VAERS ID:	1195990 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	24.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Burning sensation, Malaise, Pruritus, Pyrexia, Somnolence
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Setraline, testosterone
Current Illness: N/a
Preexisting Conditions: Asthma
Allergies: Seasonal allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: The evening after my vaccination shot, I started to feel groggy and unwell. I then started to develop a fever. This morning on 4/12/21, I woke up to my right hand itching and burning. Within a half hour I started to experience the same burning and itching sensation on my hands.

VAERS ID:	1196056 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808978 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Pallor, Tunnel vision
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Optic nerve disorders (broad), Retinal disorders (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Denies
Preexisting Conditions: Denies
Allergies: Denies
Diagnostic Lab Data: Initial BP 110/50 Pulse 42 Respirations 16 Repeat BP 122/70 Pulse 78

Respiration 18
CDC Split Type:
Write-up: A few minutes after receiving the vaccine he felt like he was going to pass out. He became pale and diaphoretic, c/o having tunnel vision. He did not loose consciousness.

VAERS ID:	1196199 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B21A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Hypertension, Injection site swelling, Lip swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypertension (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Bactrim, H202 & Adhesive
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt developed lightheadedness within 5 min of vaccine , HR 98, Pulse Ox 99%, T 97.3, B/P 150/98 right arm. 10 min past injection pt developed sensation of lip swelling and SOB Benadryl 25mg given PO. Pt transferred to ER. Of note pt did have similar reaction with hives and swelling at injection site that developed 7 days past injection with Primary Provider ordering a course of Dexamethasone that lasted for 8 days total.

VAERS ID:	1196755 (history)	**Vaccinated:**	2021-03-29
Form:	Version 2.0	**Onset:**	2021-03-29
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028A21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling hot, Illness, Immediate post-injection reaction, Injection site pain, Pain in extremity, Peripheral swelling, Rash
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Magnesium B-12 Biotin
Current Illness: none
Preexisting Conditions: none
Allergies: codeine
Diagnostic Lab Data: none I did not go to my doctor
CDC Split Type:
Write-up: The shot itself was extremely painful. It felt like I was injected with shards of broken glass and I said this to my husband immediately. I have never had a shot that painful. My first shot in the series was not painful at all and I had no reaction. I soon developed an extremely painful arm and I developed the covid rash. My arm was very swollen and extremely hot. I was very sick until Thursday when I woke feeling better although my arm was still a mess. The rash and swelling lasted about 6 days although the arm was still sore. The side effects I experienced I guess were normal but not the feeling of the shot. The main unexpected feeling was how painful and harsh the shot itself was. It truly was like nothing I have ever felt before.

VAERS ID:	1196859 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	67.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	008B21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed shoulder pain second day.

VAERS ID:	1197604 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-07
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-04-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	UNKNOWN / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown

Allergies:
Diagnostic Lab Data: Test Date: 20210407; Test Name: Body temperature; Result Unstructured Data: 103.3 F; Test Date: 202104070700; Test Name: Body temperature; Result Unstructured Data: 99.4 F
CDC Split Type: USJNJFOC20210414028
Write-up: HEADACHE; FEVER; This spontaneous report received from a vaccine facility concerned a 50 year old male. The patient''s weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 05-APR-2021 for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On 07-APR-2021, the subject experienced fever. On 07-APR-2021 07:00, Laboratory data included: Body temperature (NR: not provided) 99.4 F. On an unspecified date, the subject experienced headache. Laboratory data (dates unspecified) included: Body temperature (NR: not provided) 103.3 F. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the fever and headache was not reported. This report was non-serious.

VAERS ID:	1198174 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	69.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mestinon, metformin,red yeast rice, coq10, multivitamin, vitamin D3 and termeric.
Current Illness: None
Preexisting Conditions: Myasthenia Travis and diabetes
Allergies: Penicillin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Redness at injection site, about the size of a large orange, hot to the touch.

VAERS ID:	1198293 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	71.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW01500 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Headache, Pain, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fentanyl 50mcg patch, pantoprazole, farxiga, sertraline, amlodopine, acet w codeine, adderall, insulin
Current Illness:
Preexisting Conditions: Primary idiopathic dysautonomia, diabetes II
Allergies: NSAIDs, sulfa
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Virtually no reaction until +/- 3 days after the injection. Then headaches and pain in left shoulder and swelling in deltoid, which intensified over the course of the day, peaking that night. Left arm not functional during the latter hours due to pain on moving. It was subsiding by the next morning but followed by similar, though less intense Sx in every joint that has been injured at any time during the last 20 years, plus headaches. That continues now.

VAERS ID: 1198386 (history)		**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	042A21A / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain upper, Asthenia, Chills, Fatigue, Headache, Insomnia, Nausea
SMQs:, Acute pancreatitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: sensitive stomach
Allergies: none
Diagnostic Lab Data: none. Each day got better.
CDC Split Type:
Write-up: chills, very nauseous, couldn''t sleep, terrible head aches followed by bad stomach pains. All of this for 24 hours. Then more stomach pains couldn''t eat because of nausea for another 24 hours. Very tired and weak. Each day gets a little better

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VAERS ID: 1198502 (history)		**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	59.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Depression
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Delayed onset swelling and itching at vaccination site on day 8 post vaccine, 3-4 cm area induration, warmth, redness and swelling upper deltoid

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VAERS ID:	1198614 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Body temperature increased, Chills, Decreased appetite, Disturbance in attention, Ear congestion, Fatigue, Feeling abnormal, Feeling cold, Gastrointestinal disorder, Headache, Hyperhidrosis, Nausea, Neck pain, Pain, Pain in extremity, Presyncope, Tenderness, Vision blurred
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Depression (excl suicide and self injury) (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Vit C, Vit D, probiotics, magneisum, rescue remedy
Current Illness: None
Preexisting Conditions: Anxiety, chemical sensitivity, erythromelalgia.
Allergies: None known.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Had a sore arm within hour of shot (got it at 7:30pm). Felt a little yucky before going to bed. I made sure to hydrate significantly before the shot and after. I woke up at 3am with chills and had them for about an hour. Woke up the next morning at 9am with with medium neck and head pain and feeling a little chilly and out of it. Mild ache in joints and body overall. At 10am I took one ibuprofen, but at 11am (200mg), kept pushing fluids. 11am headache got worse temp 98.7 (slightly high for me, I am usually about 97). Started having some gastrointestinal issues around noon. Felt nausea and sweaty palms loss of appetite. Had a bowel movement (normal in appearance). That all seemed to pass and I felt better, still tired, for most of the afternoon. Arm was sore to the touch and when moving. I managed to eat a few small meals, kept up hydration, and took a nap late in the day. I woke up at 5pm with headache and body aches all over. No appetite again. Had very little to eat, kept hydrating, At 7pm my vision got a little blurry and I had a minor vasovagal episode. Center of vision blurred, got chills and sweaty, nausea, and I had to poop (it was less formed). I rested, cool compress, and raised my feet. It all passed in about 20 minutes. I had major loss of appetite rest of the night (couldn''t eat anything), kept hydrating, and went to bed. Slept through the night with no incidents. Woke up at 9am second day and had a small breakfast, though my appetite is still not back. Generally feeling exhausted, but no headache or aches in the body anymore. My arm is still sore. Had some more GI distress (another less formed poop around 11am). My appetite returned by early afternoon on the 2nd day post-vaccine. Still tired and generally feeling "off," especially mentally. Had brain fog all afternoon and my ears felt plugged today. Hard to concentrate on a task.

VAERS ID:	1198634 (history)	**Vaccinated:**	2021-03-17
Form:	Version 2.0	**Onset:**	2021-03-17
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Synthroid, Calcium +D
Current Illness:
Preexisting Conditions: Breast cancer, currently in remission (treatment 20 years ago)
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Slight dizziness, chills. All better the next morning.

VAERS ID:	1199106 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Cold sweat, Diarrhoea, Headache, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I got the J&J vaccine. Didn''t see a choice above. Janssen? Intense chills. Fever, Severe Headache, Cold-Sweats, Vomiting , Diarrhea for about 36 hours. Low grade fever fro about 48 hours

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VAERS ID:	1199223 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Disturbance in attention, Dizziness
SMQs:, Anticholinergic syndrome (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mini pill, vitamin c, vitamin d, fiber, multivitamin
Current Illness: Cold illness 2 weeks prior
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness, lightheadedness, inability to focus/ concentrate. 24 hours in length.

VAERS ID:	1199233 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Cbd, vitamin c
Current Illness:
Preexisting Conditions:
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fainted/ sweats while walking to car. Recovered, but became very light headed in car and reclined seat to avoid losing consciousness (was not driver).

VAERS ID:	1200011 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7533 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Syncope, Unresponsive to stimuli
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Fainting / Unresponsive-Mild

VAERS ID:	1200736 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	35.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Daily probiotic Daily multivitamin Trazodone Cetirizine
Current Illness: Head cold week prior
Preexisting Conditions:
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: 102?F fever, chills, nausea, diarrhea for 24 hours

VAERS ID:	1201207 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Decreased appetite, Fatigue, Feeling abnormal, Lethargy, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zyrtec, iron supplement
Current Illness: None
Preexisting Conditions: sinus and ear congestion
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: slight fever, loss of appetite, very tired, lethargic, spacy for 4 days currently

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VAERS ID:	1201610 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-03-31
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6955 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Headache
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: ; Lightheadedness and headache; BP: 148/70 Temp by forehead monitor: 98F; HR: 84 RR: 14; Plan: Patient stayed in exit area for 30min instead of 15min. Patient felt safe to walk out of facility by herself after 30min.

VAERS ID:	1201992 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Dysgeusia
SMQs:, Taste and smell disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OTC vitamins, Adderall, probiotic, Fluoxotine
Current Illness:
Preexisting Conditions:
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Moderna COVID-19 Vaccine No problems, just had a strange metallic taste in my mouth a little less than an hour later. I had eaten a mint before that, so might not have noticed if it started earlier.

VAERS ID:	1202140 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	042A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi Vit, Vit D
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I developed a fever of 102 the evening after getting the vaccine. I went to bed with fluids and advil and woke with not further issues.

VAERS ID:	1202253 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Blood test, Fatigue, Headache, Hypoaesthesia, Injection site rash, Nausea, Neck pain, Pain in extremity, Paraesthesia, Pyrexia
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with

eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: nothing
Current Illness:
Preexisting Conditions: chronic pain, autoimmune issues
Allergies: cephalexin, clindamycin
Diagnostic Lab Data: Bloodwork drawn on 4/12/21
CDC Split Type:
Write-up: pain, numbness and tingling up and down my arm, neck pain, headaches, fever (twice since vaccine), excruciating joint pain, nausea, fatigue, rash at injection site--all this for 13 days non stop.

VAERS ID:	1202452 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	66.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Rash papular, Rash pruritic, Urticaria, Wheezing
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Asthma/bronchospasm (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TYLENOL EXTRA STRENGTH-2 AT BEDTIME, ATORVASTATIN CALCIUM 20MG AT BEDTIME, TRIAMTERENE/HYDROCHLOROTHIAZIDE 37.5-25 AT BEDTIME,

ZYRTEC 10MG AT BEDTIME, PROVENTIL HFA AEROSOL AS NEEDED, CYANOCOBALAMIN (B-12) SHOT ONCE A MONTH
Current Illness: NONE
Preexisting Conditions: ASTHMA AND ALLERGIES
Allergies: ALLERGIC TO SULFA DRUGS, AMOXICILLIN, PENICILLIN AND LISINOPRIL
Diagnostic Lab Data:
CDC Split Type:
Write-up: GOT RASH/HIVES PRIMARILY ON THE LEFT SIDE OF NECK AND UPPER CHEST. IT DID MOVE SOME TO THE RIGHT SIDE BUT NOT AS BAD AS THE LEFT. IT WAS RAISED AND ITCHY. I WOULD USE A CREAM ON IT AND IT WOULD CALM DOWN SLIGHTLY. IT ALSO AFFECTED BY BREATHING SLIGHTLY AS I COULD TELL I WAS GETTING WHEEZY AS IF MY ASTHMA WANTED TO START WHERE I WOULD NEED MY PUFFER BUT IT WOULD GO AWAY AFTER A FEW MINUTES AND THEN START AGAIN. THAT PART ONLY LASTED A DAY. THE RASH/HIVES ARE STILL WITH ME BUT MUCH BETTER. I EXPECT IT TO BE GONE WITHIN A COUPLE MORE DAYS.

VAERS ID:	1202638 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	39.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0151 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Back pain, Dyspepsia
SMQs:, Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific dysfunction (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hypertension meds, unknown name
Current Illness:
Preexisting Conditions: Diabetes and hypertension
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received vaccination, sat in exit area for recommended 15min, and left clinic. Patient then returned to clinic within the same hour of vaccination with complaints of heartburn located in center of chest and back pain. RN assessed patient for 15min reviewing options of

calling 911, going to PCP, going to hospital if s/s worsen. Patient expressed fearfulness of medical bills. Patient wanted to go home and agreed to go to ER if s/s worsen. HR 80 RR: 12. No SOB, no nausea, no tightness in throat.

VAERS ID:	1202966 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration, Injection site pruritus, Injection site reaction, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: WELLBUTRIN
Current Illness: Drug hypersensitivity; Multiple sclerosis; Penicillin allergy; Sulfonamide allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132104USA002099
Write-up: The consumer also reported the side effects as being "uncomfortable"; The consumer reported being itchy, on the arm, as well as experiencing swelling and redness; The consumer reported being itchy, on the arm, as well as experiencing swelling and redness; The consumer reported being itchy, on the arm, as well as experiencing swelling and redness; The consumer reported receiving the second dose, of the PNEUMOV AX 23 vaccine, in 2014, and the first dose in 2011.; This spontaneous report was received from a currently 64 years old female patient, referring to herself. The patient''s concurrent condition included multiple sclerosis. The patient''s concomitant therapy included bupropion hydrochloride (WELLBUTRIN). The patient was allergic to ampicillin, cephalexin (KEFLEX) and sulfacetamide sodium (+) sulfadiazine (+) sulfamethazine (SULFA). On an unknown date in 2011, the patient was received the first dose of pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX23) (strength, dose, lot# and expiration date were not reported; route was reported as injection) as a prophylactic. On an unknown date in 2014, the patient was received the second dose of pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX23) (strength, dose, lot# and expiration date were not reported; route was reported as injection) as a prophylactic (inappropriate schedule of product administration). On unknown

dates in 2014 (reported as after the 2nd dose), the patient experienced side effects: being itchy, on the arm, as well as experiencing swelling and redness, which had been confirmed by the patient that occurred on the upper arm at the injection site. It was reported that the side effects as being "uncomfortable". No special treatment was given for the events. The outcome of the events was reported as recovered on unknown dates in 2014. The causality assessment between above mentioned events and pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX23) was not reported.

VAERS ID:	1203250 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain in extremity, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: daily simvastatin, multivitamin, Calcium/D3
Current Illness:
Preexisting Conditions:
Allergies: naproxyn
Diagnostic Lab Data:
CDC Split Type:
Write-up: "Pfizer-BioNTech COVID-19 Vaccine EUA" second dose. Other than sore arm, no noteworthy side effects for about 27 hours, then hands and forearms were possessed by wild tremors that made it impossible to hold them steady enough to read a paperback book. Condition lasted about an hour, then ended as abruptly as it began. Not painful but very spooky.

VAERS ID:	1203699 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046B21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Dyspnoea, Tremor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: asthma, lyme disease, leaky gut syndrome, IBS
Allergies: erythromycin, multiple food allergies
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Patient started to feel dizzy, shaky and said she was having some trouble breathing about 15 minutes after receiving the vaccine. She had been drinking water but did not have anything to eat that morning. Upon talking to patient she did not seem to be out of breath and could talk normally. We had her sit and try drinking some orange juice but it did not seem to improve her symptoms. She eventually asked to take a walk and get a small snack. A pharmacy technician went with her and after sitting back down and eating something she was started to feel better. About 10 minutes after eating the patient was feeling fine. This was about 1 hr and 30mintues after receiving the vaccine.

VAERS ID:	1204175 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chills, Diarrhoea, Hyperhidrosis, Pyrexia, Rash, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Arthritis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoxetine, Singulair, Albuterol
Current Illness: Cold 3 weeks prior (COVID-negative)
Preexisting Conditions: Asthma
Allergies: None known
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, sweating, mild fever (100F), joint aches starting the night of the injection through 7pm the following day. Starting on Saturday (2 days after the injection, I developed a rash on my belly and had diarrhea. Sunday, developed an itchy rash on the tops of my feet and hands, in addition to the belly. Another bout of diarrhea.

VAERS ID:	1204220 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	- / SYR

Administered by: School **Purchased by:** ?
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Extreme headache about 12 hours after. Took Ibuprofen and it went away. Day 2 and headache is gone.

VAERS ID:	1205531 (history)	**Vaccinated:**	2021-03-30
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Dizziness, Feeling abnormal, Hyperhidrosis, Hypoaesthesia, Nausea, Pallor, Tremor, Vertigo
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingles and 1st dose of Covid vaccine
Other Medications:
Current Illness:
Preexisting Conditions: Asthma
Allergies: Sensitivity to citrus, bee stings, wheat, and seasonal allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: Allergic Reaction post-vaccination, including shaking, paleness, lightheadedness,

dizziness. More symptoms, such as nausea, vertigo, facial numbness, "buzzing" feeling, chills/sweats, brain fog from second day to day 14, coming in waves.

VAERS ID:	1206003 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808978 / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Dyspnoea
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D 3 2000iu, fish oil 1000mg, ?bone up? vitamin supplement(1/3 of the following elements: vitamin C calcium ascorbate 200 mg, vitamin D 1000iu, vitamin K 45 mcg, calcium elemental 1000mg, magnesium 500mg,zinc 10 mg, copper 1 mg, man
Current Illness: None.
Preexisting Conditions: Mitral valve prolapse, congenital
Allergies: None known.
Diagnostic Lab Data: Scheduling platelet blood test soon
CDC Split Type:
Write-up: Shortness of breath, hasn?t gone away

VAERS ID:	1206121 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	35.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	042B2LA / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dysmenorrhoea, Heavy menstrual bleeding

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vyvanse 50mg, Lexapro 10mg, Mirena IUD, lorazepam 1mg, Ajovy 225mg/1.5ml, trazodone 25mg
Current Illness: chronic migraine
Preexisting Conditions: chronic migraine, ADHD, panic disorder, major depression, PTSD
Allergies: Cefaclor
Diagnostic Lab Data:
CDC Split Type:
Write-up: Menstrual period with heavy bleeding and moderate to severe cramping began less than 24 hours after injection, despite Mirena IUD with active hormones that has stopped my regular monthly periods since 2016.

VAERS ID:	1206629 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-08
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-04-14
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	UNKNOWN / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Hyperhidrosis, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown
Allergies:

Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210419712
Write-up: VOMITING/CAN''T KEEP ANYTHING DOWN; SWEATING; CHILLS; This spontaneous report received from a consumer concerned a male of unspecified age. The patient''s weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration not reported, batch number: Unknown) frequency 1 total, dose was not reported, administered on 08-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 08-APR-2021, the subject experienced vomiting/can''t keep anything down. On 08-APR-2021, the subject experienced sweating. On 08-APR-2021, the subject experienced chills. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from chills, vomiting/can''t keep anything down, and sweating. This report was non-serious.

VAERS ID:	1207032 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	42.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Asthenia, Headache, Mental impairment, Nausea, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OTC women''s multivitamin with zinc. Eli triptan as required for migraines, but none taken in 48h prior to vaccine.
Current Illness: None known.
Preexisting Conditions: Occasional migraines since 2008.
Allergies: None known
Diagnostic Lab Data: Not at present, seeking advice from doctor about any recommended tests.
CDC Split Type:
Write-up: 18 hours after vaccination, developed headache with severe nausea and intermittent vomiting and fever of between 99.5-101 when read via forehead. Symptoms lasted for

approximately 10 hours, with 1-3 bouts of vomiting during that time. Due to vomiting, OTC pain relievers taken by mouth were not effective. Symptoms have since subsided except for weakness, slight headache, and mental fog.

VAERS ID:	1207092 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	62.0	**Days after vaccination:**	39
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808609 / 1	- / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Headache, Migraine, Photophobia
SMQs:, Noninfectious meningitis (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Onset of dull headache which worsened. Continued worsening into a massive migraine(cluster, light sensitive). After several hours I took a migraine relief OTC medication. The headache subsided with minor headache into the following day.

VAERS ID:	1207266 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	65.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	ER8737 / 2	RA / IM

PFIZER/BIONTECH		

Administered by: Other **Purchased by:** ?
Symptoms: Epistaxis, Hypertension, Vital signs measurement
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Hypertension (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: amlodipine, losartan
Current Illness: none
Preexisting Conditions: controlled htn, h/o heart attack
Allergies: no
Diagnostic Lab Data: home bp reading: April 8: 144/86 & 153/89 April 14: 155/91 Doctor"s appointment April 9, 2021
CDC Split Type:
Write-up: about 12 uncontrolled, profuse nosebleeds over 5 days starting April 8. Used OTC Afrin to stop them after about 10 April 8-9. Then had to use it to stop on on April 11 an once on April 12. High blood pressure reading when checked on April 9 after nosebleeds. Doubled HTN meds and then on April 14, even higher in spite of doubling HTN meds

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VAERS ID:	1207548 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Exfoliative rash, Injection site erythema, Injection site urticaria, Pain in extremity
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: tick bite 4/11/2021
Preexisting Conditions: none
Allergies: clindomycin, coffee, some perfumes, most bug bites
Diagnostic Lab Data: none yet
CDC Split Type:
Write-up: About one hour after receiving Pfizer-BioNTech COVID-19 Vaccine EUA, my left arm felt somewhat sore. About four hours later, I noticed that the injection site was red and raised, about 3 mm wide, surrounded by 15 mm clear flesh, which was surrounded by a blotchy, pink, scaly rash of about 15mm width. 24 hours later, it remains unchanged in appearance.

VAERS ID:	1207597 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	61.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Blood glucose normal, Disturbance in attention, Dizziness, Electrocardiogram normal, Headache
SMQs:, Anticholinergic syndrome (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: Sulfa drugs
Diagnostic Lab Data: EKG - normal Blood sugar - norma.
CDC Split Type:
Write-up: Dizziness, headache, light-headed, trouble focusing,

VAERS ID:	1207731 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025A21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Headache, Myalgia, Nausea, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: one aspirin daily; generic Zyrtec; multivitamin; generic Nasonex spray (only used during allergy season--did use during this time). Occasionally take generic Tylenol for any muscle aches/discomfort.
Current Illness: No illnesses for a very long time.
Preexisting Conditions: Past history of breast cancer in 2014 but now clear and clean. Both hips replaced in 2016.
Allergies: Allergic to sulfa drugs, penicillin, bee stings. No food allergies.
Diagnostic Lab Data: None...did not seek medical help.
CDC Split Type:
Write-up: Headache, dizziness, extreme muscle ache in places like arms and legs and buttocks, nauseous. Went to bed early with 3 extra strength generic Tylenol and woke up okay except for a sore arm (that wasn''t a big deal).

VAERS ID:	1207789 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	036A21A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Feeling hot, Musculoskeletal pain, Myalgia, Pain in extremity, Sleep disorder
SMQs:, Rhabdomyolysis/myopathy (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Same as just reported....I thought I could report the effects of both doses on the same form....
Current Illness: None.
Preexisting Conditions: Same as just reported but note that both hips were replaced in 2016.
Allergies: Same as just reported...
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I ran a few errands after the vaccinaction and got home about 3:30pm. All of a sudden I began to feel hot and dizzy. Then the muscle aches started so I went to bed. But this time it didn''t go away! Today is now 4/14/2021 and I am still having muscle ache in my right upper thigh and right side buttocks. It is lessening but it also keeps me from getting a good night''s sleep. I''ve never had such a sensation. Even after my hip replacement surgeries I didn''t have this kind of discomfort. I sure hope it ends pretty soon. For the past 2-3 years I have a routine of walking a minimum of 2 miles daily and that''s during the winter as well since I''m up here in my state. I''m strong and I''ll get over this but I never expected this. It feels like a "virus" has settled into the muscle tissue surrounding my right side hip implant. I keep walking and doing my other exercises but it''s very tiring. Just wanted someone to know about this. And, no, I did not bother going to the doc''s with this. Why would I? The "brainwashing" of the past 30 years about not bothering to go to the doc''s if you have a cold because it''s a virus and there''s nothing we can give you for a virus has really worked. I stay away from the doc''s as much as possible!

VAERS ID:	1207988 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	49.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole Flonase albuterol
Current Illness: none
Preexisting Conditions: none
Allergies: sulfa
Diagnostic Lab Data: none
CDC Split Type:
Write-up: initially patient had fever, mild headache, fatigure x1 day and on day 2 he had flat rash on entire torso, lower back, bilateral arms

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VAERS ID:	1208142 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Atrial fibrillation, Blood pressure increased, Blood pressure measurement, Blood test, Electrocardiogram, Heart rate, Nausea, Orthostatic hypotension, Oxygen saturation, Palpitations, Sinus rhythm
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Cardiomyopathy (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Lysine Vitamin D3 Zinc
Current Illness: None

Preexisting Conditions: Arthritis Skin cancer
Allergies: Clams
Diagnostic Lab Data: Transported to Hospital . Blood work came back normal, EKG sinus rhythm and normal blood pressure before discharge.
CDC Split Type:
Write-up: Head rush and heart palpitations approximately 10 minutes after injection, and nausea. Assisted by EMTs to monitor heart rate, blood pressure , and blood oxygen level. Went into atrial fibrillation and blood pressure steadily rose. 165/99 was one reading I heard them call out.

VAERS ID:	1208197 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Heart rate increased
SMQs:, Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: had high heart rate after getting covid shot. 158/93, 117. Remained sitting and was fine after.

VAERS ID:	1209765 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	043A21A / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Chills, Headache, Nausea, Pain
SMQs:, Acute pancreatitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: years ago to the flu shot - sick for 2 days
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: At 8 pm same day of vaccine, I had chills, very achy, bad headache and it lasted all night and in the morning I had nausea and headache. By 11 am I felt much better, but was still achy, and weak for most of the next day.

VAERS ID:	1209782 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	31.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7533 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Body temperature increased, Chills, Decreased interest, Depressed mood, Lethargy
SMQs:, Neuroleptic malignant syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control
Current Illness: None
Preexisting Conditions: None
Allergies: Septra
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, temperature 99.4, lethargic, dull, depressed.

VAERS ID:	1209792 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA 19 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia, Sinus pain
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: Sulpha
Diagnostic Lab Data: n/a
CDC Split Type:

Write-up: I had chills Friday night (about 12 hours later); no fever. I woke up on 3/27/2021 with a fever of 101.4, headache, nausea, aches and sinus area pain. At 8:30am, I took one Advil tablet; took another one at 12:30am and the fever broke. By about 5-6 almost everything had resolved itself - fever was gone, achiness, face pain was gone. Still had a mild headache. By Sunday morning, 3/28 I was totally fine.

VAERS ID:	1210060 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040821A / 2	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 1	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Feeling abnormal, Gait disturbance, Induration, Loss of personal independence in daily activities, Pain in extremity, Peripheral swelling, Somnolence
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: shingles vaccine 2 yrs ago--swelling, hardness and redness 1 wk.
Other Medications: atorvastatin 10 mg, lexapro 20 mg., centrum silver for women, metformin 500 mg. x 2
Current Illness: none
Preexisting Conditions: diabetes type II, osteoarthritis
Allergies: erethromycin, depakote, skelaxin, celebrax
Diagnostic Lab Data:
CDC Split Type:
Write-up: The first one on 3/16/21 only causes soreness for about 2 days. The second one started swelling into a very hard bump and redness and has remained that way. Also, about 30 hrs. after I received it, I walked to the store (across the street and up 2 buildings) and found myself staggering and struggling to walk straight. I am feeling better today, but not well enough to resume normal activities. I felt "loopy" yesterday, required a couple of 3 hr. naps yesterday and today.

VAERS ID:	1210245 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003B21A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Keppra, Emgality, Atorvastatin, Gabapentin, Maxalt, Mult-vitamin, Fish Oil, Glucosamine, Vit C,
Current Illness:
Preexisting Conditions: Seizure condition, migraines, high cholesterol, restless leg syndrome
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I experienced abdominal pain the evening I received the shot. It was controlled with pepto bismol. It returned the following morning and was once again controlled with pepto bismol. It did not return again after that.

VAERS ID:	1210871 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	042A21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Diarrhoea, Headache, Malaise, Nausea, Pain, Vomiting
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal

nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: No
CDC Split Type:
Write-up: body aches, nausea followed by vomiting, feeling sick, moderate headache, diarrhea.

VAERS ID:	1211003 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	55.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain, Decreased appetite, Fatigue, Lethargy, Pain, Tinnitus
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hearing impairment (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advil
Current Illness: None
Preexisting Conditions: None

Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 4 days after shot, immune system kicked, body aches, lethargic, tired, no appetite, abdominal muscle pain. Day 4-5 where bad, stayed in bed. Day 6 about 50% better Day 6 woke up with tinnitus in left ear- never had previous to shot. Tinnitus is continuous. Day 7 about 75% better Day 8 & 9 still not 100%

VAERS ID:	1212086 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Muscle twitching, Pain, Rash, Swelling, Tenderness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Dyskinesia (broad), Dystonia (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ibuprofen 600mg at 6 am
Current Illness: Outdoor allergies
Preexisting Conditions: Allergies
Allergies: Penicillin Onions Dairy
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain, tenderness, muscle twitching, swelling, rash

VAERS ID:	1212144 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	58.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	043A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling abnormal, Hyperhidrosis, Unresponsive to stimuli
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: No Known Drug Allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given vaccination and asked to sit in observation area for a minimum of 15 minutes. Within the first 5 minutes, the pharmacist was alerted to the patient dropping his phone and glasses to the floor and staring off into space. The pharmacist proceeded to make contact with patient by calling their name and giving them gentle taps on the shoulder and knee. The patient "came to" within a few minutes stating that they could hear and see but felt as though they were "off in space" . Once the patient "came to" they were coherent but perspiring a bit. The patient was offered water and a cool damp cloth. The patient was offered EMT services which they declined. The patient was made to wait another 15 minutes in the observation area. The patient did have a spouse with them who would be driving them home. The patient was called later in the day to by the pharmacist to see how the were feeling. The patient stated they were fine and appreciated the follow-up call.

VAERS ID:	1212168 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	42.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	DON?T JNOW / 1	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Headache, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament

disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/a
Current Illness: N/a
Preexisting Conditions: N/a
Allergies: N/a
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, headache, muscle aches

VAERS ID:	1212201 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	P65908 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Herpes zoster, Rash vesicular, X-ray of pelvis and hip
SMQs:, Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amlodipine, Calcium, Zyrtec, Phentermine, Topamax
Current Illness:
Preexisting Conditions: High blood pressure (HTN), seasonal allergies
Allergies: Envronmental
Diagnostic Lab Data: Had Shingles test/swab, treated empirically for shingles, X-ray of hip.

CDC Split Type:
Write-up: Sudden acute hip pain, blistering rash.

VAERS ID:	1212569 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chlamydia test, Culture urine, Dysuria, Gonorrhoea, Haematuria, Micturition urgency, Pollakiuria, Pregnancy test, Urine analysis
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: None known
Diagnostic Lab Data: 4/15/21 - Urinalysis, urine culture, gonorrhea testing, chlamydia testing, pregnancy test
CDC Split Type:
Write-up: The night she received the vaccine she developed dysuria, hematuria, urinary urgency, and urinary frequency

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VAERS ID:	1213212 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0151 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Erythema, Malaise, Myalgia, Pyrexia, Swelling, Tenderness
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin tablet
Current Illness: none
Preexisting Conditions: history of postpartum depression history of GERD
Allergies: none known
Diagnostic Lab Data: none
CDC Split Type:
Write-up: large local swelling and tenderness, involving upper arm and axilla, mild redness. Had chills, subjective fever, malaise, myalgias first night only

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VAERS ID:	1213350 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	75.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Fatigue, Headache, Myalgia, Nausea, SARS-CoV-2 test negative
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes

ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Levoxyl, Gabapentin, Sulfasalazine, Nortryptiline, Budesenoid, 6mg, Lorazepam 1.5mg, Robaxin, Hydroxyzine, Zoloft, Vit D, Vit B, Calcium, Magnesium, Low dose Iron, Folic Acid
Current Illness: None
Preexisting Conditions: Auto-immune disease: Graves, Ulcerative Colitis and MTBI from 2000 with severe post concussive syndrome Spinal Stenosis
Allergies: Remicade Humira
Diagnostic Lab Data: I had so many symptoms of COVID, I went to urgent care to get a test about 10 days ago but it came back negative.
CDC Split Type:
Write-up: About 6 days after my injection I developed a dry cough, follow in a few days by extreme fatigue, occasional nausea, muscle aches and headache. My daughter asked if anything had changed in the past month and the only thing was my COVID vaccine on March 18th. I have been feeling a little better this week but today the cough and fatigue has returned. I saw my doctor yesterday to report what has been going on. My lungs are clear.

VAERS ID:	1214097 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	42.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Cellulitis, Diarrhoea, Faeces discoloured, Induration
SMQs:, Pseudomembranous colitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine, 4000 IU Vitamin D,
Current Illness: None
Preexisting Conditions:
Allergies: clindamycin, Avocados, Carrots, Pineapple, Clams, Nightshades, feathers, ragweed, dust, mites, alternia, willow, phoma, penicilum, oak, & maple. Onions and Coconut are

sensitivities.
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1. Facial Cellulitis - 2 days after shot. Below right eye on cheekbone. Hard, swollen, tender and a bit purplish. Tele-Health Visited with doctor who prescribed antibiotic & probiotic - however suggested I wait to see what happens the next day after using warm washcloth compress before taking antibiotic. Next day swelling had gone down. Antibiotics were not taken as it cleared up in 2 days. Minor scabbing left by day 5. 2. 5 days after shot - Bright Yellow Runny Diarrhea

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VAERS ID:	1214158 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	33.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Musculoskeletal chest pain, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Sharp, painful cramp in right rib cage that was provoked by certain movements. Blood clot? Resolved within 24 hours.

VAERS ID:	1214490 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-21
Age:	57.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6207 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Back pain, Blood test, Pain in extremity, Spinal X-ray
SMQs:, Retroperitoneal fibrosis (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Effexor-37.5 x 3 1 per day; 10 mg Zyrtec; Aleve 1 tab twice d
Current Illness: Follicular Non-Hodkin''s Lymphoma
Preexisting Conditions: See above (completed treatment 10/2020)
Allergies: Pencillin (rash); n/a
Diagnostic Lab Data: 4.8.21 Blood panel and sed rate test 4.12.21 Xrays of the spine and lumbar see aboe
CDC Split Type:
Write-up: Severe pain in lower back/pelvis area shooting down around hips to legs. Starting around March 23rd which increasing got worse. Unable to use 2 aleve and tylenol along with stretching, ice packs and epsom salt soaks to ease pain. Went to see primary on 4/8. Ordered blood work after initial exam. Blood work came back inconclusive. Xrays of the lumbar and spine were ordered. Showed extensive scacroilac inflamation/mass on the left side. Was ordered prednisone for 14 days which starts today.

VAERS ID:	1214534 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration, Interchange of vaccine products
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Not known
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: Requested second dose by facility who failed to advise vaccination team that the patient had received Moderna as the first dose of the vaccine. This clinic was known to be a Pfizer clinic.

VAERS ID:	1214838 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	41.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Dyspnoea
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin D3
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient has been unable to take a deep breath - has sensation of dizziness - has

sensation of fainting

VAERS ID:	1215360 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	70.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Condition aggravated, Dehydration, Dysstasia, Ear infection, Gait inability, Myalgia, Pain, Pyrexia, Stomatitis
SMQs:, Rhabdomyolysis/myopathy (broad), Severe cutaneous adverse reactions (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: first shot or Covid 19
Other Medications: Metformin, Glimepiride, Lantus, Trulicity, Atorvastin, Flomax, Uriit-K, allopurinol,Hydrochlorothiazide, Aspirin 81 mg
Current Illness: nothing
Preexisting Conditions: Diabetes type 2, kidney stones, Back problems,
Allergies: Yellow Jackets stings
Diagnostic Lab Data: call the hospital
CDC Split Type:
Write-up: High fever, shivers, body aches, muscle aches,joint Aches, dehydration Worse than the first shot. I could not stand or walk. I continued to have issues for about a week. All previous issues like ear infections and mouth sores flared up.

VAERS ID:	1215415 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	52.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Oral herpes
SMQs:, Oropharyngeal infections (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Magnesium and B2
Current Illness: None
Preexisting Conditions: None
Allergies: N/a
Diagnostic Lab Data: N/a
CDC Split Type:
Write-up: Little tiny cold sores in mouth.

VAERS ID:	1215444 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	60.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Dexalant, gabapentin, duloxetine, tizanidine
Current Illness: None
Preexisting Conditions: Gurd, osteoporosis
Allergies: Ibuprofen
Diagnostic Lab Data:
CDC Split Type:
Write-up: Large red and sore at injection site

VAERS ID:	1217016 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-08
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Headache, Migraine, Nonspecific reaction
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Patient had no known allergies.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210421512
Write-up: MIGRAINE; TROUBLE GETTING OUT OF BED; SEVERE HEADACHE; This spontaneous report received from a consumer concerned a 43 year old female. The patient''s

height, and weight were not reported. The patient''s pre-existing medical conditions included patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808982, and expiry: UNKNOWN) dose was not reported, administered on 08-APR-2021 15:40 for prophylactic vaccination. No concomitant medications were reported. On 08-APR-2021, the subject experienced migraine. On 08-APR-2021, the subject experienced trouble getting out of bed. On 08-APR-2021, the subject experienced severe headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from migraine, severe headache, and trouble getting out of bed. This report was non-serious.

VAERS ID:	1217266 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Influenza like illness, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 4.5 mg Low Dose Naltrexone qhs Seriphos- 1 cap at dinner one qhs for cortisol regulation 20 mgs. Melatonin qhs sleep and gut health golden milk qhs sleep standardized St. Johnswort caps, 600 mg. b.i.d. daily A-D-K2 supplement Iodoral iodine
Current Illness: none
Preexisting Conditions: mast cell activation syndrome, depression and anxiety, CPTSD, fibromyalgia and chronic fatigue syndrome
Allergies: corn, wheat, dairy, yeast, gluten, fragrance, chemicals, seasonal,
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: I struggle with persistent debilitating tinnitus- the tinnitus I hear constantly became louder within hours of getting the one Johnson and Johnson vaccine for Covid 19 and to date has not returned to its former baseline. I am concerned because it has been over a week and nothing helps. I also had mild flu like symptoms for 2 days after the injection which resolved.

VAERS ID:	1217861 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Dyspepsia, Fatigue, Feeling abnormal, Headache, Hypoaesthesia, Injection site pain, Nausea, Oropharyngeal pain, Pain, Pyrexia, Vertigo
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Clonazepam 25 mg as needed, ibuprofren as needed
Current Illness: None
Preexisting Conditions: Anxiety from PTSD
Allergies: No gluten. Allergic to erithromycin, penicillin, amoxicillin, tramadol
Diagnostic Lab Data:
CDC Split Type:
Write-up: Have been running a persistent temp of 98.8-99.1 since vaccine. My normal is 97.4-97.6. Fatigue, low grade temp, headache, nausea, body aches, sore throat, headache, very sore arm and shoulder pain all came on within hours of vaccine. Lost feeling in my left pinky and my whole left side felt strange. Vaccine was given in my left arm. Regained that feeling in pinky 04/16. Feel heavy and slow, almost like I need to remind myself to breathe sometimes. Woke up 04/16 with strong dizziness/vertigo feeling. Have had persistent feeling of heartburn since the shot. Will be going to my PCP if does not subside and get better.

VAERS ID:	1218193 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Limb discomfort
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: Polycythemia vera, Celiac
Preexisting Conditions: Polycythemia vera, Celiac
Allergies: Dilaudid Morphine Sulfate Cyclobenzaprine Doxycycline Orphenadrine Citrate Gluten NSAID
Diagnostic Lab Data: seen in Medical Center
CDC Split Type:
Write-up: Started with left arm heaviness that lasted for 4 weeks was seen in ER

VAERS ID:	1218254 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-28
Age:	58.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Angiogram cerebral normal, Anticoagulant therapy, Arteriogram carotid normal, Artificial heart device user, Computerised tomogram head normal, Hypoaesthesia, Magnetic resonance imaging head normal
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Sensipar, Synthroid, Metoprolol, allegra
Current Illness: None
Preexisting Conditions: Hypothyroidism, hyperparathyroidism, HTN, Asthma
Allergies: NKDA
Diagnostic Lab Data: See above. Imaging on 3/18/2021. LinQ device implanted on April 9, 2021
CDC Split Type:
Write-up: Woke in night with left arm numbness two days after second vaccine. Resolved spontaneously, but symptoms returned on 3/18 and progressed to numbness over left arm, leg, trunk and face. Seen in ED and admitted for observation. Negative CT head, CTA Head and Neck, MRI brain. Started on Plavix, Atorvastatin and baby aspirin. Linq device implanted.

VAERS ID:	1218611 (history)	**Vaccinated:**	2021-03-30
Form:	Version 2.0	**Onset:**	2021-03-31
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Pain in extremity, Poor quality sleep, Sensitive skin, Tinnitus
SMQs:, Depression (excl suicide and self injury) (broad), Hearing impairment (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D(25mcg), psyllium seed husk, flax seed, chia seed, oat bran, nutritional yeast
Current Illness: None
Preexisting Conditions: None
Allergies: Doxycycline
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Restless sleep first night, slight arm soreness. Beginning the next morning, skin

hypersensitivity, particularly arms and legs. Took two tablets 500mg Advil, this relieved the issue. Most notable reaction has been tinnitus, noticed some time that morning. Consistent background "buzz" which has not abated. Annoying.

VAERS ID:	1218636 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Confusional state, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft; Trazodone; Progestin; Pantoprazole
Current Illness: None
Preexisting Conditions: Unspecified autoimmune disorder; asthma; anxiety
Allergies: Doxycycline
Diagnostic Lab Data:
CDC Split Type:
Write-up: 9 hours post injection patient started chills; fever rose to 104.9 - was brought below 104 with acetaminophen. Fever, chills, body aches, severe headache, mental confusion lasted until 48 hours post injection and then subsided.

VAERS ID:	1219018 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	46.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Aspiration
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: This is a hospitalized in-patient that received the vaccine on 4/12/21 and aspirated on 4/16/21. Unclear of causality.

VAERS ID:	1219710 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B21A / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Abdominal discomfort, Abdominal pain, Diarrhoea, Nausea
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None

Current Illness: None
Preexisting Conditions: High blood pressure, obesity
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: 6 hours after I had significant abdominal pain, nausea, and diarrhea. It?s now been 49 hours since vaccination and I still have mild stomach upset.

VAERS ID:	1219841 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	39.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Pulmonary thrombosis, Thrombosis
SMQs:, Anaphylactic reaction (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: Diabetes
Preexisting Conditions: Diabetes
Allergies: n/a
Diagnostic Lab Data:
CDC Split Type:
Write-up: 50 hours after receiving vax shortness of breath and found blood clotting in lungs and legs

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VAERS ID: 1219928 (history)		**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	53.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8732 / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Bell's palsy
SMQs:, Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: baclofen, vitamin d3, tramadol, stool softener , Tylenol
Current Illness:
Preexisting Conditions: itp, thoracic, outlet syndrome, fibromyalgia
Allergies: fentanyl, Prevnar 13, Iodine, Vioxx, Macrobid, nsaids, vioxin, asa, codeine, sulfur
Diagnostic Lab Data:
CDC Split Type:
Write-up: bells palsy

VAERS ID: 1220443 (history)		**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Feeling cold, Feeling hot, Migraine, Peripheral coldness
SMQs:
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies: LACTOSE
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1. Migraine level headache, 2. Body hot and cold before finally settling on cold, 3. Left hand was cold as ice, 4. No fever, 5. Took two acetaminophen, then slept for 4 hours. 6. Felt better after 4 hours.

VAERS ID:	1220597 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-23
Age:	69.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20K / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test normal, Blood trypsin, Intensive care, Lip swelling, Pruritus, Swollen tongue, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Ibuprofen Prescription 600mg 2 X daily (post surgery) Omeprazole
Current Illness: Foot surgery 3 weeks before
Preexisting Conditions:

Allergies:
Diagnostic Lab Data: Blood Work Trypsin level compliment levels
CDC Split Type: vsafe
Write-up: About thirty hours after getting the vaccine I had some itching in my hand followed by a swollen lip the next day. Four days after the shot I had a shrimp dinner, and my tongue was swelling. I have never had any food allergies. I went to the ER where they gave me two doses of Epinephrine and I was admitted to the ICU with epinephrine drip. I was discharged the next day with a prescription of prednisone. I had been given 40mg of Solumedrol I tried not to take the prednisone as advised by the doctor. I started to get hives the following day. I was later prescribed multiple antihistamines and stayed on all of those since then. I am taking Zyrtec Twice daily Singulair once daily and Ranitidine since then and I have not had a reoccurrence of the hives. The doctor advised getting the Johnson & Johnson instead of the second Moderna. I was unable to get a Johnson & Johnson so now I am waiting again.

VAERS ID:	1220741 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	41.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	044B21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dysgeusia, Feeling abnormal, Lymphadenopathy, Musculoskeletal stiffness, Tenderness
SMQs:, Taste and smell disorders (narrow), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Armour Thyroid
Current Illness: none
Preexisting Conditions: Hypothyroidism - Hashimoto"s
Allergies: Benadryl Penicillin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: significant swelling of left axillae lymph nodes neck stiffness/tendereness brain fog metalic taste

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VAERS ID:	1220803 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031B21A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Exposure during pregnancy, Flushing, Myalgia, Skin warm
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Eosinophilic pneumonia (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamins
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: no
CDC Split Type: vsafe
Write-up: A 1/2 hour after injection, my face got really flushed. No rash or itchiness. Just hot and red. It lasted an hour 1/2 to 2 hours. My upper arm muscles were very sore for two days. I took two Tylenol after checking with my doctor. First pregnancy; EDof Delivery 8/14/2021

VAERS ID:	1222717 (history)	**Vaccinated:**	2021-03-25
Form:	Version 2.0	**Onset:**	2021-03-27
Age:	50.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	ER8730 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Myalgia, Palpitations

SMQs:, Rhabdomyolysis/myopathy (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: asthma
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: heart palpitations muscle aches in calves

VAERS ID:	1223052 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	71.0	**Days after vaccination:**	19
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Blood blister, Epistaxis, Gingival bleeding, Oral blood blister, Petechiae, Platelet count decreased, Thrombocytopenia
SMQs:, Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Gingival disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No

Previous Vaccinations:
Other Medications: Amlodipine, lisinopril, atorvastatin, chlorthalidone, albuterol HFA, ibuprofen, vitamin b-12
Current Illness: Pneumonia, bronchospasm, AKI
Preexisting Conditions: Hypertension, hyperlipidemia, prediabetes, obesity, acute type A viral hepatitis (onset: 11/7/2013),
Allergies: NKA
Diagnostic Lab Data: Platelet Count: 0 L (10^3/uL units, range 130-400)
CDC Split Type:
Write-up: Approximately 3 weeks following the administration of second dose of Moderna COVID-19 vaccine, this patient developed epistaxis, blood blisters on his skin and in his mouth, petechiae over his legs, and bleeding of his gums. Lab work revealed severe thrombocytopenia with a platelet count of "0".

VAERS ID:	1223059 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	56.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Injection site pain, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Welbutrin Warifin Ompresol Prozac Tylenol
Current Illness: None
Preexisting Conditions: Afib Depression Acid reflux
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen arm at injection site, heat, itching and soreness

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VAERS ID:	1223143 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	49.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP6955 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Decreased appetite, Dehydration, Diarrhoea, Feeling abnormal, Headache, Impaired work ability, Nausea, Pain, Pain in extremity, Pyrexia, Tremor, Vomiting
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: St Johns Wort, Women''s One a Day 50 +, Magnesium, Elderberry
Current Illness:
Preexisting Conditions: Anxiety, Depression, PTSD, Degenerative Disc Disease
Allergies: Fresh pineapple, Zpack
Diagnostic Lab Data:
CDC Split Type:
Write-up: The next day, I had a headache, 102 degree temp, vomiting, nausea, chills, body aches, dizziness , dehydration and diarrhea. I had no appetite from this time and for days after. I hydrated with water, and took Tylenol, but it had no real effect. Day 5 I drank Pedialyte mixed with water and was able to eat soup and keep it down. The fever above 100 degrees lasted through Day 4, then was low grade (99.9) through Day 8. Day 8 I still had a headache, low grade temp and shakiness/dizziness. Brain fog is all I can use to describe the inability to focus my thoughts during even the most mundane conversations. My left arm felt like it had been punched for 3 days after the vaccine was given.

VAERS ID: 1223151 (history)		**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	36.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Palpitations
SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mirena IUD
Current Illness: N/a
Preexisting Conditions: N/a
Allergies: Cefzil
Diagnostic Lab Data:
CDC Split Type:
Write-up: Heart palpitations for the past couple hours

VAERS ID: 1223326 (history)		**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B21A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dyspnoea, Erythema, Pruritus, Rash, Throat clearing
SMQs:, Anaphylactic reaction (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None per patient
Preexisting Conditions: Cardiac Stents, Asthma, Fibromyalgia
Allergies: PCN, Morphine, Demerol, Gluten, Nuts
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: COVID-19 2nd dose given at 1240. Patient sat in the monitoring area for 15 minutes following injection without incident. She left clinic and returned at 1330. At this time she stated she felt "itchy". Red patchy areas noted to mid chest and forehead. Patient denies shortness of breath and no swelling to tongue and throat stated or noted upon inspection. Patient also denies shortness of breath. patient advised to come back to our first aid monitoring area. At 1345 patient noted to begin clearing her throat and was asked again if she felt short of breath-patient stated "yes a bit". EMS was dispatched and patient was transported to ED.

VAERS ID:	1223381 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain, Asthenia, Headache, Hyperhidrosis, Nausea, Pain, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions: Lyme
Allergies: Gluten
Diagnostic Lab Data:
CDC Split Type:
Write-up: 4/14/21-1am starts Fever, sweating, body ache, weakness, intense head ache, nausea begin. (Vomiting - once 3:30am) 4/15/21 1 am Symptoms Shift Still sweating, but headache is gone. Intense abdominal pain/throbbing begins- no positions of comfort, etc. Nausea continues 6pm Abdominal pain resolves, still nauseous, headache continues, aggravated by movement of body or head, lights, etc. 4/16/21 Recent symptoms continue 4/17/21 11am, headache lessens , some mobility without aggravating 1:30 file report. No solid food consumed since 8:00 pm 4/13/21 due to nausea

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VAERS ID:	1223410 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6204 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Hypoaesthesia, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: pennicilin, bactrim, ceclor, dilaudid
Diagnostic Lab Data: Reported to my family Doctor.
CDC Split Type:
Write-up: For 5 weeks , have had frequent and long lasting numbness and tingling across my nose and cheeks, and sometimes around my left eye. and forehead. This sensation can last for hours.

VAERS ID:	1223423 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-03-27
Age:	75.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Acute kidney injury, Blood creatinine increased, Blood fibrinogen, Blood immunoglobulin A, Blood immunoglobulin M, Blood urea increased, Complement factor C3, Full blood count, Haematuria, Haemoglobin decreased, Mean cell volume decreased, Metabolic function test, Microcytic anaemia, Platelet count normal, Purpura, Rash, Red blood cells urine, Urinary casts, Urine analysis, Vasculitis, White blood cell count normal, White blood cells urine
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Haematopoietic erythropenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Vasculitis (narrow), Chronic kidney disease (broad), Hypersensitivity (narrow), Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: He developed community acquired pneumonia ion March 10, 2021, 10 days after getting his first Moderna vaccine. This was not rep
Other Medications: Escitalopram, Crestor, Eliquis, Azithromycin, Spriva, Proair, Fluticsone-salmetrerol INH, torsemid, metoprolol, acidophilus, acetaminophen, daily multiple vitamin
Current Illness: He was hospitalized for pneumonia on March 10. Treated with 7 days of levaquin 750mg, and a tapering course of prednisone.
Preexisting Conditions: COPD (oxygen dependent), diastolic heart failure, atrial fibrillation
Allergies: Ceftin, Sulfa
Diagnostic Lab Data: 3/28/21: CBC: Hgb 9.7, MCV 78 WBC 8.900, Platelets 185,000; CMP: BUN 37, Creat 1.6; UA: RBC 30-50/hpf, WBC 10-20/hpf, 0-4 granular casts, 5-10 hyaline casts. 3/31/21: Pathology report from purpuric leg rash: Leukocytoclastic vasculitis. IgA, IgM, C3 and fibrinogen deposits on the vessel walls.
CDC Split Type:
Write-up: The patient has acute vasculitis with biopsy + purpuric leg rash, microcytic anemia, acute renal insufficiency with hematuria, He has been responding to oral prednisone, tapering

dose.

VAERS ID:	1223445 (history)	**Vaccinated:**	2021-03-20
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	40.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Thrombophlebitis superficial, Ultrasound scan abnormal
SMQs:, Embolic and thrombotic events, venous (narrow), Malignancy related therapeutic and diagnostic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LDN collagen zzquil ibuprofen
Current Illness:
Preexisting Conditions: Chronic pain
Allergies:
Diagnostic Lab Data: Veneous ultrasound confirmed large superficial clot in upper right leg. No DVT detected.
CDC Split Type:
Write-up: Superficial Thrombosis in right leg began to present 2 weeks after first injection. Worsened over next two weeks until I visited my doctor who sent me for an ultrasound.

VAERS ID:	1223619 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid, Calcium +D
Current Illness: Breast cancer (diagnosed 1999, in remission)
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills, slight ringing in the ears.

VAERS ID:	1223685 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	27.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	042A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Adderal 30 mg ER Adrenal 30 mg Citalapram 30 mg
Current Illness: UTI 1 month ago
Preexisting Conditions: ADHD
Allergies: cherries
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Rash on neck, chest, under breast, abdomen, groin - treated with hydrocortisone 1% - not yet resolved

VAERS ID:	1223922 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-01-14
Age:	73.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Senior Living **Purchased by:** ?
Symptoms: Cerebrovascular accident, Fall, Hemiparesis, Mobility decreased
SMQs:, Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Parkinson-like events (broad), Noninfectious encephalitis (broad), Accidents and injuries (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Metformin, Penicillins
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient had a possible stroke, or possible head bleed from her fall yesterday. Documented s/s of CVA prior to immunization. Pt has left-sided lower extremity functional limitations. left arm extremity weakness. left leg extremity weakness. Admitted to hospital from 1/14 - 1/18 Diagnosis CVA

VAERS ID:	1224001 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	56.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP6955 / 1	RA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal discomfort, Abdominal pain lower, Breast tenderness, Flatulence, Nausea, Vaginal discharge
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None.
Preexisting Conditions: None.
Allergies: Flagyl
Diagnostic Lab Data: Urine test for UTI (negative); ultrasound of lower and upper abdomen was clear.
CDC Split Type:
Write-up: Two weeks post-vax, developed pain in lower abdomen, pressure making me feel like I had to pee or poop. Vague nausea. Gas. A few days later, breast tenderness and vaginal discharge. I am four years past menopause, but the whole thing felt like a period about to arrive. No bleeding. Symptoms resolved after about a week and a half.

VAERS ID:	1224127 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	43.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route

UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hallucination
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Naproxin PRN, Ritalin 10 mg TID, Vitamin D 1000 U daily,
Current Illness:
Preexisting Conditions: ADHD
Allergies: poison ivy
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hallucinations

VAERS ID:	1224135 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	41.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0169 / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Injection site swelling, Lymphadenopathy
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NovaLog Lantus
Current Illness:
Preexisting Conditions: Type 1 Diabetes
Allergies: Shellfish Neomycin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen arm on injection side. Swollen lymph node on left side collarbone

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VAERS ID:	1225305 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Breast tenderness, Headache, Heavy menstrual bleeding, Menstruation irregular, Mood altered
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Early menstrual cycle, including breast tenderness, headache, mood change, heavier flow

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VAERS ID:	1225551 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Lymph node pain, Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metformin, Januvia, Sertraline, multivitamin, Vitamin D
Current Illness: None
Preexisting Conditions: Diabetes Type 2
Allergies: Penicillin, sulpha drugs, latex
Diagnostic Lab Data: None, treating at home.
CDC Split Type:
Write-up: Painful swollen lymph node in the left armpit (same side as injection), visible about the size of a golf ball. OTC pain medication (Motrin) helps as long as I continue to take. Without the OTC, pain is constant, even at rest. Also experience extreme fatigue for 3 days. The lymph node swelling is ongoing as of today (4/18).

VAERS ID:	1225815 (history)	**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	31.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 1	LA / SYR

Administered by: Public **Purchased by:** ?

Symptoms: Chills, Fatigue, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: chills, fatigue, muscle pain

VAERS ID:	1226234 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-23
Age:	69.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Chills, Dizziness, Fatigue, Headache, Night sweats, Rash, Rash pruritic, SARS-CoV-2 test negative, Skin burning sensation
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: lisinopril, Vit D, glucosamine, probiotic, calcium
Current Illness: no illness
Preexisting Conditions: mild HTN, mild osteoarthritis

Allergies: NKDA, no food allergy
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2/23/21 itchy rash across upper back; 2/26/21 itchy, burning rash on entire back. spoke with PCP, triamcinolone cream started with mild relief. 2/28/21 rash on back no change, mild HA, chills, night sweats, daytime fatigue. 3/2/21 negative covid test, itchy rash continues, extended to upper thighs. 3/7/21 decreased energy, itchy rash, chills, daytime fatigue. 3/10/21 Itchy rash, chills, Dizzy when getting OOB. 3/12/21 I cancelled 2nd dose.

VAERS ID:	1226290 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	63.0	**Days after vaccination:**	12
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrocodone, Dextroampamphetamin, Metformin, Melatonin, Fluticasone propionate, Tamsulosin, Aspirin, L-Arginine.
Current Illness: Worsen Tinnitus, Nausea, Extreme Fatigue
Preexisting Conditions: Chronic Pain
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID:	1227257 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	53.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-18

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain upper, Diarrhoea, Muscle spasms, Myocardial infarction, Paraesthesia, Vaccination site coldness
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Myocardial infarction (narrow), Pseudomembranous colitis (broad), Embolic and thrombotic events, arterial (narrow), Dystonia (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Ischemic colitis (in past she had ischemic colitis and thinks that maybe the cramping started triggering it again)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021381876
Write-up: the contractions and cramping sensation went trough out her entire chest region and her back (like heart attack symptoms); the contractions and cramping sensation went trough out her entire chest region and her back (like heart attack symptoms; in the left arm it was cold and tingling; in the left arm it was cold and tingling; experiencing contractions and cramping in her arm and the left side of her torso in the ribcage area that continued for 24 hours; diarrhea on the weekend; strong cramps in her stomach (stomach flu-like symptoms); This is a spontaneous report from a contactable consumer or other non hcp (patient). A 53-years-old female patient received bnt162b2 (BNT162B2, PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection) dose 1 via an unspecified route of administration in Arm Left on 23Mar2021 (Lot number and Expiry date was not reported) as single dose for covid-19 immunisation. Medical history included ischemic colitis in the past and she thinks that maybe the cramping started triggering it again. The patient''s concomitant medications were not reported. On 02Apr2021 strong cramps in her stomach (stomach flu-like symptoms) and on an unspecified date, the patient experienced the contractions and cramping sensation went trough out her entire chest region and her back (like heart attack symptoms), in the left arm it was cold and tingling (vaccination site coldness), (paraesthesia), experiencing contractions and cramping in her arm and the left side of her torso in the ribcage area that continued for 24 hours (muscle spasms) and diarrhoea on the weekend. Her second dose is scheduled on 13Apr2021, she would like to know if there are recommendations for her second dose because she heard that with the second dose the side effects are worse, she would like to know if someone else has reported these symptoms. She would like to know if she should possibly receive the vaccine in her thigh instead of her arm and if that would be helpful. The outcome of the events diarrhoea was recovered on 05Apr2020 and

outcome of contractions and cramping sensation went trough out her entire chest region and her back (like heart attack symptoms) was not recovered and rest of the events was unknown. Information on the Lot/Batch number has been requested

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VAERS ID:	1228215 (history)	**Vaccinated:**	2021-04-18
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Dizziness / Lightheadness-Mild

VAERS ID:	1228248 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	38.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	ER8729 / 2	RA / IM

PFIZER/BIONTECH		

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Allergic: Rash (specify: facial area, extremeties)-Mild

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VAERS ID:	1228328 (history)	**Vaccinated:**	2021-03-30
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient broke out in a rash she described as hives. She states they were covering the left arm.

VAERS ID:	1228401 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Nuvaring
Current Illness: None
Preexisting Conditions: None
Allergies: Yeast and bananas
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea for 7 days

VAERS ID:	1228646 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	33.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /		

PFIZER/BIONTECH	ER8734 / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Arthralgia, Dyskinesia, Mastication disorder, Pain in jaw
SMQs:, Neuroleptic malignant syndrome (broad), Dyskinesia (narrow), Noninfectious encephalopathy/delirium (broad), Osteonecrosis (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Humira, vitamin D, and fish oil
Current Illness: None
Preexisting Conditions: Ulcerative Colitis
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Jaw pain under left ear. One week after vaccination. The jaw pain comes and goes. The joint is tender to the touch. Hard to open moth wide and can be hard to chew

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VAERS ID:	1229051 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	66.0	**Days after vaccination:**	28
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Computerised tomogram normal, Fatigue, Fibromyalgia, Laboratory test, Muscle spasms, Pain in extremity, Thirst, Urine analysis
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Dystonia (broad), Tendinopathies and ligament disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Otezla, Sulfasalazine, Metoprolol, Allegra, Xifaxin, Medrol, Zinc, Vit C and D, Melatonin, Vitamin A, Ambien prn, Hydromorphone as needed, Flexerrill during the 2nd vaccine prn
Current Illness: Psoriatic Arthritis, Fibromyalgia, hypertension, Hx of Breast Cancer(DCIS), 2 years post mastectomy, 3 months post victrectomy with membrane peel,
Preexisting Conditions: Psoriatic Arthritis, Fibromyalgia, GERD,
Allergies: Cipro,Bicillen injection, Augmentin, Codeine, Flagyl IV, Kiwi, Mango, Honeydo melon, Naproxyn, NSAID
Diagnostic Lab Data: Abdominal/ pelvic CT scan, Lab work, urinalysis all normal
CDC Split Type:
Write-up: After the 1st dose I had a sore arm, and severe fatigue for 2 days followed by 3 days of fibromyalgia flare, sore arm muscles and fatigue, followed by a month of muscle spasams in my neck ,shoulders, back and chest, following the second vaccine immediate severe unquentable thirst for at least a week post second dose with persistent muscle spasams for the next week and a half in neck, back, pectoral muscles and diaphram and right flank area. Treated with Flexeril and hydromorphone as needed, finally vistit to ER for muscle spasams in right flank , upper right quadrent abdomen with each breath. went to ER, treated with Tordal and Tylenol and script for valium and instructions for hydromorphone as needed with tylenol.

VAERS ID:	1229309 (history)	**Vaccinated:**	2021-04-17
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Dizziness, Fatigue, Nausea, Pain, Palpitations, Pyrexia, Urticaria, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Tylenol Flexural Flomodine Meloxacan Magnesium Multi vitamin
Current Illness:
Preexisting Conditions: Thyroiditis Gastrioparesis Fibromyalgia
Allergies: Penicillin Latex Adhesives Wheat intolerance Dairy intolerance
Diagnostic Lab Data:
CDC Split Type:
Write-up: Started 30 minutes after shot Lightheaded Rash/hives Heart racing Nausea and vomiting Aches and pains Fever and chills thru the night Extremely tired Took Benadryl, Tylenol, pushed fluids and rested Still tired with some nausea

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VAERS ID:	1229359 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-03-31
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Ageusia, Anosmia, Erythema, Immediate post-injection reaction, Pruritus, Skin warm
SMQs:, Anaphylactic reaction (broad), Taste and smell disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lansoprazole 15mg daily Amlodipine 2.5mg daily Albuterol inhaler 2 puffs QID prn
Current Illness: Asthma Reflex Sympathetic dystrophy Gastroesophageal reflux disease
Preexisting Conditions:
Allergies: NSAIDs (abd pain), peanuts, milk, citrus and byproducts, bee stings
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Immediate heat, redness and itching over back- "back was on fire", This was followed several hours later with similar symptoms on face which lasted days.. Several days after vaccine, noted loss of sense of taste and smell which lasted less than 25 hours

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VAERS ID:	1229364 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	55.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: School **Purchased by:** ?
Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: ciprofloxacin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximately a week after receiving the J&J injection I have experienced excessive itching in the areas of my abdomen, groin, inguinal and femoral lymph nodes. There are no rashes, sores, or other visible marks associated with the itching sensation.

VAERS ID:	1229371 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	51.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026B21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site pruritus, Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: oil of oregano,vitamin d,calcium and magnessium,b12,collegan,zinc,vitamin c
Current Illness: none
Preexisting Conditions: asthmatic
Allergies: penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: 6 days later I developed a red raised bump at the site of injection with increasing itching. Itching still continued days afterwards

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VAERS ID:	1229654 (history)	**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	41.0	**Days after vaccination:**	36
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	02LM20A / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Blood test normal, Fatigue, Headache, Heart rate increased, Hyperacusis, Nervousness, Pain, Peripheral coldness, Sensation of blood flow, Tinnitus, Vision blurred
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Ambien 12.5 mg x1 , Xanax 1 mg x2, Pantoprazole x2, Qvar x1, Singular x1, Melatonin 10 mg x1, Medical Marijuana x1, and Multivitamin x1
Current Illness: First Moderna Shot on 1/21/21
Preexisting Conditions: Arthritis and Anxiety
Allergies: Apricots, Neosporin, and Prednisone
Diagnostic Lab Data: I recently had a full spectrum blood panel done. All levels were normal.

Had testing done for RA and Lyme and they were negative. Also had physical neuro test and no concerns. PCP has stated on multiple occasions that everything is normal.
CDC Split Type:
Write-up: I?ve been vaccinated for 2 months now. My new symptoms just started to really ramp up 3 weeks ago. Of course I had the initial symptoms of being sick for 2 and 1/2 days after my second shot?.but recently it started with leg aches and then it matriculated up into my upper body. My legs have since become less achy per say. Now it?s my upper body and mostly in my shoulders (more in the one I received the shots in), back pain, and general fatigue. Currently still dealing with the upper body ache discomfort, cold hands and feet but I noticed that I have a slight headache always and my vision has became a little blurry in one eye. The headache severity is day to day but what?s interesting now is I?m having ear ringing and sensitivity to sound. Headache seems to emulate from the back of my skull and the crown of my head. The other lingering piece is the fatigue after doing activities. I?m an active guy and recently my body gets really achy after I do anything super strenuous and I get tired. Also feeling a little shaky, some rapid heart rate, and some circulation issues in my legs and arms. Note; never experienced these issues before the Vaccine aside from the normal wear and tear of an active lifestyle.

VAERS ID:	1229879 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	67.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Feeling cold, Headache, Pain, Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: aspirin 325mg fenofibrate prevastatin sodium atenolol levethyroxine sodium primidone metformin Jardiance ropinirole
Current Illness: none
Preexisting Conditions: Type 2 Diabetes
Allergies: cannot take hydrocodone
Diagnostic Lab Data: no tests performed
CDC Split Type:
Write-up: 5 days after the 2nd dose of moderna vaccine my husband started shaking severely, his

whole body, stating he was freezing and he had trouble walking, he wobbled to his recliner. I covered him with several heavy blankets and he continued to shake in episodes of 10 - 15 seconds, then it would stop for 10 -15 seconds and start again. I tested his blood sugar which was 80. He did not have a temperature. This shaking continued for about 1 hour before slowly subsiding and gradually fading away. He then slept for 2 hours. He awoke the next morning with a moderate headache and a temp of 99.5 and felt achy all over. I gave him 2 extra strength tylenol and left for work. At 10:30 am his temp was still the same he took more tylenol. I called his physician, a nd reported his symptoms to the nurse. The doctor felt it was a reaction to the vaccine and recommended rest, fluids and tylenol.

VAERS ID:	1230299 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fatigue, Injection site pain, Injection site pruritus, Lymph node pain, Lymphadenopathy, Mobility decreased
SMQs:, Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Buspirone 5mg, respiridone 1/2 of .25mg, seroquel 50mg, rozerem 8 mg, valtrex 500 mg, vit. D, magnesium, levocetirizine 5mg, Famotidine 20mg, birth control pills
Current Illness: Anemia and ongoing allergy issues
Preexisting Conditions: Bipolar disorder, allergies, anemia
Allergies: Sulfa drugs, penicillin, latex, seasonal allergies and has some anaphylactic response to certain high histamine foods
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extremely sore arm; was unable to move it for two days after injection, swollen and very painful lymph nodes in armpit area on the injection side that lasted 6 days, extreme fatigue for 10 days, burning and itching at the injection site a week after receiving the shot that lasted 3 days.

VAERS ID:	1230637 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-03-12
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature, Chills, Dry mouth, Headache, Pain, Pyrexia, SARS-CoV-2 test
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Alcoholic; Non-smoker
Preexisting Conditions: Comments: Patient have no known allergies
Allergies:
Diagnostic Lab Data: Test Date: 20210309; Test Name: COVID-19 virus test; Result Unstructured Data: Negative; Test Date: 20210312; Test Name: Body temperature; Result Unstructured Data: 103.1 F
CDC Split Type: USJNJFOC20210326073
Write-up: DRY MOUTH; CHILLS; HEADACHES; BODY ACHES; FEVER 103.1; This spontaneous report received from a patient concerned a female of unspecified age. The patient''s height, and weight were not reported. The patient''s concurrent conditions included alcoholic, and non-smoker, and other pre-existing medical conditions included patient have no known allergies.The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1805022 expiry: UNKNOWN) .5 ml, administered on 12-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 09-MAR-2021, Laboratory data included: COVID-19 virus test (NR: not provided) Negative. On 12-MAR-2021, the subject experienced chills. On 12-MAR-2021, the subject experienced headaches. On 12-MAR-2021, the subject experienced body aches. On 12-MAR-2021, the subject experienced dry mouth. On 12-MAR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 103.1 F. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from chills, and had not recovered from headaches, body aches, dry mouth, and fever. This report was non-serious.

VAERS ID:	1230663 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-03-13
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Dry mouth, Nausea, Pain, Poor quality sleep, Psychomotor retardation, Pyrexia, SARS-CoV-2 test negative
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: had no medical history. Patient reported healthy.
Allergies:
Diagnostic Lab Data: Test Name: COVID-19 virus test negative; Result Unstructured Data: Negative; Comments: she had a COVID-19 test performed 3 months ago which was negative
CDC Split Type: USJNJFOC20210327088
Write-up: UNABLE TO DO ANYTHING; FEVER; BODY HURTS; WOKE UP MANY TIMES IN THE NIGHT; NAUSEA; DRY MOUTH; This spontaneous report received from a patient concerned a 64 year old female. The patient''s height, and weight were not reported. The patient''s pre-existing medical conditions included had no medical history. Patient reported healthy. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805022, and expiry: UNKNOWN) dose was not reported, administered on 06-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 13-MAR-2021, the subject experienced body hurts. On 13-MAR-2021, the subject experienced woke up many times in the night. On 13-MAR-2021, the subject experienced nausea. On 13-MAR-2021, the subject experienced dry mouth. Treatment medications included: paracetamol. On 13-MAR-2021 18:00, the subject experienced fever. On 14-MAR-2021, the subject experienced unable to do anything. Treatment medications included: paracetamol. Laboratory data (dates unspecified) included: COVID-19 virus test negative (NR: not provided) Negative. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from fever, had not recovered from body hurts, nausea, unable to do anything, and dry mouth, and the outcome of

woke up many times in the night was not reported. This report was non-serious.

VAERS ID:	1230958 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	72.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	30A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Sudden hearing loss, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (Medical history not provided)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: teeny weeny buzzing sound in right ear , different sound in ear; woke up during a night, and could not hear/could not hear for a week; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of SUDDEN HEARING LOSS (woke up during a night, and could not hear/could not hear for a week) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 19B21A and 30A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included No adverse event (Medical history not provided). On 05-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 04-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 10-Mar-2021, the patient experienced TINNITUS (teeny weeny buzzing sound in right ear , different sound in ear). In March 2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced SUDDEN HEARING LOSS (woke up during a night, and could not hear/could not hear for a week) (seriousness criterion medically significant). In March 2021, SUDDEN HEARING LOSS (woke up during a night, and could not hear/could not hear for a week) had resolved. At the time of the report, TINNITUS (teeny weeny buzzing sound in right ear , different sound in ear) outcome was unknown. Concomitant product use was not provided.

Treatment included a visit to the patient"s Primary Care Physician (PCP) who checked her ear and said her ear looks good, there was no wax. An appointment was scheduled for an Ear Specialist Doctor. The patient stated there are still different sounds in her right ear. Over a period of time it is getting better but still not there.; Sender"s Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.

VAERS ID:	1231093 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	44.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test positive
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: probiotic multivitamin saba energy with caffeine immunity support
Current Illness: none
Preexisting Conditions: none bit i also tested positive for covid 5 days after vaccine
Allergies: keflex thiamine niacin
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID:	1231724 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	30.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Feeling abnormal, Hypoacusis, Nausea, Tinnitus, Vertigo, Vertigo positional
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hearing impairment (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Urgent Care evaluation led to diagnosis of BPPV, screening found no indication of neurological causes. Brief look into the ear seemed to rule out any signs of ear infection.
CDC Split Type:
Write-up: Mild tinnitus SEVERE vertigo (leading to a trip to Urgent Care where they prescribed meclizine and home Epley maneuvers, diagnosis of BPPV). Nausea Muffled hearing in left ear As days progressed- vertigo lessened, no just constant but slight dizziness and fogginess. Muffled hearing persists. Some relief was found with osteopathic manipulations of the neck. Began taking vitamin D, vitamin B complex, zinc, vitamin C, and magnesium.

VAERS ID:	1231976 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	33.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Contusion, Dizziness, Fatigue, Headache, Laboratory test normal, Magnetic resonance imaging normal, Pain, Pain in extremity
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Anticholinergic syndrome (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: zoloft, multi vitamin, vitamin d
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: I had a MRI and bloodwork done, both cam back "normal" but now it is going to cost a lot! Nothing is explaining the leg pain, headaches and bruises.
CDC Split Type:
Write-up: about 6 days later I started getting bad headaches, on and off. Leg pain, joint pain, dizzyness on and off and overall tiredness. 9 days later I started noticing odd bruises on my legs and arms. I am overall tired and achy. The headache comes and goes and I need to take tylenol.

VAERS ID:	1232140 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Women"s Multi-vitamin, vitamin D, collagen, protein supplement, Hair/Skin/Nail vitamins.
Current Illness: None
Preexisting Conditions: Colon cancer survivor (5+ years); arthritis; pre-diabetes.
Allergies: Sulpha and platinum drugs (chemotherapy).

Diagnostic Lab Data:
CDC Split Type:
Write-up: Itching around the face and neck immediately after the vaccine was administered. I often have these reactions so was not alarmed. The itching stopped approximately 2 hours later. I did not break out in hives, which has happened in the past from medicines (e.g., chemotherapy).

VAERS ID:	1232199 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Flushing, Syncope, Tremor
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none noted
Preexisting Conditions: none noted
Allergies: NKA
Diagnostic Lab Data: B/P , HR, Resp 130/78, 68, 16
CDC Split Type:
Write-up: Right hand and arm tremors, feeling faint, face flushed,

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VAERS ID:	1232220 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	48.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 1	UN / IM

Administered by: Public **Purchased by:** ?
Symptoms: Loss of consciousness, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NA
Current Illness:
Preexisting Conditions:
Allergies: No allergies to a vaccine component.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported a history of anxiety related to vaccine injections and a history of fainting post vaccination. Patient was brought to a private room for the vaccination and did faint about 5 minutes post vaccination. Patient was brought to the ground. Patient was able to respond to questions and only lost full consciousness for about 10 seconds. Patient recovered from the event after about 15 minutes and waited at our clinic 30-40 minutes post vaccination. By the time the patient left, he had fully recovered.

VAERS ID:	1232244 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	22.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	UN / IM

Administered by: Public **Purchased by:** ?
Symptoms: Balance disorder, Disorientation, Dizziness, Immediate post-injection reaction
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia

(broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported dizziness immediately post vaccination. Patient said "this kind of thing happens to me a lot." Patient asked for fresh air so was instructed to stand slowly while supervised by medical staff. Patient walk outdoors but was unsteady on their feet. The patient ended up becoming disoriented enough to lose their balance. Patient was brought to the ground by a nurse standing with them. Patient never lost consciousness and was provided with water. Patient recovered from the event after approximately 10 minutes. Patient was able to leave the clinic under their own power and no longer reported dizziness when they left.

VAERS ID:	1232351 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Anxiety, Flushing, Panic attack
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Penicillin causes rash
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Anxiety with panic attack, no vertigo, Face flushed, HR rapid, brought to first aid room and after lying down for a few minutes felt better. HR 88, Resp 16 B/P 128/90

VAERS ID:	1232670 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	24.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain upper, Constipation
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: Asthma, obesity
Allergies: Wool
Diagnostic Lab Data:
CDC Split Type:
Write-up: Intense stomach pain and cramping. Constipation.

VAERS ID:	1232863 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	54.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site pruritus, Injection site rash, Injection site warmth, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Similar rash and heat, age 53, shingles vaccine, 2020,
Other Medications: Tylenol. Gabapentin 100mg. Multi vitamin
Current Illness: None
Preexisting Conditions: None other than herniated disc
Allergies: Penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Right arm rash appeared a week after vaccination, the size of an Avocado with a quarter size rash beneath it. Very itchy and warm to touch. Headache and tired for 2 days.

VAERS ID:	1233293 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	18.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Nexplanon, cetirizine, fluticasone
Current Illness: None
Preexisting Conditions: Hypoplasia of maxillary bone, anxiety/depression, obesity
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Tinnitus of left ear

VAERS ID:	1233477 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808609 / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Nausea, Pain, Somnolence
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid, liothyronine, paroxetine, omega7, B6, cal-mag-zinc, B3, biotin, B12, D3, vitamin C, Fish Oil
Current Illness: No
Preexisting Conditions: Hypothyroidism
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:

Write-up: headache, body ache, nausea, profound sleepiness

VAERS ID:	1234920 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-19
Age:	41.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Movement disorder, Muscle contractions involuntary, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atrantil, multivitamin, probiotics
Current Illness: None
Preexisting Conditions: IBS
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Around 10pm (9 hrs after injection) I experienced rapid onset of uncontrollable tremors and shaking in my upper body along with intense contraction of my chest and back muscles and significant loss of motor control in my arms and hands. This lasted for 5-10 minutes at which time the symptoms ceased nearly as quickly as they appeared. I have not experienced them since

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VAERS ID:	1236378 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-12
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-04-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	UNKNOWN / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Headache, Insomnia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210429331
Write-up: HEADACHE; HAD A ROUGH NIGHT; This spontaneous report received from a patient concerned an adult male. The patient''s weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 12-APR-2021 for prophylactic vaccination. The batch number was not reported. The company is unable to perform follow-up to request batch number. No concomitant medications were reported. On 12-APR-2021, the subject experienced had a rough night. On 13-APR-2021, the subject experienced headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the had a rough night and headache was not reported. This report was non-serious.

VAERS ID:	1236685 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Body temperature increased, Fatigue
SMQs:, Neuroleptic malignant syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: no known
Diagnostic Lab Data:
CDC Split Type:
Write-up: #2 102 temp for 48 hours exhausted

VAERS ID:	1236780 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PFIZER EW0161 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Genital herpes
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: in November of 2019, I was sick with an upper respiratory condition. After about 4 days, I was feeling better. I received a fl
Other Medications: Valtrex, Aleve
Current Illness: Herpes - mild outbreaks 2x/year
Preexisting Conditions: prior skin cancer, prior breast cancer (bilateral mastectomy), pain in back, knee, foot
Allergies: None
Diagnostic Lab Data: none

CDC Split Type:
Write-up: I have vaginal herpes and get mild outbreaks about 2x/year. The morning after the vaccination (yesterday), I noticed a mild outbreak, and took a Valtrex. I took another that evening. This morning, the outbreak has not resolved nor gotten any better. I took another Valtrex. Then I read in the news about a possible herpes side effect from the vaccine.

VAERS ID:	1236886 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	67.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6204 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7533 / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Herpes zoster, Pain, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: celiac
Allergies: none
Diagnostic Lab Data: Doctor visit on 4/9/21 confirming diagnosis of Shingles. Rx for 7 days of Valacyclovir.
CDC Split Type:
Write-up: 7 days after second Pfizer vaccination symptoms of shingles , pain and rash persisting at this time continuing and unabated. 4/21/21

VAERS ID: 1237244 (history)		**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014C2779 / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Hypoaesthesia, Paraesthesia oral
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: No
Preexisting Conditions: Colitis, - in remission from this no active colitis at this time
Allergies: codeine and latex
Diagnostic Lab Data:
CDC Split Type:
Write-up: NUMB FACE, TINGLING LIPS, LIGHT HEADED AND DIZZY

VAERS ID: 1237508 (history)		**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	48.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PFIZER EW0161 / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Bell's palsy, Blood test, Magnetic resonance imaging
SMQs:, Hearing impairment (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Bupropion 300 mg
Current Illness:
Preexisting Conditions:
Allergies: Shellfish
Diagnostic Lab Data: Blood tests and MRI
CDC Split Type:
Write-up: I now have Bells Palsy

VAERS ID:	1237585 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	65.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP69955 / 2	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Anticoagulant therapy, C-reactive protein decreased, Cardiomegaly, Computerised tomogram thorax abnormal, Dyspnoea, Dyspnoea exertional, Echocardiogram, Fibrin D dimer increased, Hyperdynamic left ventricle, Pulmonary embolism, Pulmonary haemorrhage, White blood cell count increased
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:

Other Medications: ? allopurinoL (ZYLOPRIM) 300 mg tablet Take 1 Tab by mouth daily. 90 Tab 3 ? aspirin 81 mg EC tablet Take 81 mg by mouth daily. ? atorvastatin (LIPITOR) 40 mg tablet Take 1 Tab by mouth daily. 90 Tab 3 ? betamethasone dipropionate 0.05
Current Illness:
Preexisting Conditions: ? Attention deficit disorder ? Type 2 diabetes mellitus ? Disorder of musculoskeletal system ? Basal cell carcinoma of skin ? Nephrolithiasis ? Exposure to radiation ? Tinnitus ? Ophthalmological disorder ? Senile nuclear sclerosis ? Binge eating disorder ? Hepatic steatosis ? Bilateral primary osteoarthritis of knee ? Gout ? Obesity, Class III, BMI 40-49.9 (morbid obesity) ? OSA (obstructive sleep apnea) ? Hypertension ? Anxiety
Allergies: None known
Diagnostic Lab Data: Labs were notable for a WBC 13.22 and Cr 0.76. TTE showed hyperdynamic LV function with EF $g65% and no tricuspid regurgitation with no concern for right heart strain. A follow-up d-dimer was ordered and returned at 1661 resulting in the recommendation to present to the ED
CDC Split Type:
Write-up: Patient was recently hospitalized for pulmonary embolism with acute cor pulmonale. First noticed increased shortness of breath on 4/4/21 when shoveling mulch and describes feeling "more winded than usual" with physical activity. He presented to the outpatient primary care clinic on 4/6/21 for evaluation and serum labs and TTE were ordered. Labs were notable for a WBC 13.22 and Cr 0.76. TTE showed hyperdynamic LV function with EF $g65% and no tricuspid regurgitation with no concern for right heart strain. A follow-up d-dimer was ordered and returned at 1661 resulting in the recommendation to present to the ED. Upon presentation to the ED, he was hemodynamically stable with an SpO2 of 97% on room air. CT Chest PE protocol was ordered and showed multiple bilateral lobar, segmental, and subsegmental PE with findings suggestive of right heart enlargement was well as areas of pulmonary hemorrhage and developing infarcts. He was given a heparin bolus and he was admitted to the Adult Hospitalist Service. The following morning, patient''s hemoglobin remained stable and he continued to feel clinically well. He was transitioned from the heparin infusion to subcutaneous enoxaparin. He was discharged on 4/9/21 with a plan for self-injection of enoxaparin and close follow-up with his PCP.

VAERS ID:	1237684 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	44.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Computerised tomogram, Headache, Hypoaesthesia, Hypoaesthesia oral, Injection site pruritus, Injection site swelling, Injection site warmth, Pain
SMQs:, Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole and a multivitamin
Current Illness: none
Preexisting Conditions: acid reflux.
Allergies: none
Diagnostic Lab Data: CT scan, and lots of blood work. They are now sending me a referral to a neurologist.
CDC Split Type:
Write-up: lip numbness, and hand numbness Body achiness and head ache raised swelling at injection sight 12 days after injection (raised, hot, and itchy).

VAERS ID:	1238116 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-19
Age:	43.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	008B21A / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Nausea, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: High fever of 102.7 Deg. F Chills, Nausea Vomiting 400mg Ibuprophen given at 4 hour internals. Symptoms resolved without medical care in 36 hours.

VAERS ID:	1238218 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	46.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	202A21A / UNK	LA / -

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Dysgeusia, Dyspepsia, Fatigue, Headache, Hyperhidrosis, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific dysfunction (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Simvastatin, Omeprazole, Topiramate, Warfarin, Vitamin B12, Vitamin D, Dextroamphetamine
Current Illness:
Preexisting Conditions: Clotting Disorders (Excess Factor VIII & XI) Arnold Chiari I Malformation Sleep Apnea Fibromyalgia
Allergies: DHE Reglan
Diagnostic Lab Data:
CDC Split Type:
Write-up: Middle of the night woke up with chills, sweats. Lasted for the night. Took Tylenol. I no longer have a fever. Headache that started at 4am on 4/13/2021 and lasted throughout the day. I have been having headaches on and off throughout the week. I have had a metallic taste in my mouth for about a week with increased heartburn. I am still having these symptoms. Increased fatigue.

VAERS ID:	1238454 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	56.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Pain in extremity, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Loratadine, Flonase, B-Complex Vitamin, Magnesium 500mg, Singulair Montelukast
Current Illness: None
Preexisting Conditions: Migraines
Allergies: Only aware of seasonal allergies, dust, and allergies to animals
Diagnostic Lab Data:
CDC Split Type:
Write-up: Achy legs starting with tight prickly feeling behind knees and thighs and progressing to achiness in entire leg from below buttocks and into feet. Finally contacted doctor on day 8 after feeling symptoms and heard back from him on day 11 (today). Use of 2-3 tablets of Advil twice a day with food for 3 - 4 days was recommended. This will only be started later this evening since I had tried taking Motrin this morning which did not seem to help.

VAERS ID:	1238973 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	31.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8732 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Exposure during pregnancy, Fatigue, Herpes zoster, Impaired work ability, Pain, Rash
SMQs:, Anaphylactic reaction (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: prenatal vitamins
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: no
CDC Split Type: vsafe
Write-up: On the 8th, I woke up with what I thought was a bug bite on my middle left side of my back. It grew - a rash - over the weekend. April 12, I saw a physician and was diagnosed with Shingles. Treatment: Anti-Viral to take for seven days - Acyclovir. I took that for 7 days and by April 16th the rash was dried/scabbed over and my symptoms were tiredness and pain. I did take a couple days off work. I had a follow up appt on April 16th and she said it looked like everything was healing and I was starting to feel better. Pregnancy history - I have had two miscarriages in the past year - August 2020 and February 2021. I just took a positive pregnancy test on April 9th, 2021. Estimated date of delivery - December 15, 2021.

VAERS ID:	1239117 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	044B21A / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Throat irritation
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: scratchy throat, throat clearing Given sips of cold water, 4 inhalations of albuterol inhaler via a spacer and observation. Symptoms resolved in 40 minutes. Patient observed for 50 minutes

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VAERS ID:	1240042 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	60.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 2018 - fever after Shigrix and after DTP
Other Medications: Levothyroxine vitamin D B 12
Current Illness:
Preexisting Conditions:
Allergies: Dexamethasone Sulfa drugs
Diagnostic Lab Data:
CDC Split Type:
Write-up: Slight numbness in left cheek. Sensation can be described as like one had a novocain injection 3 hours earlier. It has persisted for 2 days. All functions (speech, eating, drinking, etc) are normal. No treatment.

VAERS ID:	1240671 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	73.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Asthenia, Fatigue, Headache, Insomnia, Pain in extremity
SMQs:, Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEVOTHYROXINE
Current Illness: Fruit allergy; Shellfish allergy
Preexisting Conditions: Comments: Unknown
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210427155
Write-up: LOSS OF ENERGY; TIRED; HEADACHE; DIFFICULTY SLEEPING; PAIN IN THE ARM; This spontaneous report received from a patient concerned a 73 year old female. The patient''s height, and weight were not reported. The patient''s concurrent conditions included mango allergy, and shellfish allergy. The patient experienced drug allergy when treated with cefaclor, and erythromycin. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808982, and batch number: 1808982 expiry: UNKNOWN) dose was not reported, administered on 10-APR-2021 for prophylactic vaccination. Concomitant medications included levothyroxine. On 10-APR-2021, the subject experienced difficulty sleeping. On 10-APR-2021, the subject experienced pain in the arm. On 10-APR-2021, the subject experienced tired. On 10-APR-2021, the subject experienced headache. On 11-APR-2021, the subject experienced loss of energy. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from difficulty sleeping on 11-APR-2021, and was recovering from pain in the arm, loss of energy, tired, and headache. This report was non-serious.

VAERS ID:	1241116 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	45.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Epistaxis, Full blood count, Gingival bleeding, Haemoglobin decreased, Petechiae, Platelet count decreased, Thrombocytopenia
SMQs:, Haematopoietic erythropenia (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Systemic lupus erythematosus (broad), Gingival disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Vitamin D supplement.
Current Illness: none
Preexisting Conditions: eczema
Allergies: none
Diagnostic Lab Data: CBC 4/21
CDC Split Type:
Write-up: Previously healthy 46 yoM received moderna dose 1 on 4/9. On 4/13 starts noticing a petechial rash on bilateral feet. This spreads up the legs with some involvement in the torso. On 4/15 notices mucosal bleeding with gums while brushing teeth, increasing spontaneous nose bleeds overnight. On 4/21 has a telehealth PCP visit, sent for lab work which shows thrombocytopenia with a platelet count of 2k as well as a hemoglobin of 12.9. Is sent to the ED with repeat platelet count of 1k. Previously platelets were 143k in 2019. Pt admitted for further work-up

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VAERS ID:	1241615 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8731 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness

SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Dizziness / Lightheadness-Mild

VAERS ID:	1241720 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Tylenol
Diagnostic Lab Data: None

CDC Split Type:
Write-up: Fever 102 body aches chills headache

VAERS ID:	1242078 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain, Blood test normal, Headache, Lethargy, Nausea, Pain in extremity, Pyrexia, SARS-CoV-2 test negative, Ultrasound scan normal
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: asthma inhalers: pro air, wixela (2x day), Montelukast multivitamin and calcium supplement flonase
Current Illness: none
Preexisting Conditions: asthma
Allergies: nsaids/tylenol/tramadol
Diagnostic Lab Data: at doctor''s advice, went to ER - ultrasound on legs clear, blood tests clear, covid test negative
CDC Split Type:
Write-up: first 24 hours: fever, headache, lethargy, abdominal pain, nausea, constant leg pain symptoms continued for five days, then largely subsided all returned except fever on 8th day, still continue

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VAERS ID:	1242397 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Blood glucose, Full blood count, Metabolic function test, Rash, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: 4/21/21: CBC, CMP, glucose, C4 all WNL
CDC Split Type:
Write-up: Marked facial edema and rash on the head, neck, chest, upper back, and arms starting ~ 3 hours after vaccination and developing over the course of a week.

VAERS ID:	1243435 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6204 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Rash, Rash pruritic, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine
Current Illness: none
Preexisting Conditions: none
Allergies: lactose intolerant
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash and/or hives began in a small area initially on right wrist moving over to include underside of wrist and arm to inside elbow area. Over approximately the next week several other areas developed hives - left arm- wrist to inside elbow , chest, neck, jaw, slight area on face and a 2" round spot on top of right foot. Extremely itchy! Started using Benadryl Gel and Benadryl tablets for itching, didn''t really seem to help much. Dr prescribed a topical cream with a steroid in it to reduce itching. No noticeable change. Also switched from Benadryl to Zyrtec tabs. Nothing seems to improve itching - can''t sleep. Rash is currently dissipating slowly - no new areas for 1 week.

VAERS ID:	1243715 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	63.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Cerebral haemorrhage, Death, Endotracheal intubation, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Arrhythmia related investigations, signs and symptoms (broad), Haemorrhagic central nervous system vascular conditions (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-04-06
Days after onset: 13
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: unknown
Preexisting Conditions: Unknown
Allergies: Unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: Report received from co-worker of patient. Patient received J&J vaccine on 3/13/21. Patient was at work and collapsed 11 days after vaccination. Was intubated at work site and taken to local hospital - the patient was then airlifted to a Medcial Center. Diagnosed with a brain bleed and subsequently died on 4/6/21.

VAERS ID:	1243739 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	31.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028L20A / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal discomfort, Action tremor, Dizziness, Essential tremor, Fatigue, Headache, Hypoaesthesia, Resting tremor
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (narrow), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Omega 3, biotin, probiotic, levonorgestreL 20 mcg, vitamin d-3
Current Illness: none.
Preexisting Conditions:
Allergies: Mucinex DM and morphine
Diagnostic Lab Data: I had labs done, with my PCP and then saw the ER for a MRI and CT. They showed no myelitis and no tumor. But did not give us any answers yet, so then a neurologist said it was just a benign tremor but I am not buying it because I was 100% fine before my vaccination.

CDC Split Type:
Write-up: an essential tremor both resting and action, face numbness, chronic headaches and dizziness, upset stomach and chronically tired.

VAERS ID:	1243846 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	50.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / UNK	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Blood cholesterol normal, Coronary artery occlusion, Myocardial infarction
SMQs:, Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: none at the time but I had COVID with symptoms in January of 2021.
Preexisting Conditions: none
Allergies: Pennicillan
Diagnostic Lab Data: I had numerous tests while I was in the hospital
CDC Split Type:
Write-up: 6 days after the injection I suffered a massive heart attack of the Left Anterior Descending Artery with no prior heart history, less than a month earlier I had a physical with bloodwork and all cholesterol levels were normal, the doctors have not been able to give a real reason as to why this happen except I had a blockage but no explanation of why as my cholesterol levels are normal.

VAERS ID:	1243852 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram , Nuvaring
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: High fever, chills, nausea

VAERS ID:	1244035 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Injection site erythema
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shortly after receiving first dose of Moderna vaccine patient experienced localized arm redness where shot had been administered. Patient remained at pharmacy for 30 min for observation. Redness did not get worse and patient was not experiencing any other symptoms that shes believed to be related to vaccine. Instructed patient to call MD if redness/rash worsened.

VAERS ID:	1244245 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 1	UN / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Feeling cold, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe cold chills, headache, entire body is sore

VAERS ID:	1244528 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	35.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Feeling hot, Hyperhidrosis, Nausea, Presyncope
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: previous vasovagal reactions
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: blood pressure was 128/82 and pulse was 84.
CDC Split Type:
Write-up: Patient experienced a vasovagal reaction after vaccination. The patient reported feeling hot, sweaty, dizzy, and nauseous about 5 minutes after vaccination. The patient was brought to the floor and provided with water and ice packs to use as cold compresses. The patient never fully lost consciousness and recovered from the event fully after about 10 minutes. He was able to leave the clinic after observation and there was no need for emergency medical services. Afterward, the patient reported a history of vasovagal reactions post vaccination.

VAERS ID:	1245215 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	41.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Vertigo
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness, Vertigo

VAERS ID:	1246133 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	19.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8731 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Dizziness / Lightheadness-Medium.

VAERS ID:	1246135 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	20.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8731 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Neck pain
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Joint Pain-Medium, Additional Details: neck pain

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VAERS ID:	1246205 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	45.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	042AZIA / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood blister, Chest discomfort, Headache, Limb discomfort, Muscular weakness, Musculoskeletal discomfort, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Guillain-Barre syndrome (broad),

Noninfectious encephalopathy/delirium (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitafusion Women''s Gummy Daily Vitamin x 2 daily ForestLeaf Quercetin Bromelain x 2 daily (for seasonal allergies)
Current Illness: None Had annual physical onApril 2nd, no issues, didn''t require bloodwork
Preexisting Conditions: None
Allergies: Wheat Seasonal allergies Some animals, cats especially.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I had the vaccine n Sunday, Tuesday morning I woke up with a very tight feeling across my chest/ rib cage area, particularly on my right side, underarm, under breast area. I also had some weakness in my left arm where the shot was given. The tightness in my chest was not affecting my ability to breath, I was able to go on my usual daily hour-long walk but it was concerning me enough for a call with a Dr. I had spent the day before (Monday) using a wood pellet BBQ so I though maybe the issue was related to smoke. The Dr prescribed a salbutamol inhaler which I have used before for seasonal allergies but that didn''t really d anything to help with the tight feeling. The feeling of tightness remained all week (and still does to some extent 11 days later). On the Friday I noticed a small dark spot, approx 2mm, a bit like a blood blister on the back of my right thigh. I have had these before fairly infrequently, and I see a dermatologist once a year for a check up and they are not concerned, and they usually go away on their own. But, the combination of a new blood spot and the continued tight feeling across my chest had me concerned enough to call my regular Dr''s office. I was also feeling occasional sporadic aches in my legs in varying places. I spoke to a practice nurse who was very reassuring that she had spoken to many other patients that had also been experiencing chest tightness that had gone on for days after the Janssen vaccine, so after that I felt less concerned about the symptoms. I am still experiencing the tightness in my chest which has affected my shoulders and neck with what feels like muscle tension, and also been accompanied by some mild headaches at the sides of my head. I was pretty anxious about getting the vaccine which is not something I usually struggle with and on the Tuesday after the vaccine I felt particularly irrational and also very tired.

VAERS ID:	1246393 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Headache, Tinnitus
SMQs:, Anticholinergic syndrome (broad), Hearing impairment (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Codeine
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2 days after receiving 1st shot the tinnitus in both ears has gotten much worse. I feel light headed and have headache surges, meaning they come and go in a few minutes.

VAERS ID:	1246631 (history)	**Vaccinated:**	2021-02-16
Form:	Version 2.0	**Onset:**	2021-02-23
Age:	71.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydroxycholoroquin Protonix Zycam Flonase
Current Illness: None
Preexisting Conditions: Palandromic Rheumatism
Allergies: None
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I was diagnosed with "Palandromic Rheumatism" in the fall of 2019 and started on Hydroxycloroquine in November 2019. I had little join pain in the 15 months following the start of that medication. I had dose one of the Pfizer vaccine on February 16, 2021 and did not have any immediate reaction. However, my joint inflammation (related to "Palandromic Rheumatism") flared up within a week or so of the first dose. I called my rheumatiologist and asked whether it could be related to the vaccine and received a "possibly". I proceeded to get the second dose. The joint pain has been significant and has persisted. On March 31, I was prescribed prednisone. Although there was some immediate relief, the pain has continued to come and go in my wrists. My prescription will end in a few days and we shall see what happens. My situation is tolerable and I am glad to be vaccinated. However, my concern is that autoimmune disorders are agragavated by the vaccine. I have a friend who has a similar situation tho much more seriously. He had not considered that it might be related to the vaccine. I just want to make sure the CDC is aware of these kinds of possible impacts, has the available data from those who have received the vaccine, and can inform the public and the professional community and hopefully have some suggestions on preventive measures to avoid these kinds of reactions.

VAERS ID:	1246639 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	60.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PFIZER LOT ER87 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PFIZER LOT EW01 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Hyperhidrosis, Influenza like illness, Injection site pain, Lethargy, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: I took 2 Advil 30 minutes prior
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: None
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: On the morning after the 2nd injection, about 09:00, I started experiencing flu-like symptoms: muscle aches, then I was feverish and sweated heavily, then I felt lethargic and craved sleep. I slept heavily. I experienced these symptoms for three days, from 4/20/2021 until 4/22/2021. Today is 4/23/2021 -I have muscular soreness in left arm / injection site. I also ache and have a low- grade head-ache.

VAERS ID:	1247687 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	52.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Alanine aminotransferase increased, Anion gap, Aspartate aminotransferase increased, Base excess decreased, Basophil count normal, Basophil percentage, Bilevel positive airway pressure, Blood albumin normal, Blood alkaline phosphatase normal, Blood bicarbonate decreased, Blood bilirubin increased, Blood calcium normal, Blood chloride normal, Blood creatinine increased, Blood glucose increased, Blood lactate dehydrogenase increased, Blood lactic acid, Blood pH normal, Blood potassium normal, Blood sodium decreased, Blood urea normal, C-reactive protein increased, Carbon dioxide decreased, Cardiac failure congestive, Cardiomegaly, Chest X-ray abnormal, Chest discomfort, Chills, Computerised tomogram thorax abnormal, Death, Dyspnoea, Endotracheal intubation, Eosinophil count decreased, Eosinophil percentage decreased, Fibrin D dimer increased, General physical health deterioration, Glomerular filtration rate decreased, Haematocrit increased, Haemoglobin normal, Immature granulocyte percentage increased, Lung infiltration, Lymphocyte count normal, Lymphocyte percentage decreased, Mean cell haemoglobin concentration normal, Mean cell haemoglobin increased, Mean cell volume increased, Mean platelet volume normal, Monocyte count increased, Monocyte percentage, N-terminal prohormone brain natriuretic peptide increased, Neutrophil count increased, Neutrophil percentage increased, PCO2 decreased, PO2 decreased, Platelet count normal, Pleural effusion, Pneumonia, Procalcitonin normal, Protein total increased, Pulmonary oedema, Red blood cell count normal, Red blood cell nucleated morphology, Red cell

distribution width normal, Resuscitation, SARS-CoV-2 test negative, Scan with contrast abnormal, Serum ferritin increased, Troponin increased, White blood cell count increased
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Asthma/bronchospasm (broad), Haematopoietic leukopenia (narrow), Lactic acidosis (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (broad), Biliary system related investigations, signs and symptoms (narrow), Pulmonary hypertension (broad), Hyponatraemia/SIADH (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Myelodysplastic syndrome (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), COVID-19 (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
  Date died: 2021-04-23
  Days after onset: 2
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: history of heart artery stent mixed dyslipidemia GERD coronary artery disease COPD smoker erectile dysfunction hypertension
Allergies: ether, varenicline
Diagnostic Lab Data: COVID nasopharynx PCR negative d-dimer 712 lactate 4.0 LDH 364 ferritin 454 c-reactive protein 1.16 procalcitonin <0.1 troponin 2.54 4 hr troponin 2.88 ABG: site left radial, FI02L BiPAP 15/5, FI02 40, ph 7.35, pCO2 30, pO2 57, sO2 88, tCO2 14, BE -9, HCO3 17 Complete blood count: WBC 16.56, RBC 5.36, HGB 18.2, HCT 53.1, MCV 99.1, MCH 34.0, MCHC 34.3, RDW 13.4, Platelet count 257, MPV 10.4, Neutrophils % 78.5, Lymphocytes % 14.1, Monocytes % 6.1, Eosinophils % 0.2, Basophils % 0.5, Immature Grans % 0.6, Nucleated RBC 0, Absolute Neutrophil Count 13.00, Absolute Lymphocyte Count 2.33, Absolute Monocyte count 1.01, Absolute Eosinophil Count 0.03, Absolute Basophil count 0.08. Comphrehensive metabolic panel: calcium 9.4, glucose 273, BUN 18, creatinine 1.2, estimated GFR $g= 60.00, total protein 8.6, albumin 4.1, bilirubin, total 1.5, alk phos 81, sodium 134, potassium 3.8, chloride 98, CO2 23.6, anion gap 12.4, AST 59, ALT 52, NT-proBNP 3186. CTA chest w/contrast: no saddle embolus/large central pulmonary emboli. Distal vessels not as well evaluated without discrete evidence of acute thromboembolic disease. Cardiac size mildly enlarged. no pericardial effusion. no right heart strain, coronary artery calcifications. Aorta normal cliber without aneurysm, dissection or disruption. Septal thickening throughout with diffuse bilateral airspace infiltrates and bilateral effusions. Likely acute CHF. Portable chest xray: diffuse patchy bilateral infiltrates, asymmetric edema versus multifocal pneumonia.

CDC Split Type:
Write-up: Patient presented early this morning with increasing shortness of breath, chest tightness and associated chills. Treated with laboratory studies, xray and CT for PE studies, EKG x2, BIPAP, decline in status, intubated, CPR , expired.

VAERS ID:	1247770 (history)	**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	55.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	64CB21A / 1	AR / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Bell's palsy, Medical observation
SMQs:, Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None reported
Current Illness: None reported
Preexisting Conditions: Thyroid Nodule, adjustment disorder with mixed anxiety and depressed mood, neurofibromatosis, OSA syndrome
Allergies: No known allergies
Diagnostic Lab Data: Doctor''s office visit/evaluation
CDC Split Type:
Write-up: Bell''s palsy

VAERS ID:	1247858 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	32.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Pulse abnormal, Syncope

SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None-Has history of vasal vagal events with injection
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Received vaccine at approximately 1040am. Patient then moved out to the monitoring area where approximately 5 minutes later stated he felt dizzy and proceeded to syncopize. Weak thready pulse. patient diaphoretic. Patient was transferred to the first aid area and vs obtained and revealed 82/40. He returned to baseline . He was monitored for an additional 30 minutes with no further incidence. He left clinic with wife at side.

VAERS ID:	1248043 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bell's palsy, Blood test
SMQs:, Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: dust, feathers, mold
Diagnostic Lab Data: Lyme and tick antibody titer, ordered 4/23/21
CDC Split Type:
Write-up: Bell''s Palsy

VAERS ID:	1248609 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	69.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026A23A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal discomfort, Arthralgia, Body temperature increased, Chapped lips, Dizziness, Dyspnoea, Fatigue, Feeding disorder, Gingival pain, Injection site pain, Lip exfoliation, Malaise, Myalgia, Nasopharyngitis, Nausea, Oral pain, Tremor, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gingival disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Allopurinol, Levothyroxin,Hydrochlorothiazide, Losartain, Additional information for Item 9: Simvastatin, Imodium, Asprin, Multivitamin, Dorzolamide/Timolol, Latanoprost
Current Illness: none
Preexisting Conditions: Celiac Disease

Allergies: gluten
Diagnostic Lab Data:
CDC Split Type:
Write-up: See continuation page Additional information for Item 18: 4/01 14:15 received vaccine in left arm. Injection site sore. 4/02 08:00 physical activity felt fine 4/02 23:00 unable to clear acid reflux 4/03 00:00 feeling off a little 4/03 02:00-04:00 extreme cold, pile on blankets, sock on feet, heating pad on chest. Uncontrollable shaking starting in the neck then on to the arms and hands, shoulders muscle and joint pain nausea, vomiting - first time blood only, second through fourth dinner came up. intestinal track was emptied multiple times heavy breathing temperature was normal 97.7 (this is my normal) 04/03 04:00-10:00 slept off and on temperature 97.7 04/03 11:00-12:30 slept temperature 100.2 04/03 12:30-14:30 got up and went out of the bedroom and feel asleep on couch 04/03 14:30- 24:00 no loss of smell or taste but no desire to eat skipped normal physical activity too sick and concerned about throwing up blood upper lip cracked and breaks out into what appeared a cold sore, spread to half the upper lip 04/04 08:00 a little cereal for breakfast, no lunch or dinner could only ski for four runs, panting after each a queasy stomach will continue throughout the days 04/04 10:00 extremely tired, muscle and joint pain, lips cracked, upset stomach temperature 100.2 slept the rest of the day 04/05 temperature 98.7 skied a little panting at bottom of each run ate a little breakfast, lunch and dinner (only rice with gravy) upper lip skin peals tired, slept remainder of the day 04/06 temperature 96.7 more cracking of upper lip, skin peels roof of mouth is sore causing difficulty eating gums are very sore to floss ate breakfast, lunch and minimal dinner still panting after each run still extremely tired and sleeping much of the day 04/07 temperature 97.7 ate breakfast, lunch and small dinner continue to pant after each ski run still tired and sleeping most of the day 04/08 temperature 96.7 first time not panting after each ski run upper lip, roof of mouth and gums still sore when bending over got dizzy (this occurred occasionally throughout the days) sleeping much of the day 04/09 temperature 97.3 The upper lip, roof of mouth and gums sores it not a cold sore, I suspect it is an auto immune response. This magnification was occurred too quickly for a cold sore and cold sores don''t peel day after day Still day time sleeping 04/10 temperature 97.7 Still tired took a few ski runs, still panting after each tried an easy kayak run, only got 2.3 miles before nodding off while paddling, stopped at an island and slept. 04/11-18 daily routine is ski for 1 or 1.5 hours, go home and sleep for several hours a queasy stomach persists off and on, especially with physical exertion any other physical activity is exhausting somewhere in this time frame, stopped panting at the bottom of each ski run 04/19-23 temperature is now in the range of 96.2 - 96.4 still tired with daytime sleeping You have lost me. I will not follow guidelines that are against my best judgment for right or wrong. I knew better then to get the second vaccine so quickly. There was no research that indicated this was the optimum time frame. The only justification was what was done during the trials, which was to rush it to market and garner the highest efficacy numbers. As seen here, the outcome was anything but mild side effects and they continue.

VAERS ID:	1249743 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	42.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine 25mcg once a day Wellbutrin 350 mg once a day
Current Illness:
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Injection site is red, welted (skin is raised) itchy

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VAERS ID:	1249663 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Conjunctival haemorrhage, Headache, Pyrexia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Conjunctival disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No medical history reported.)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Fever; Chills; Headache; she blew a blood vessel in her right eye; This spontaneous case was reported by a consumer and describes the occurrence of CONJUNCTIVAL HAEMORRHAGE (she blew a blood vessel in her right eye) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 037B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included No adverse event (No medical history reported.). On 09-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 09-Apr-2021, the patient experienced CONJUNCTIVAL HAEMORRHAGE (she blew a blood vessel in her right eye) (seriousness criterion medically significant). On 12-Apr-2021, the patient experienced PYREXIA (Fever), CHILLS (Chills) and HEADACHE (Headache). At the time of the report, CONJUNCTIVAL HAEMORRHAGE (she blew a blood vessel in her right eye) and HEADACHE (Headache) outcome was unknown and PYREXIA (Fever) and CHILLS (Chills) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No treatment details were reported. This case concerns a 63-year-old female with a serious unexpected event of conjunctival hemorrhage, and nonserious expected pyrexia, chills, and headache. Event onset the same day as after first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender''s Comments: This case concerns a 63-year-old female with a serious unexpected event of conjunctival hemorrhage, and nonserious expected pyrexia, chills, and headache. Event onset the same day as after first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

VAERS ID:	1249698 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain upper, Haematemesis, Headache, Malaise, Sluggishness, Somnolence
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Anticholinergic syndrome (broad), Dementia (broad), Gastrointestinal haemorrhage (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No medical history was reported)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Stomach pain; Aslight headache before the first dose/headache was still bad; Threw up a significant amount approximately 4 ounce cup of bright red blood; Still not feeling well; Just sleeping; Not active; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of HAEMATEMESIS (Threw up a significant amount approximately 4 ounce cup of bright red blood) in a 41-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 019B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included No adverse event (No medical history was reported). On 02-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 02-Apr-2021, the patient experienced HAEMATEMESIS (Threw up a significant amount approximately 4 ounce cup of bright red blood) (seriousness criterion medically significant), MALAISE (Still not feeling well), SOMNOLENCE (Just sleeping), SLUGGISHNESS (Not active) and HEADACHE (Aslight headache before the first dose/headache was still bad). On 20-Apr-2021, the patient experienced ABDOMINAL PAIN UPPER (Stomach pain). On 04-Apr-2021, SOMNOLENCE (Just sleeping) and SLUGGISHNESS (Not active) had resolved. On 21-Apr-2021, ABDOMINAL PAIN UPPER (Stomach pain) had resolved. At the time of the report, HAEMATEMESIS (Threw up a significant amount approximately 4 ounce cup of bright red blood) and HEADACHE (Aslight headache before the first dose/headache was still bad) outcome was unknown and MALAISE (Still not feeling well) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment information included acetaminophen, aspirin and caffeine, Excedrin and adult Pedialyte. On 02 Apr 2021, the patient woke up and threw up approximately 4 ounces of bright red blood. The patient''s spouse called the emergency room (ER) who informed the spouse that was not uncommon, to have the patient come and recommended the patient drink adult Pedialyte and rest. The patient continued to feel unwell throughout the night. At 9:00 pm that evening, the patient was able to get up and eat. Company Comment: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.

VAERS ID:	1250122 (history)	**Vaccinated:**	2021-03-27
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	62.0	**Days after vaccination:**	11
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP6955 / UNK	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Probiotic and fish oil
Current Illness: None
Preexisting Conditions: None - high blood pressure
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Ear ringing

VAERS ID:	1250743 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-03-09
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature, Chills, Dyspnoea, Fatigue, Migraine, Nausea, Oropharyngeal pain, Pain, Pain in extremity, Pyrexia, SARS-CoV-2 test
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures

(narrow), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Gastrooesophageal reflux disease; Migraine
Preexisting Conditions: Medical History/Concurrent Conditions: COVID-19 (Diagnosis on 19-mar-2020)
Allergies:
Diagnostic Lab Data: Test Date: 20210308; Test Name: COVID-19 virus test; Result Unstructured Data: Negative; Test Date: 20210309; Test Name: Body temperature; Result Unstructured Data: 101.5 F; Test Date: 20210310; Test Name: Body temperature; Result Unstructured Data: 99 F; Test Date: 20210310; Test Name: Body temperature; Result Unstructured Data: 101 F
CDC Split Type: USJNJFOC20210320884
Write-up: MILD SHORTNESS OF BREATH; BODY ACHES; CHILLS; SORE THROAT; RIGHT ARM SORENESS; NAUSEA; FATIGUE; FEVER; MIGRAINE; This spontaneous report received from a patient concerned a female of unspecified age. The patient''s height, and weight were not reported. The patient''s past medical history included covid-19 infection, and concurrent conditions included acid reflux, and migraine. The patient was previously treated with omeprazole for acid reflux. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805022, and batch number: 1805022 expiry: 31-MAY-2021) dose was not reported, administered on 09-MAR-2021 08:00 for prophylactic vaccination. No concomitant medications were reported. On 08-MAR-2021, Laboratory data included: COVID-19 virus test (NR: not provided) Negative. On 09-MAR-2021, the subject experienced migraine. On 09-MAR-2021, the subject experienced body aches. On 09-MAR-2021, the subject experienced chills. On 09-MAR-2021, the subject experienced sore throat. On 09-MAR-2021, the subject experienced right arm soreness. On 09-MAR-2021, the subject experienced nausea. On 09-MAR-2021, the subject experienced fatigue. On 09-MAR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 101.5 F. On 10-MAR-2021, Laboratory data included: Body temperature (NR: not provided) 99 F, 101 F. On an unspecified date, the subject experienced mild shortness of breath. Treatment medications (dates unspecified) included: botulinum toxin type a, sumatriptan, and topiramate. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from migraine, right arm soreness, body aches, chills, fever, sore throat, nausea, and fatigue, and the outcome of mild shortness of breath was not reported. This report was non-serious.; Sender''s Comments: V0:Medical assessment comment not required as per standard procedure as the case assessed as non-serious.

VAERS ID:	1250948 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Body temperature increased, Chills, Migraine, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advil, stinging nettles, tylenol, imitrex
Current Illness: COVID-19
Preexisting Conditions: Migraine headaches
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Migraine, chills, nausea, 101 F fever

VAERS ID:	1251017 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	64.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine
Current Illness:
Preexisting Conditions: autoimmune pancreatitis
Allergies: minocycline
Diagnostic Lab Data:
CDC Split Type:
Write-up: Erythema: 3-inch, round, itchy surrounding injection site. 2nd: 2-inch, irregular below injection site.

VAERS ID:	1251330 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	56.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: baby aspirin, melatonin, curcumin, vitamin C, fish oil, magnesium, probiotic
Current Illness: none
Preexisting Conditions: breast cancer diagnosed 2015, 5 years tamoxifen, no longer on that rheumatoid arthritis diagnosed in 1998 but symptom free and rheumatoid factor negative now
Allergies: sulfa drugs
Diagnostic Lab Data: none
CDC Split Type:
Write-up: rash: forearms and front of abdomen; both sides,-not vesicular at this time 11 days duration-unresponsive to over the counter topical hydrocortisone and oral diphenhydramine

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VAERS ID:	1251743 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-24
Age:	30.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Eye movement disorder, Moaning, Seizure, Skin discolouration
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None. Occasionally takes melatonin for sleep.
Current Illness: None.
Preexisting Conditions: None.
Allergies: No allergies.
Diagnostic Lab Data: None in the pharmacy.
CDC Split Type:
Write-up: Patient received vaccine, was waiting for about 5 minutes in the waiting area when another customer yelled "He"s passing out!". Upon running over, I noticed that the patients eyes rolled in the back of his head, his legs were straight out, and was making "groaning" noises. He was in this state for about 30 seconds. 9-1-1 was called immediately and patient was given water. When asked if he knew where he was, he stated "a pharmacy store for my COVID shot." He told me he remembers everything, saying he felt like he was in a dream during seizure. Questioned if he had ever had seizures before and he stated once when he was giving blood. No shortness of breath or hives noticed, therefore no EpiPen was administer. Ambulance arrived and asked similar questions that we had asked, and patient stated he was "just hot." He also seemed a bit yellow in color. Patient was able to stand up and walk to the ambulance with little to no help. All of this occurred in about 10 minutes total.

VAERS ID:	1252338 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-03-13
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-04-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature, Chills, Epistaxis, Influenza like illness, Pain, Pyrexia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown
Allergies:
Diagnostic Lab Data: Test Name: Body temperature; Result Unstructured Data: 100 degree
CDC Split Type: USJNJFOC20210326595
Write-up: BLOODY NOSE; ACHES; CHILL; FEVER; FLU-LIKE SYMPTOMS; This spontaneous report received from a patient concerned a 60 year old of unspecified sex. The patient''s weight, height, and medical history were not reported.The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin, and batch number were not reported) dose was not reported, administered on 12-MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 13-MAR-2021, the subject experienced flu-like symptoms. On 14-MAR-2021, the subject experienced bloody nose. On 13-MAR-2021, the subject experienced aches. On 13-MAR-2021, the subject experienced chill. On 13-MAR-2021, the subject experienced fever. Laboratory data (dates unspecified) included: Body temperature (NR: not provided) 100 degree. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from chill, fever, aches, bloody nose, and flu-like symptoms. This report was non-serious.

VAERS ID:	1252353 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	28.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / UNK	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Injection site pain, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: severe obesity
Allergies: cats, dogs, ragweed, maple trees
Diagnostic Lab Data:
CDC Split Type:
Write-up: non-severe allergic reaction (hives) in multiple areas of the body, including left arm (injection arm), lower back, right upper thigh, upper back, and chest. start 4/23/2021 and ongoing as of report. Other adverse events include: sore left arm at site of injection within 4 hours and subsided within 24 hours; body chills within 4 hours and subsided within 24 hours.

VAERS ID:	1253748 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-03-22
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-04-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	UNKNOWN / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown
Allergies:
Diagnostic Lab Data: Test Date: 20210322; Test Name: Body temperature; Result Unstructured Data: 101 F
CDC Split Type: USJNJFOC20210348216
Write-up: FEVER; This spontaneous report received from a patient concerned an adult male. The patient''s weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported) dose was not reported, administered on 20-MAR-2021 for prophylactic vaccination. The batch number was not reported. The company is unable to perform follow-up to request batch or lot number. No concomitant medications were reported. On 22-MAR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 101 F. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of fever was not reported. This report was non-serious.

VAERS ID:	1254996 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-24
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 1	UN / IM

Administered by: Public **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient received their 1st dose of the COVID-19 vaccine even though they were not yet 16 years old. This error was discovered at the time of checkout when trying to schedule for dose #2. The computer system flagged it and would not schedule the 2nd dose due to the patient being <16 years old. I was then notified of the error. This patient had been an add-on to the clinic and did not already have an appointment for the future so he was added into the system just prior to getting the vaccine. The patient came with his father and completed the Prevaccination Checklist and it was marked as age 16. The RN administering the vaccine had the father complete and sign a parental consent form. On this form, the DOB for his son was listed but the RN did not catch that the patient was 4 days away from turning 16. The RN reviewed the checklist and signed and dated it and proceeded with the vaccination. There were no contraindications marked on the form. The patient waited the 15 minutes following vaccination and did not experience any negative side effects during that time. When I was notified of the error, I spoke to the patient and his father and explained that he should not have received the vaccine due to his age being <16 years old. I also told them I would be following up with the RN that gave the vaccine and that I would be filing a report and I got the father?s phone number and said I would call if there was any other info that I needed. They were instructed to wait until after patient turned 16 years old to call the rescheduling number and then make an appointment for his 2nd dose. I followed up with the RN and with the check-in staff to make sure to screen people carefully to make sure they are at least 16 years old.

VAERS ID:	1254404 (history)	**Vaccinated:**	2021-03-15
Form:	Version 2.0	**Onset:**	2021-03-16
Age:		**Days after vaccination:**	1
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Therapeutic response unexpected
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: COPD
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021345513
Write-up: I could breathe like I have not able to breathe in years; This is a spontaneous report received from Pfizer. A contactable consumer, the patient, reported a patient of unspecified age/gender received the first dose BNT162b2 (solution for injection; batch/lot and expiry information not reported) as a single dose via unspecified route on 15Mar2021, for COVID-19 immunisation. Relevant medical history included ongoing Chronic Obstructive Pulmonary Disease (COPD). There were no concomitant medications reported. The patient reported that he/she received the first dose of the vaccine last Monday (15Mar2021) and Tuesday and Wednesday he/she could breath like they have not been able to in years. The patient reported that he/she has COPD and unfortunately it was only a two-day good breathing event. The patient explained that he/she has asked around and several people that have COPD have said the same thing and for them it was also was short-lived. The outcome of the event breathe like I have not able to breathe in years was recovered on 18Mar2021. No follow-up attempts possible; No further information expected and information about batch /lot number(s) cannot be obtained.

VAERS ID:	1254649 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Vaccination site movement impairment, Vaccination site pain
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021381498
Write-up: left arm pain at the injection site; could not move her arm at all; it has spread up to her shoulder.; This is spontaneous report received from a contactable consumer (patient) reported for herself that a 64-years-old female patient received BNT162B2, dose 2, via an unspecified route of

administration, administered in left arm on 02Apr2021 10:45 AM (Lot Number: ER8734) as single dose for COVID-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously received first dose of BNT162B2 (Lot # EN6207) in the left arm on 14Mar2021, before noon, for COVID-19 immunisation. Caller had a hard time reading this Lot number on the card that was provided to her. She stated the first Lot number was covered up a little by the second Lot number. She verified that this was the Lot number. She gets magnifying glass to read card. The patient received the second dose of the Pfizer-BioNtech Covid-19 vaccine on Friday, she had left arm pain at the injection site and it had spread up to her shoulder. She had her second shot this past Friday and her left arm hurt so bad where the shot was, she can feel it up to her shoulders. It was not swollen, she just felt it. She asked if she should keep taking Acetaminophen. She stated yesterday and this morning she was fine but then after she moves, it hurts again. She stated she can feel it and it was hard to move at night, she keeps her arm on a pillow. She stated she does have very small arms. Caller did not specify her start date of adverse event onset but that her symptoms were still ongoing and that her treatment medications helped. Treatment included: Caller stated she has used ice packs and has taken Acetaminophen Extra Strength (Lot # SEA041, Expiry Mar2024) and Ibuprofen, (Lot # OCE3209A, Expiry Jan2022), and Acetaminophen PM (Lot # PPA014, Expiry Sep2021) for treatment. Caller stated that the Ibuprofen was every 6 hours, the Acetaminophen Extra Strength was in between 5-6 hours, and the Acetaminophen PM she took a couple of nights ago and last night. Caller stated her treatment medications help. Caller''s arm hurting was ongoing. Caller stated the Acetaminophen PM helped her sleep, not all night but some sleep. She was having a really hard time moving at night, she could not move her arm at all and would keep it on a pillow and then yesterday she felt fine. This morning trying to do a few things she felt good and then once she got going, she said forget it, and had to take two Acetaminophen right now. She had really small arms. She didn''t know how long it should last. The outcome of the event "left arm pain at the injection site" was not recovered, of the event "could not move her arm at all" was recovered. The outcome of the other event was unknown. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1255146 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER 8730 / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthma, Erythema multiforme, Fatigue, Rash
SMQs:, Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (narrow), Asthma/bronchospasm (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: AMLODIPINE; ASPIRIN [ACETYLSALICYLIC ACID]; ATORVASTATIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma; Blood pressure high; Heart disease, unspecified; Penicillin allergy; Wasp sting
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021391435
Write-up: Erythema multiforme; asthma attack/shortness of breath/cough; Rash started on legs on the 03Apr2021 late morning buy next day (04Apr2021) full body rash from shoulders to top of feet; extreme exhaustion; This is a spontaneous report from a contactable consumer (patient). A 68-years-old non-pregnant female patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot Number: ER 8730), via an unspecified route of administration, administered in left arm on 02Apr2021 09:15 as single dose for covid-19 immunisation. Medical history included heart disease, high blood pressure, asthma, drug hypersensitivity and wasp stings. Concomitant medication(s) included amlodipine; aspirin and atorvastatin. The patient was not pregnant at the time of vaccination. The patient had no other vaccine in four weeks. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. On 03Apr2021 09:45 late morning, the patient experienced rash started on legs by next day (04Apr2021) full body rash from shoulders to top of feet. Later on 03Apr2021, extreme exhaustion and dry cough that went into shortness of breath and asthma attack. Visit to ER and later sent to dermatologist. Possible Erythema multiforme. As of 09Apr2021 still have rash and exhaustion and dry cough. It was unknown whether patient received any treatment. The outcome of the events was not recovered. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1255242 (history)	**Vaccinated:**	2020-12-19
Form:	Version 2.0	**Onset:**	2020-12-19
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / OT

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Blood follicle stimulating hormone, Blood follicle stimulating hormone increased, Chills, Hot flush, Infertility female, Migraine, Nausea, Ovarian disorder, Pyrexia, SARS-CoV-2 test, Ultrasound scan, Vertigo, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and

therapeutic procedures (narrow), Vestibular disorders (narrow), Fertility disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: WELLBUTRIN; LOESTRIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma (other medical history: Eosinophilic esophagitis, asthma); Eosinophilic esophagitis (other medical history: Eosinophilic esophagitis, asthma)
Allergies:
Diagnostic Lab Data: Test Name: FSH; Result Unstructured Data: Test Result:Unknown results; Comments: previous values; Test Date: 20201219; Test Name: FSH; Result Unstructured Data: Test Result:skyrocketed from previous values; Comments: They obtained an FSH level and it had skyrocketed from previous values not long before my ovaries had shrunk in size by approximately half; Test Date: 20210314; Test Name: nasal swab/Covid test; Test Result: Negative ; Test Date: 20201219; Test Name: ultrasound; Result Unstructured Data: Test Result:ovaries had shrunk in size; Comments: ovaries had shrunk in size by approximately half
CDC Split Type: USPFIZER INC2021392945
Write-up: Diminished ovarian reserve/diminished reserve; fever; chills; hot flashes; nausea; vomiting; migraine headache; vertigo; weakness; They obtained an FSH level and it had skyrocketed from previous values not long before; my ovaries had shrunk in size by approximately half; This is a spontaneous report from a contactable nurse (patient). A 40-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Solution for injection), first dose via intramuscular, administered in right arm on 19Dec2020 09:30 at a single dose (lot number and expiry date were not reported); and then received the second dose on 02Jan2021 09:30 (lot number and expiry date not reported), intramuscularly administered in right arm as a single dose; for COVID-19 immunisation. Medical history included eosinophilic esophagitis and asthma. The patient had no known allergies. The patient was not pregnant at the time of the report and vaccination. The patient had no covid prior vaccination. Concomitant medications which were taken in two weeks prior to vaccination included bupropion hydrochloride (WELLBUTRIN) and ethinylestradiol, norethisterone acetate (LOESTRIN), taken for an unspecified indication, start and stop date were not reported. The patient had no other vaccine in four weeks. On 19Dec2020, the patient experienced diminished ovarian reserve. Patient stated that she was extremely symptomatic after both vaccines and starting on 19Dec2020 had experienced fever, chills, hot flashes, nausea, vomiting, migraine headache, vertigo and weakness. The hot flashes persisted and worsened after each subsequent vaccine, prompting her to go to my MD. They obtained an FSH level on 19Dec2020 and it had skyrocketed from previous values (dates unspecified; unknown results) not long before. An ultrasound on 19Dec2020, showed that her ovaries had shrunk in size by approximately half and she had diminished reserve. Patient was now on supplemental hormones and will be for many years to come as she was only 40. Patient know the vaccine caused this. It was too great of a coincidence. Adverse events

resulted in doctor or other healthcare professional office/clinic visit, disability or permanent damage. As a result of the events reported patient was now on hormonal replacement therapy. The patient was tested for covid post vaccination which included nasal swab/Covid test on 14Mar2021 as negative. The outcome of the events reported was not recovered. Information about lot/batch number has been requested.; Sender"s Comments: A possible contributory effect of suspect BNT162B2 on reported events cannot be excluded, for events fever, chills, hot flashes, nausea, vomiting, migraine headache, vertigo and weakness, conversely the suspect drug is considered very unlikely related for other gynecological disturbances. The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Committees and Investigators, as appropriate.

VAERS ID:	1255606 (history)	**Vaccinated:**	2021-03-28
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Musculoskeletal stiffness, Pain in extremity
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021413094
Write-up: stiffness in her arm; severe soreness in her arm; This is a spontaneous report from a contactable consumer (patient) part of Pfizer sponsored program. A female patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH mRNA COVID-19 VACCINE, Solution for injection), dose 1 via an unspecified route of administration on 28Mar2021 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation. The patient medical history and

concomitant medications were not reported. It was reported that patient received her first dose of the Pfizer BioNTech COVID-19 vaccine on 28Mar2021 and 4 days after experiencing stiffness in her arm and then a week later experiencing severe soreness in her arm, and wanted to report this scenario. Her 2nd dose (18Apr2021). The outcome of the events in unknown. No follow-up attempts are needed; information about lot/batch number cannot be obtained.

VAERS ID:	1255796 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Arthralgia, Arthritis, Condition aggravated
SMQs:, Systemic lupus erythematosus (broad), Arthritis (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Floroxitin, estrogen, Maxalt, oxicodone, motrin
Current Illness: No
Preexisting Conditions: Fibromyalgia, osteoarthritis
Allergies: None known
Diagnostic Lab Data: None
CDC Split Type:
Write-up: My arthritis in my hips has started up again. My hips have been aching every night since the shot. They have been like this in the past but havnt been bothering me like this for quite some time. The pain will go away with pain meds, but I don''t want to over use my oxicodone and the motrin starts to mess with my stomach after several days. This isn''t life or death, I just thought it would be good data.

VAERS ID:	1256059 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	59.0	**Days after vaccination:**	25
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1802072 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fibrin D dimer increased, Liver function test increased, Pain in extremity, Peripheral swelling, Platelet count normal, Renal function test normal
SMQs:, Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Angioedema (broad), Haemorrhage laboratory terms (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril 20mg daily Ibuprofen as need
Current Illness: None
Preexisting Conditions: Hypertension
Allergies: None
Diagnostic Lab Data: Elevated Ddimer, normal renal function, normal platelet count. Mildly elevated LFTs. Duplex ultrasound not available due to facility limitations.
CDC Split Type:
Write-up: Left lower extremity swelling and pain for 1 week, right lower extremity normal.

VAERS ID:	1256066 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-25
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 1	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pneumonia 2018.
Other Medications: Levothyroxine, Ambien, vitamin C, vitamin D, vitamin K, multimineral/vitamin, fish oil, magnesium, Melatonin, calcium, DHEA, copper, boron
Current Illness: None
Preexisting Conditions: Osteoarthritis, previously vaccinated for Shingles
Allergies: Meloxicam, sulfa, penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red rash bilaterally on back

VAERS ID:	1256338 (history)	**Vaccinated:**	2021-04-18
Form:	Version 2.0	**Onset:**	2021-04-25
Age:	40.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Melatonin
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillian Cephalexyn
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Woke up to arm feeling hot, itchy and bumpy at the injection site. Plan is to take benedryl.

VAERS ID:	1256457 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-04
Age:	77.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002M21A / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Blood test normal, Diarrhoea, Erythema, Helicobacter test negative, Pruritus
SMQs:, Anaphylactic reaction (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Spironolactone; Silodosin; Lasix; Metoprolol; Entresto; Levothyroxine; Xarelto; Jardiance; Sertraline; Zinc; Garlic; Vitamin B12 Complex; Fish Oil; Glucosamine Chondroitin; Fluticasone; Azelastine
Current Illness: None
Preexisting Conditions: CHF
Allergies: Niacin
Diagnostic Lab Data: Elimination of the Jardiance & Zine to see if if the diarrhea condition improved. Stool Sample 04-05-2021 the items listed below. Results: 4/5/2021 9:09 Helicobacter pylori Ag, Negative, (Negative -), 4/5/2021 9:09, Shigella/Enteroinvasive E. coli, Negative, 4/5/2021 9:09, Shiga Toxin, Negative, 4/5/2021 9:09, Campylobacter, Species, Negative, 4/5/2021 9:09, Salmonella Species, Negative.
CDC Split Type:
Write-up: Had the first shot on 02-02-2021 Arm was slightly red and itchy Diarrhea started 4 days later on 02-04-2021 Diarrhea has continued unabated through 04-09-2021 at which time it started to let up. I still have diarrhea but to a milder extent, only going twice a day with somewhat formed stool.

VAERS ID:	1257652 (history)	**Vaccinated:**	2021-04-04
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	63.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Alopecia areata, Condition aggravated
SMQs:, Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amlodipine, aspirin, atorvastatin, bupropion, levocetirizine, zolpidem, magnesium oxide, docusate sodium, beet root powder, glucosamine chondroitin complex, avocado soy unsoponifiables, SAM-e.
Current Illness: None
Preexisting Conditions: Vasospastic angina (Prinzmetal-type), hyperlipidemia, hypertension, seasonal affective disorder, unspecified connective tissue disease (with history of alopecia areata but not for more than 10 years), seasonal allergies, osteoarthritis.
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Alopecia areata of the scalp, first noticed 04/12/21. Persists but has not worsened.

VAERS ID:	1257727 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	60.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Public **Purchased by:** ?

Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Red Rice Yeast, CoQ10, Elderberry
Current Illness:
Preexisting Conditions: Diabetes
Allergies: Country music
Diagnostic Lab Data:
CDC Split Type:
Write-up: Ringing in the ears

VAERS ID:	1257773 (history)	**Vaccinated:**	2021-03-15
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	69.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Malaise, Sepsis
SMQs:, Sepsis (narrow), Opportunistic infections (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 21 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Trazodone. Vitamin D3. Losartan. Zolpidem. Levothyroxine. Atorvastatin. Trazodone. Insulin. Tylanal
Current Illness: None
Preexisting Conditions: Diabetic. Heart attack

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient felt sick after her second shot on April 6th 2021. On April 17th she was admitted to the hospital with a septic infection and nearly died. She remains in the hospital. She is being treated with antibiotics. She will have a 3 week stay in the hospital if her treatment goes well. She has done no traveling and barely leaves the hospital. Also, the dr are not able to pinpoint what the source of the infection is.

VAERS ID:	1257780 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain, Chest pain, Chills, Electrocardiogram normal, Fatigue, Hyperhidrosis, Influenza like illness, Lymph node pain, Oropharyngeal pain, Pain, Pain in extremity, Pyrexia, Vaccination site pain
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine 50 mcg, liothyronine 2.5 mg, progesterone 12.5 mg, vitamin C 3000 mg, D3 5000 IU, primrose 500 mg, ayur-triphala 1000 mg, lysine 2000, magnesium 500 mg.
Current Illness:
Preexisting Conditions: Ehlers Danlos Syndrome Type 3 Hypermobility, thyroid disorder (treated), oral herpes (remission).
Allergies: Codeine and cherries
Diagnostic Lab Data:
CDC Split Type:

Write-up: Flu-like symptoms (fever, aches, fatigue, chills, sweats, lymph nodes in throat sore), plus arm pain at site of vaccine. Second day began having acute chest and abdominal pain which primary care doctor wanted to see me for. Did EKG which was normal. Pain (including chest and abdominal pain) lasted several days, along with fatigue. 11 days later I still have intermittent pain down my arm all the way to hand on arm that got the shot.

VAERS ID:	1257940 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-24
Age:	51.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Axillary pain, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: Hep C
Allergies: N/A
Diagnostic Lab Data:
CDC Split Type:
Write-up: I received my 2nd Pfizer dose on 4/23 at 2:40 pm at the Essex fair grounds 24 hrs later my joints were on fire and I have a massive swelling in my left arm pit same arm i received the injection it is very sore and swollen

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VAERS ID:	1258062 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	54.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Injection site bruising, Injection site pain, Rash pruritic, Somnolence
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Got flu after having flu shot 20 yrs ago.
Other Medications:
Current Illness:
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, sleepy, pain and bruising at injection site, itchy rash on hand and calf 5 days after shot.

VAERS ID:	1259352 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Dizziness, Headache, Myalgia, Pain, Palpitations
SMQs:, Rhabdomyolysis/myopathy (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Percocet
Diagnostic Lab Data: EEG Blood tests
CDC Split Type:
Write-up: Severe joint pain whole body 4/23,4/24 Headache-still have Heart palpitations 4/23 Muscle pain 4/23,4/24 Dizziness -still have

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VAERS ID:	1259390 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	40.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041321A / UNK	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Diverticulitis
SMQs:, Gastrointestinal nonspecific inflammation (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Yes
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: Diverticulitis flare up...treated with Flagyl and Cipro, amd getting better

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VAERS ID:	1259653 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	78.0	**Days after vaccination:**	14
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Anticoagulation drug level therapeutic, Deep vein thrombosis, Dyspnoea, Peripheral swelling, Ultrasound Doppler abnormal
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: citalapram, diltiazem, multivitamin, simvastatin, torsemide
Current Illness: none
Preexisting Conditions: Afib, CKD 3, Diabetes diet controlled, COPD, GERD, GAVE, OSA, h/o TIA, h/o DVT
Allergies: protamine - hypotension
Diagnostic Lab Data: 3-30-2021 - venous ultrasound positive for new proximal DVT
CDC Split Type:
Write-up: Pt presented with SOB and leg swelling and found to have RLE DVT. He was admitted and started on anticoagulation

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VAERS ID:	1260270 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	29.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045B21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Hypotension, Pallor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: sweating, dizzines, low bp, pale

VAERS ID:	1260378 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	54.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain upper, Ageusia, Headache, Oropharyngeal discomfort, Pain in extremity, Rhinorrhoea, SARS-CoV-2 test negative
SMQs:, Acute pancreatitis (broad), Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Estrace
Current Illness: None
Preexisting Conditions: Back pain
Allergies: Amoxicillin
Diagnostic Lab Data: Went to doctors and had me have a covid test,came back negative,and they told me it was a viral infection and gave me a antibiotic for five days but still don''t feel any better.
CDC Split Type:
Write-up: Had severe headache, runny nose , scratchy throat,bad leg pain, stomach pain,and loss of taste on certain things,and still have symptoms to this day,and very tired all the time

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VAERS ID:	1261968 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	29.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045B21A / 1	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Hypotension, Pallor
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sweating, dizziness, paleness, low bp,

VAERS ID:	1261979 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	66.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	042B21A-2A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erectile dysfunction
SMQs:, Sexual dysfunction (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin, levothyroxine, multivitamins, Qvar, garlic, fish oil
Current Illness: None
Preexisting Conditions: Asthma, hypothyroidism, hyperlipidemia
Allergies: Cephalexin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Approximately 7 hours after the vaccination the patient reported that he had an erection for 24 hours.

VAERS ID:	1262390 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-19
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	042821-2A / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Electric shock sensation, Feeling abnormal, Headache, Injection site pain, Lymph node pain, Lymphadenopathy, Nausea
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Dementia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: "lightening-like" sensation in back of neck, up into back of head upon injection. 12 hours out..feeling abnormal... chills shortly thereafter, throughout the night. also nausea, headache. Next day, mental confusion, fog.. .lymph glands under arm on right side very tender, some swelling...this continued for at least 3 days.

VAERS ID:	1262739 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	24.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Balance disorder, Dizziness
SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Alleve
Current Illness: None
Preexisting Conditions: None
Allergies: Allergic to medication in the cillin family
Diagnostic Lab Data:
CDC Split Type:

Write-up: A few hours after receiving the vaccine the patient felt dizzy. It subsided and the patient fell asleep. Upon waking up it was much worse and resulted in the patient almost falling down the stairs.

VAERS ID:	1262867 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Lymph node pain, Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metformin HCL Extended Release 500 MG (2 tablets with each meal), Glyburide 0.75 MG (one taken with each meal), Trulicity 0.75 MG taken once per week
Current Illness: NONE
Preexisting Conditions: MODY (Mature Onset Diabetes of the Young) Type 3
Allergies: NONE
Diagnostic Lab Data:
CDC Split Type:
Write-up: LEFT SIDE, lymph node just above the collar bone is swollen to the size of a quarter and tender to the touch.

VAERS ID:	1263051 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	20.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Swelling face, Tenderness
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit D, Prozac, Priolsec. Nexplanon
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Cashew, mango, poison ivy, Clams
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling and tenderness of entire face noted the next am. Did not respond to Benadryl. No respiratory distress.

VAERS ID:	1263093 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Erythema, Flushing, Pharyngeal swelling, Pruritus, Rash macular, Swollen tongue, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: Inflammation
Allergies: Percocet, Bactrim, hydromorphine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red blotchy skin within 20 minutes, itching. raised hives. Next 5 days followed by red flushing skin. Itching. Swollen throat and tongue.

VAERS ID:	1263304 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	60.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Computerised tomogram head, Electrocardiogram normal, Fall, Full blood count normal, Hypoaesthesia, Laboratory test normal, Muscular weakness
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin daily; Aspirin daily; Lisinopril daily; Omeprazole daily
Current Illness: None
Preexisting Conditions: Tobacco use; Psoriasis; Arthritis; Hypertension; hx CVA 10/17/2019; Raynaud''s syndrome; Esophageal dysphagia; Migraine;
Allergies: Seafood
Diagnostic Lab Data: EKG (wnl), CBC, Creatinine Blood, Electrolyte panel, BUN CT Head w/ contrast (normal)
CDC Split Type:
Write-up: Sudden onset, fell once, no LOC, right arm felt like "spaghetti" then feeling came back

Refused ED, lasted about 2 days. At f/u office visit on 4/20/21 - patient reported residual numbness right arm with difficulty grasping items, new numbness left leg

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VAERS ID:	1263482 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	38.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Injection site pain, Neck pain, Paraesthesia oral
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oral contraceptives, allergy medication (Xyzal), multivitamins and vitamin d
Current Illness:
Preexisting Conditions: Orthopedic: back, neck Carpel tunnel Some nerve entrapment
Allergies: Dilaudid, general anesthesia
Diagnostic Lab Data: None yet
CDC Split Type:
Write-up: Tingling in tongue about 5 minutes after vaccination, pain in left side of neck and in should of injection site Tingling in tongue lessened over time but having tingling in lips, especially left side of bottom lip Pain noticed around left collarbone area as well over time

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VAERS ID:	1263848 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	32.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046B21A / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth, Lymphadenopathy, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: simvastatin 10mg sid, allegra 180mg sid
Current Illness:
Preexisting Conditions: high cholesterol obesity environmental allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: initial arm soreness resolved w/in 48 hours. but starting today 4/27/21 8 days after vaccination, the site is quite swollen, red, hot, itchy, and the lymph node in my associated arm pit is swollen.

VAERS ID:	1263849 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	24.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Acne, Rash, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Isotrentinoin
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash on left inner shoulder, neck, jawline, around mouth, Cheek, next to eye, forehead and left back of hand Looks like eczema but larger pimply red bumps as well

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VAERS ID:	1264125 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-19
Age:	59.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 1	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest X-ray, Computerised tomogram, Peripheral artery thrombosis, Pulmonary embolism, Ultrasound scan
SMQs:, Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, venous (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 8 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: simvastatin, cetirizine, duloxetine, hydroxyzine, melatonin, naproxen, omeprazole, tizanidine, trazodone
Current Illness: unknown
Preexisting Conditions: CKD 3, obesity, hyperllipidemia
Allergies: PCN - rash
Diagnostic Lab Data: US, CXR, CT scan
CDC Split Type:
Write-up: R popliteal thrombus, and B/L PE''s

VAERS ID:	1264166 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	14.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	1637648 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Fatigue, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vomiting, fatigue, shortness of breath

VAERS ID:	1264488 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	60.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-04-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Injection site pain, Mobility decreased, Pain, Pain in extremity, Periarthritis, Platelet count
SMQs:, Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Immune thrombocytopenic purpura
Preexisting Conditions: Comments: The patient had no known allergies.
Allergies:
Diagnostic Lab Data: Test Name: Platelet count; Result Unstructured Data: Platelet count before the vaccination was 40.
CDC Split Type: USJNJFOC20210450207
Write-up: HIGHER LEVEL OF PAIN (EXTREME PAIN) IN THE SHOULDER AND IN UPPER ARM; LACK OF MOBILITY IN THE SHOULDER AND THE UPPER ARM OF THE INJECTED SITE; FROZEN SHOULDER; HIGHER LEVEL OF PAIN (EXTREME PAIN) AT THE LOCATION OF INJECTION; SORE ARM; LITTLE FATIGUE; This spontaneous report received from a patient concerned a 60 year old female. The patient''s height, and weight were not reported. The patient''s concurrent conditions included immune thrombocytopenic purpura, and other pre-existing medical conditions included the patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805022, expiry: UNKNOWN) dose was not reported, administered on 01-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 01-APR-2021, the subject experienced sore arm. On 01-APR-2021, the subject experienced little fatigue. On 24-APR-2021, the subject experienced higher level of pain (extreme pain) in the shoulder and in upper arm. On 24-APR-2021, the subject experienced lack of mobility in the shoulder and the upper arm of the injected site. On 24-APR-2021, the subject experienced frozen shoulder. On 24-APR-2021, the subject experienced higher level of pain (extreme pain) at the location of injection. Laboratory data (dates unspecified) included: Platelet count (NR: not provided) Platelet count before the vaccination was 40. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from little fatigue on 03-APR-2021, and had not recovered from sore arm, higher level of pain (extreme pain) at the location of injection, lack of mobility in the shoulder and the upper arm of the injected site, higher level of pain (extreme pain) in the shoulder and in upper arm, and frozen shoulder. This report was non-serious.

VAERS ID:	1264601 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045B21A / 1	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Eye movement disorder, Hypotension, Lethargy, Loss of consciousness, Nausea, Pallor
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt started feeling dizzy, eyes rolled, lost consciousness for a few seconds, lethargic, nauseous, pale, low BP

VAERS ID:	1264845 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	37.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hordeolum, Swelling of eyelid
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Periorbital and eyelid disorders (narrow), Ocular infections (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D3, Vitamin B12, Magnesium
Current Illness: None
Preexisting Conditions: None
Allergies: Dairy intolerance, Grain & sugar cane intolerance
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Moderna COVID-19 Vaccine Developed my first every stye in my upper left eyelid within two hours after receiving my first dose. Swelling peaked on Sunday morning (4/25) with my eye half swollen shut. By Monday (4/26) afternoon I felt comfortable driving and the condition has continued to improve.

VAERS ID:	1265189 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Military **Purchased by:** ?
Symptoms: Diarrhoea, Fatigue, Headache, Hypoacusis, Insomnia, Nausea, Ocular hyperaemia, Pyrexia, Tunnel vision
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Optic nerve disorders (broad), Retinal disorders (narrow), Hearing impairment (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None

Diagnostic Lab Data:
CDC Split Type:
Write-up: Red eyes, severe head ache, hard to hear, tunnel vision, nausea, fever, fatigue, sleeplessness, diarrhea

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VAERS ID:	1266262 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Menstruation irregular, Vaginal odour
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Spironolactone 100mg Ritalin 40mg
Current Illness:
Preexisting Conditions: Chronic Lyme
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: I had a uterine ablation approximately 6 years ago and rarely menstrate. But the day after the vaccine I started menstruation but it has been heavy, terrible odor and had lasted several days now.

VAERS ID:	1266539 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-24
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: unknown
Diagnostic Lab Data: none
CDC Split Type:
Write-up: This Pt was permitted to create an acct, make an appt prior to this clinic date and get the vaccine before the system stopped due to the age. It was not caught until check out when Pt 2nd shot appt was being made. They showed up on the list of people WITH scheduled appts in and were NOT added at the time of the clinic.

VAERS ID:	1266549 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-24
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown

Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Unknown
Diagnostic Lab Data: None
CDC Split Type:
Write-up: This Pt was permitted to create an acct, make an appt in TVRS prior to this clinic date and get the vaccine before the system stopped due to the age. It was not caught until check out when Pt 2nd shot appt was being made. They showed up on the list of people WITH scheduled appts in TVRS and were NOT added to TVRS at the time of the clinic.

VAERS ID:	1266591 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Site: Pain at Injection Site-Medium, Systemic: Tingling (specify: facial area, extemities)-Mild

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VAERS ID:	1267104 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	63.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0441321A / 2	RA / UN

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Malaise, Nausea, Neck pain
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Covid #1 and reported here.
Other Medications: CBD, Multi Women"s Vitamin, Vitamin D
Current Illness: No illness. Lacerated left pointer finger earlier in the day on 4/22.
Preexisting Conditions: None
Allergies: Seasonal
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I haven"t been this sick in years: headache, neck ache, nauseous, CHILLS (I should have taken my temp but felt too lousy to move), joint aches/HIPS, extremely tired. lasting 48 hours. Continued to feel milder symptoms for 24 additional hours. No appetite for 4 days, I mostly just kept hydrated.

VAERS ID:	1267587 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	98.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A21A / 1	- / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Asthenia, Atrial fibrillation, Dyspnoea, Electrocardiogram, Electrocardiogram Q wave abnormal, Hypotension, Oedema, Tachycardia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad),

Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-04-23
Days after onset: 1
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: gabapentin 100 mg once a day
Current Illness: none
Preexisting Conditions: none
Allergies: KNDA
Diagnostic Lab Data: 4/22/2021 EKG: A fib, RVR, 145 bpm, q wave abnormalities showing ischemia inferiorly and anterolaterally.
CDC Split Type:
Write-up: patient woke up on 04/22/2021 with shortness of breath and weakness. On exam, she was hypotensive, tachycardic and edematous

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VAERS ID:	1267955 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	24.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Fatigue, Headache, Malaise, Nausea, Pain
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Birth control, Larrissa combination pill. Anti inflammatory supplement, iron, and a women''s multi vitamin.
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: No
CDC Split Type:
Write-up: About 10-12 hours after receiving the vaccine I felt extremely ill. I had a splitting headache, body aches, extreme fatigue, and nausea. This lasted for about 12 hours and I began feeling better the next day. 2 days after receiving the vaccine I felt completely fine.

VAERS ID:	1269782 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA 045B21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Headache, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingles 1 & 2, Flu
Other Medications: Bystolic 10mg Levothyroxine 112mcg Omeprazole 20mg Vitamin D 2000 IU Potassium Magnesium Cinnamon Turmeric
Current Illness:
Preexisting Conditions: HBP Hashimoto''s Thyroiditis
Allergies: Morphine Sulfa Drugs
Diagnostic Lab Data: none
CDC Split Type:
Write-up: General side effects: Fatigue, headache, muscle pain, joint pain, chills and nausea. Treatment: Ibuprofen 800 mg and rest. Course: Approx 18 hours

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VAERS ID:	1269814 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	943B21A / 2	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Bursitis, Injected limb mobility decreased, Product administration error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acalabrutinib Allopurinol
Current Illness: CLL
Preexisting Conditions: CLL
Allergies: Doxycycline
Diagnostic Lab Data: Examined by primary care provider
CDC Split Type:
Write-up: Bursitis from vaccine. Poorly administered in wrong location with a needle that was possibly too long. Clinician did not roll up my sleeve and examine my arm before choosing needle size. Cannot lift or use left arm after 1 week.

VAERS ID:	1269816 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	044B21A / 1	RA / -

Administered by: Public **Purchased by:** ?
Symptoms: Asthenia, Incorrect route of product administration, Movement disorder, Pain in extremity, Sleep disorder
SMQs:, Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Drug abuse and dependence (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin D
Current Illness: none
Preexisting Conditions: possible IBS
Allergies: n/a
Diagnostic Lab Data:
CDC Split Type:
Write-up: When I received the shot I felt it in my teeth. Didn''t think anything of it until that evening when my shoulder started hurting much more than any other shot I''d had before. Sleepless night with so much pain. Pain the next day and next evening so bad that it was impossible to sleep. Finally took a Tylenol and that helped a bit. Better for a few days and then a week after the shot my shoulder is hurting again, with weakness and reduced range of motion. I''m thinking that the needed went in too deep and caused an injury. I have had this issue before where I''ve had a year of pain and therapy to my shoulder and am wondering if it was caused by an incorrect injection during a flu shot.

VAERS ID:	1270498 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	45.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A21B / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi vitamins.
Current Illness: none
Preexisting Conditions: McCune Albright Syndrome
Allergies: Codeine
Diagnostic Lab Data: nne
CDC Split Type:
Write-up: 48 hrs after the first Moderna shot, I got hives pretty bad over four days. I took benadryl, took oatmeal baths and used cold compresses to help alleviate the symptoms.

VAERS ID:	1270673 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016C21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cold sweat, Dizziness, Hyperhidrosis, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: None listed
Diagnostic Lab Data: unknown
CDC Split Type:
Write-up: pt tipped his head back and then fell & caught himself (maybe fainted for 2 seconds) extremely white, clammy, sweaty, light headed. sat with him and he drank water ,for 15 minutes friend brought him home.

VAERS ID: 1271638 (history)		**Vaccinated:**	2021-04-04
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	71.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Pain, Pain in extremity
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions: none
Allergies: Sulfa drugs,
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Continuous Lt. arm shoulder ache/pain sometimes radiating down arm to hand. This is the 3rd week since symptoms started.

VAERS ID: 1272035 (history)		**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	39.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0164 / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Nuvaring
Current Illness: None
Preexisting Conditions: None
Allergies: Augmentin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen lymph node just above clavicle on right side, about an inch or so down from top of shoulder on front side of body.

VAERS ID:	1272071 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	21.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Muscle rigidity, Muscle spasms, Pallor, Paraesthesia, Syncope, Urinary incontinence
SMQs:, Torsade de pointes/QT prolongation (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Parkinson-like events (narrow), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: Unknown
Allergies: No allergies
Diagnostic Lab Data: Patient was brought to the ER via EMS.
CDC Split Type:
Write-up: Patient said she was feeling okay, however, patient then passed out. Shortly after passing out and losing consciousness, the patient started to have seizure like activity (extreme

muscle rigidity in a spasm like way), with some vocal sounds. This continued for maybe around 1.5-2 minutes, and then patient regained consciousness. She wet her pants. Came to and felt extremely tingly everywhere. Looked extremely pale. Provided water, patient mentioned she hadn''t eaten. Grabbed her a bar to snack on. EMS then arrived on the scene and took over care.

VAERS ID:	1272157 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Hypoaesthesia, Nasopharyngitis
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Estradiol and mirapex
Current Illness:
Preexisting Conditions: Migraines
Allergies: Penicillins
Diagnostic Lab Data:
CDC Split Type:
Write-up: Started with headache then top of my head went numb. All around the crown. Then had freezing chills

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VAERS ID:	1272473 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	30.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B21A / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Injection site pruritus, Injection site swelling, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: Endometrial polyp removal
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: No
CDC Split Type:
Write-up: on the eighth day after the injection, the hand at the injection site began to hurt and an allergic reaction appeared- swollen shoulder ,itches

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VAERS ID:	1272499 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	52.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Sleep disorder, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: gabapentin, escitalopram, lorazapam, propranolol
Current Illness:
Preexisting Conditions: GERD, anxiety disorder
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Tinnitus got significantly louder. I noticed it after about a week, and it went along with other side effects like fatigue and headache and chills. All the other side effects have gone away (it has been 19 days) and the tinnitus is still bad. It is very distracting and I have to try to mask it in order to sleep.

VAERS ID:	1272623 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Dyspnoea, Nausea, Paraesthesia, Presyncope
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Not known
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Dizziness, temporary shortness of breath, has to lay down as for vasovagal response, tingly abs temporarily, nausea 10 minutes

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VAERS ID: 1273165 (history)		**Vaccinated:**	2021-01-29
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	75.0	**Days after vaccination:**	83
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / UNK	- / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain upper, Body temperature increased, Computerised tomogram abnormal, Pulmonary embolism, Urinary tract infection
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Embolic and thrombotic events, venous (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: On admission UTI and RUQ pain found to have PE''s on CT scan
Preexisting Conditions: cerebral palsy
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: presented to ED with RUQ pain and temp of 102., borderline SIRS found to have segmental and subsegmental PE''s on CT. Additionally diagnosed with UTI

VAERS ID: 1273192 (history)		**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	38.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Feeling hot, Hyperhidrosis, Influenza like illness, Muscle spasms, Pain,

Pyrexia, Sleep disorder, Somnolence
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I went to bed around 10:30 and felt completely normal. Around 1AM I woke up with the chills that lasted for about an hour or so. I could not get warm. My body would go from hot to cold and shiver/spasm in a pattern that lasted about a minute or so. this pattern of hot cold and shiver/spasm lasted approximately an hour. when that subsided I started to experience relatively extreme fever and flu symptoms. I completely sweat through my pajamas. My entire body ached and hurt like a normal fever flu but more extreme. Around 2:30AM I took three 500mg acetaminophen, 2 mg Xanax and a 10 mg Valium. I fell back asleep some time between 3:30 and 4:00AM. I woke up at 8:30 with most of the symptoms having dissipated. It''s now 10AM. I still feel groggy and a little achy in my body, but the fever seems to have subsided. For now that is about it

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VAERS ID:	1273344 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004C21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Erythema, Pruritus, Throat clearing, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: None
Preexisting Conditions: "Lung Cancer survivor"
Allergies: CT Scan dye, Wellbutrin, Morphine, Codine, PCN
Diagnostic Lab Data: Transported to ED
CDC Split Type:
Write-up: Patient received vaccine at approximately 1000 was moved to the self monitoring station. Within 5 minutes of receiving the vaccine patient alerted staff she felt "itchy". Clinic removed individual out of self monitoring and brought her to the first aide area for 1:1 monitoring. Vital signs obtained revealed BP of 120/82, HR 86 and RR of 16. Patient denied shortness of breath however clinician noted patient frequently clearing throat. 911 called to dispatch EMS and epi snap kit at bedside however patient declined use of this medication despite education. Patient remained stable until EMS transport. Clinician noted raised red welts appearing on patients back and arms.

VAERS ID:	1273439 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	40.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004C21A / 1	AR / IM

Administered by: Public **Purchased by:** ?
Symptoms: Presyncope
SMQs:, Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: prolonged vagal episode, no LOC; BP: 116/72 HR: 62 patient rested lying down, apple juice; resolved at 10:15am

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VAERS ID:	1273471 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Fatigue, Headache, Hyperhidrosis, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: abilify 5mg, fluoxetine 20mg. Valacyclovir 500mg, prenatal vitamin, larissia oc
Current Illness: na
Preexisting Conditions: Major depression anxiety
Allergies: nka
Diagnostic Lab Data: na
CDC Split Type:
Write-up: Symptoms started approx 8 hrs after vaccination. Symptoms included severe chills, sweating, headache, diarrhea, nausea and fatigue. 600mg of Ibuprofen was taken which didn''t seem to help much. Severe Symptoms lasted for about 18 hours

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VAERS ID:	1273583 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	75.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Nodule, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: Breast Cancer currently being treated with Radiation
Preexisting Conditions: Tethered Spinal Cord Scleroderma Depression and Anxiety
Allergies: Sulfa and Erythromycin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: On the day after my second vaccine I woke up with a hard nodule about the size of a marble and it itched. As the weed went on it grew and after six days it was 2 1/2 by 3 1/2 inches in size. It then resolved itself

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VAERS ID:	1273602 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	45.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site swelling, Injection site warmth, Tendonitis
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: metoprolol succinate, aspirin, omeprazole, levothyroxine
Current Illness: none
Preexisting Conditions: a-fib, hypothyroidism
Allergies: sulfa drugs (migraine)
Diagnostic Lab Data: physician appointment, physical therapy
CDC Split Type:
Write-up: extreme swelling and heat at injection site lasting more than 28 days, arm pain lasting $g 3 months diagnosed as bicep tendonitis

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VAERS ID:	1273892 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Disturbance in attention, Fall, Fatigue, Feeling hot
SMQs:, Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient couldn''t concentrate and felt tired. He was sitting and leaned/fell forward. After a hew seconds he felt better but warm.

VAERS ID:	1274748 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	22.0	**Days after vaccination:**	15
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Blood test normal, C-reactive protein increased, Capillary nail refill test abnormal, Dyskinesia, Hypoaesthesia, Livedo reticularis, Lumbar puncture normal, Magnetic resonance imaging head normal, Magnetic resonance imaging normal, Magnetic resonance imaging spinal normal, Myoclonus, Peripheral coldness, Sensory loss, Skin discolouration
SMQs:, Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Dyskinesia (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hypotonic-hyporesponsive episode (broad), Dehydration (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Paroxetine
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: MRI C, T, L-spine with/without contrast as well as MRI head without contrast, which were all unremarkable. Lumbar puncture unremarkable, still awaiting some results from outside facility. All blood tests unremarkable.
CDC Split Type:
Write-up: Numbness/loss of sensation in toes began around 4/16/2021: Sensation reduced from the toes up to the hip bilaterally (R

VAERS ID:	1274801 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	33.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fall, Head injury, Headache, Hypoacusis, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hearing impairment (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received vaccine at 545pm. Administration noted as normal per pharmacist (rph), pt walked to waiting area chair. Approximately 7 minutes later pt asked for water. Pharmacist brought water to pt and asked if he was feeling okay. Pt stated he was having trouble hearing the rph. Rph walked back to pharmacy and continued to observe patient. approx 2 min later, pt passed out from seated position. rph did not see fall. both technician and rph ran out to pt. pt face down and water bottle spilled. assistant store manager reported as well. pt came to immediately and sat up on floor. He attempted to stand to sit in chair, but rph asked him to remain on floor. rph went to get emergency kit while tech observed patient. rph came back with instant ice pack. First pack did not activate but second pack did and had patient hold to his head as there was a visible red spot. Patient continued to be observed and was texting on phone during observation. Patient came up to pharmacist at 6:15 to ask to leave and Rph asked if pharmacy representative to could walk him to his car. Patient denied and Rph asked him to wait additional 5 minutes for observation. After 5 minutes, patient left. Today I called patient. He said he is feeling better and still has mild pain and a headache today.

VAERS ID:	1275053 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	36.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anxiety, Body temperature decreased, Dizziness, Hyperhidrosis, Vision blurred, Visual impairment
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: light headed, dizziness, sweating, anxious, vision blur saw yellow, had him sit extra 15 minutes until felt better took temperature - low registered 95, drank juice had a granola bar , stayed seated until felt better was with friend who was able to help when left temperature was at 96

VAERS ID:	1276635 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-27
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-05-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	UNKNOWN / UNK	- / -

Administered by: Military **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Myalgia, Tremor
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Parkinson-

like events (broad), Noninfectious encephalopathy/delirium (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210457603
Write-up: SHAKING; SHIVERING; LINGERING MUSCLE ACHES; TIREDNESS; HEADACHE; This spontaneous report received from a patient concerned a 45 year old female. The patient"s weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 27-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 27-APR-2021, the subject experienced shaking. On 27-APR-2021, the subject experienced shivering. On 27-APR-2021, the subject experienced lingering muscle aches. On 27-APR-2021, the subject experienced tiredness. On 27-APR-2021, the subject experienced headache. Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from shaking, shivering, and headache on 27-APR-2021, and was recovering from lingering muscle aches, and tiredness. This report was non-serious.

VAERS ID:	1277086 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-09
Age:		**Days after vaccination:**	1
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Body temperature increased, Fatigue, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021406503
Write-up: This is a spontaneous report from a non-contactable consumer. A 50-years-old patient of an unspecified gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Arm Right on 08Apr2021 17:45 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced elevated temperature, body aches, fatigue on 09Apr2021 16:00. Outcome of event was recovering. No treatment received. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1277226 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8729 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Anxiety, Atrial fibrillation, Atrial flutter, Body temperature, Cardiac disorder, Chills, Fatigue, Feeling abnormal, Headache, Heart rate, Heart rate increased, Illness, Malaise, Pain, Pyrexia, Vaccination site erythema, Vaccination site pain, Vaccination site swelling, Vaccination site warmth, Weight
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Dementia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METOPROLOL SUCCINATE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Cancer; Neuropathy (She has neuropathy on the bottom of her feet); Sleep difficult
Allergies:
Diagnostic Lab Data: Test Date: 20210410; Test Name: Fever; Result Unstructured Data: Test Result:99.4, 99.7, and 100.8; Test Name: heart rate; Result Unstructured Data: Test Result:Normally her heart rate is under 100; Test Date: 20210409; Test Name: heart rate; Result Unstructured Data: Test Result:104; Test Date: 20210410; Test Name: heart rate; Result Unstructured Data: Test Result:On Saturday, at 4:30PM, her heart rate was 111.; Comments: At 8:00PM, it was 109; Test Date: 20210411; Test Name: heart rate; Result Unstructured Data: Test Result:At 7:30AM, it was 96. At 6:00PM, it was 90; Test Date: 20210412; Test Name: heart rate; Result Unstructured Data: Test Result:went up; Test Date: 20210413; Test Name: heart rate; Result Unstructured Data: Test Result:104; Test Date: 202104; Test Name: heart rate; Result Unstructured Data: Test Result:94; Test Date: 2021; Test Name: Weight; Result Unstructured Data: Test Result:probably about 230 pounds lbs
CDC Split Type: USPFIZER INC2021411862
Write-up: A-Fib; The Pfizer covid vaccine made her heart worse; anxiety; injection site was swollen, red, and warm to the touch; injection site was swollen, red, and warm to the touch; injection site was swollen, red, and warm to the touch/her arm at the injection site was swollen, red, hurting and tender to touch; injection site was swollen, red, and warm to the touch/her arm at the injection site was swollen, red, hurting and tender to touch; heart rate also went up because she is scheduled for chemo, radiation and has an a-flutter/Fast heart beat; heart rate also went up because she is scheduled for chemo, radiation and has an a-flutter; Extreme tiredness; Bad headache; Fever of 99.4, 99.7, and 100.8; Chills; feeling yucky; Body aches; Feeling unwell; sick all day the day after but was fine by Sunday; This is a spontaneous report from a contactable consumer (patient). A 58-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot Number: ER8729), via an unspecified route of administration, administered in arm left on 09Apr2021 at 11:30 (at the age of 58-years-old) as a single dose for COVID-19 immunisation. Medical history included neuropathy on the bottom of her feet, cancer and cannot sleep from an unknown date and unknown if ongoing. Concomitant medication included metoprolol succinate at 275 mg, daily (125mg of metoprolol succinate in the morning and 150mg of metoprolol succinate in the evening) taken for an unspecified indication, start and stop date were not reported. The patient previously received the first dose of BNT162B2 on 19Mar2021 at 10:00AM (at the age of 58-years-old) in left upper arm for COVID-19 immunisation. The patient received her 2nd dose of the Pfizer COVID Vaccine on 09Apr2021. She was sick all day the day after (10Apr2021) but was fine by Sunday. On Monday, 12Apr2021, she mentioned that she underwent radiation therapy, then noticed that her injection site was swollen, red, and warm to the touch on 13Apr2021. On 10Aapr2021, her heart rate also went up because she is scheduled for chemo, radiation and has an a-flutter. She mentioned that the COVID shot made it go up. She is asking how long these side effects should last and for what to do. She mentioned that the nurse at her doctor''s office told her to contact Pfizer on what to do. She is a high-risk cancer patient. She received her second dose of the COVID vaccine on 09Apr2021. The

next day, she experienced tiredness, a headache, chills, and body aches. She also had a fever of 99.4, 99.7, and 100.8. She was feeling unwell. Then she got a fast heartbeat. She has been having that problem. She has A-Fib and A-Flutter. She has been doctoring every week about her A-Fib and A-Flutter. Then she was fine. On Monday, she had radiation. After radiation, on Tuesday, 13Apr2021, her arm at the injection site was swollen, red and hurting. Then her heartbeat started back beating fast. She has had a headache on and off. She had a headache on Monday, Tuesday and Wednesday. She does not look at her weight. She has gained so much weight since cancer. She retains liquids because of her cancer. She is probably about 230 pounds. She has been tired because of her cancer. But this was different, this was extreme tiredness. Began on Saturday, 10Apr2021 whenever she woke up. With her cancer, she cannot sleep. After the second dose of the covid vaccine, she was so tired, she actually rested well. She was feeling yucky, with chills, a headache and a fever. She is grateful that she was able to get some sleep. It was completely resolved on Sunday morning, 11Apr2021 whenever she woke up. Bad headache began on Saturday, 10Apr2021 whenever she woke up. Sleeping relieved her headache. She took some Tylenol even though she is not supposed to take Tylenol because of her chemotherapy. Tylenol could affect her liver because of the chemotherapy. She took the Tylenol for her fever and to help her headache. Her headache is on and off, but it is a lot better since her first headache. Her headache was the worst on the first day. She thought her symptoms were clear until her arm at the injection site was swollen, red and hurting. It was also hot to touch. Chills, body aches and fever of 99.4, 99.7, and 100.8, feeling unwell began on Saturday, 10Apr2021 whenever she woke up. Completely resolved on Sunday morning, 11Apr2021 whenever she woke up. Her heart started racing on Saturday, 10Apr2021. Then it resolved on Sunday, 11Apr2021. Then her fast heartbeat came back whenever her arm at the injection site started to get swollen, red and hurting. She thinks that her fast heartbeat could be anxiety too. She has anxiety. She takes heart medications that are supposed to slow her heart down. The medications are not working. Chemotherapy makes her heart worse. She called her doctor about her heart beating fast. She has not heard back from her doctor yet. Usually her doctor will up her mediations. Now tomorrow, she will be filling her body with poison. Chemotherapy makes her heart worse. Chemotherapy name, lot number, NDC and expiration date: Not provided. The Pfizer covid vaccine made her heart worse. She is supposed to get chemotherapy tomorrow. She does not know what will happen tomorrow. She thinks that her doctor is going to have to up her medications. She has been seeing her heart doctor every week. Because of radiation, she has not seen her as much. She is going to see her heart doctor on Tuesday. Her heart doctor has been doctoring her for forever, and she sees her every week since she was diagnosed with cancer. She prefers for Pfizer to contact her heart doctor if there are any follow up questions. She had to have surgery, and after that she went into A-Flutter. Her heart doctor has been on it since. Clarified that her heart medications normally do work. She thinks that the COVID vaccine counteracted her heart medications. Normally her heart rate is under 100. After the COVID vaccine, at 7:00PM, her pulse was 104. On Saturday, at 4:30PM, her heart rate was 111. At 8:00PM, it was 109. On Sunday, it got better. At 7:30AM, it was 96. At 6:00PM, it was 90. On Tuesday, whenever the injection site turned red, was hurting and swollen, her heart rate was 104. Currently her heart rate is 94. She has A-Fib and A-Flutter. She has been doctoring that every week about that. After that she was fine. On Monday, 11Apr2021, she had radiation. After radiation, on Tuesday, 13Apr2021, her arm at the injection site was swollen, red, hurting and tender to touch. Her heart started beating fast again. The redness is the whole width of her arm. She is asking how long she can expect this redness to last. She does not know if radiation triggered this. It happened right after radiation that she started on Monday. Her daughter told her that this is normal, and a lot of people have this happen. The day before the second dose of the COVID vaccine, she had internal radiation. That was her third radiation treatment. She told her oncology doctor about the COVID vaccine and her doctor talked to her about it. Her doctor told her to go on and get the COVID

vaccine, and that people like her needed the vaccine. She did not have radiation with first dose of the COVID vaccine. Therapeutic measures were taken as a result of bad headache and fever of 99.4, 99.7, and 100.8. The outcome of the events sickness, fever, chills, feeling abnormal, body aches and feeling unwell was recovered on 11Apr2021, headache was recovering, while of the rest was unknown.

VAERS ID:	1277451 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	45.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Injection site erythema, Injection site swelling, Injection site warmth, Lymphadenopathy, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I woke up this morning to a huge red swollen area at and around injection site of my upper left arm. It measures 7 and three quarter inches long and 4 inches wide. It feels warm to touch and I have a tender armpit that has been a little swollen for a week. My left leg calf muscle has been achy and weird for a week also.

VAERS ID:	1277540 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	31.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Rash erythematous, Rash papular, Rash pruritic, Skin induration, Skin warm
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline, 50mg daily
Current Illness: none
Preexisting Conditions: none
Allergies: Amoxicillin
Diagnostic Lab Data: none needed
CDC Split Type:
Write-up: Initial symptoms after administration was low level soreness, localized to injection site on right arm and dissipated after 2 days. Delayed onset rash appeared 7 days after injection. Rash began about 2 inches in diameter, characterized with redness, itchiness and warmth. Area was slightly raised/swollen and firm to the touch. Over the next two days (8-9 days after injection) rash grew to about 4 inches in diameter, redness and itch was present but dissipating slowly. Appears likely to resolve within the next couple days. Treatment included OTC hydrocortisone cream, applied once the first day rash appeared. No other treatments were used.

VAERS ID:	1277931 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	50.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 1	RA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Herpes zoster, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: Shingles diagnosed by medical doctor on 05/01/2021
CDC Split Type:
Write-up: Developed a rash on inside of left thigh, diagnosed as Shingles.

VAERS ID:	1279082 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	57.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: BB, asa
Current Illness: none
Preexisting Conditions: afib, HTN
Allergies: none
Diagnostic Lab Data: labs
CDC Split Type:
Write-up: possible pericarditis

VAERS ID: 1279143 (history)		**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	36.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Injection site rash, Rash erythematous, Rash macular, Skin indentation, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: latex
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: A blotchy red rash appeared on my left upper arm at the injection site and outward one week after the first dose. The arm feels warm and dimply. NO other symptoms.

VAERS ID: 1279359 (history)		**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-05-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?

Symptoms: Headache, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021451113
Write-up: massive headache; felt nauseous; This is a spontaneous report from a contactable consumer (patient) based on the information received by Pfizer for BNT162B2. A 61-year-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient historical vaccine included first dose of bnt162b2 for COVID-19 immunization on unspecified date. The patient stated that he got his second shot for Covid and had a massive headache and felt nauseous. The outcome of the event was unknown. No follow-up attempts are needed. Information about lot/batch number cannot be obtained.

VAERS ID:	1280149 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0173 / UNK	RA / SC

Administered by: Other **Purchased by:** ?
Symptoms: Computerised tomogram, Dizziness, Vertigo
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Depakote ER, Keppra, Omeprazole, Zyrtek, Calcium w/vitamin D
Current Illness:
Preexisting Conditions: Epilepsy (seizure free for 16 years)
Allergies: Sulfa, Erythromycin, Lamictal, seasonal allergies
Diagnostic Lab Data: April 29th - Dr. Referred me to the ER where they performed a CT scan and stated they have seen many cases of Vertigo directly after Covid vaccinations and the numbers appear to be rising.
CDC Split Type:
Write-up: Dizziness and bad vertigo - ongoing since 4/29, the day after the 2nd dose.

VAERS ID:	1280182 (history)	**Vaccinated:**	2021-05-02
Form:	Version 2.0	**Onset:**	2021-05-02
Age:	38.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling hot, Hyperhidrosis, Nausea, Pallor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Patient stated this had happened to him previously
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Erythromycin..Ibuprofen
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient called my attention. Stated he was very hot. I could see he was sweating and pale. I asked if there was any itchiness or difficulty breathing. He replied no but he felt nauseous. I retrieved a trash can in case he vomitted but he did not. The feeling of nausea passed pretty quickly. I retrieved ice packs for his neck and wrists. he laid his head in his hand resting on the ice

packs on his wrist. His first BP reading was 99/68... repeated in 10 minutes...about the same.I stayed with him & had him put his feet up. We conversed through most of the event. Next reading was 110/74. His color was coming back a little but he was still hot and a little woosy. Patient gave me permission to call his supervisor. I advised his supervisor he would benefit from going home to rest vs working the remainder of shift. I also contacted management to advise the same. He stayed sitting for a total of @ 50 minutes. Two more BP readings were 106/74 and 108/74. I had him stand he said he was okay. He had to walk to back of store to get his belongings. I asked him to come back to pharmacy before leaving. He said he felt much better and had been okay walking to back of the store. I did call him # 2.5 hours later and he said he was feeling okay. He did say that this has happened before..not always . I told him to let them know when he rec"d 2nd dose.

VAERS ID:	1280425 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Headache, Injection site pain, Menstruation delayed, Migraine, Pain in extremity
SMQs:, Extravasation events (injections, infusions and implants) (broad), Fertility disorders (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ameprazol
Current Illness:
Preexisting Conditions: IBS, fatty liver
Allergies: Allergy medications; Dairy, gluten, yeast, soy
Diagnostic Lab Data:
CDC Split Type:
Write-up: Around 4 hours after the shot I had intense pain at the injection site and a migraine. Arm pain lasted 4 days. The migraine lasted the rest of the day of the injections but had a headache for the following 3 days. I am also now almost 2 weeks late for my period. Usually I am early and if I am late it is only by a day or two. No chance of being pregnant.

VAERS ID:	1281358 (history)	**Vaccinated:**	2021-03-25
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	74.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A;006B21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Condition aggravated, Feeling abnormal, Headache, Lethargy, Myalgia, SARS-CoV-2 test negative
SMQs:, Rhabdomyolysis/myopathy (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: meloxicam; lisinopril; statin
Current Illness: bone on bone left ankle
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: Covid test was negative on 4/27/21
CDC Split Type:
Write-up: Experiencing post vaccine: headaches; chills; brain fog; muscle aches; arthritis more painful; lethargy;

VAERS ID:	1281373 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	31.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0431321A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red patch at injection site, then got swollen, hard, and white. After some research, it matched "Covid Arm"

VAERS ID:	1281493 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	207A21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood creatinine normal, C-reactive protein normal, Chest pain, Dizziness, Dysgeusia, Electrocardiogram normal, Eye swelling, Feeling abnormal, Flushing, Full blood count normal, General symptom, Hypoaesthesia, Influenza like illness, Nausea, Swelling face
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Peripheral neuropathy (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Eliquis, Clonazepam, Advair, Methylphenidate, Enalapril, Escitalopram, Vitamin C, Vitamin D3, Claritin
Current Illness: N/A
Preexisting Conditions: Asthma, 2 occurrences of Cerebral Thrombosis - no known reason or cause
Allergies: Amoxicillin
Diagnostic Lab Data: All tests done on 4/23/2021 CBC -Normal C Reactive Protein -Normal Creatinine -Normal EKG -Normal
CDC Split Type:
Write-up: About 5 minutes after I received the shot, had a sudden burning sensation in the middle of my chest that radiated out. I thought that was it for me. Nausea, dizziness, numbness in my left cheek and arm, got a funny taste in my mouth. This got pretty intense and lasted about 10 minutes. They had me stay in observation for another 45 minutes as those symptoms came in waves but never as intense as the first time. They let me go and I went home to rest. On the way home my cheeks became flushed and it felt like my eyes and cheeks were swelling. I had a lot of other symptoms over the next several hours which I wrote down. Early Tuesday morning those symptoms went away and I was left with some flu like symptoms, dizziness and a brain fog like I have never had before.

VAERS ID:	1281842 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	19.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature increased, Eye swelling, Headache, Hyperhidrosis, Lip swelling, Rash
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:

CDC Split Type:
Write-up: sweating real bad, 102 temperature, bad rash head to toe, eyes swelling shut, lips swelling, headache ER visit on 5/1/21 - hospital gave a steroid and suggested taking Benedryl (have been and continuing to do so) visit with PCP 5/3/21 - prescribed prednisone for 5 days

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VAERS ID:	1282166 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	64.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 1	- / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Muscular weakness, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Chlorthalidone, zantac
Current Illness: Trigger finger for 6 mos
Preexisting Conditions: Cardiac, anxiety, high BP, hyperlipidemia,
Allergies: Only sensitivities, no allergies
Diagnostic Lab Data: Saw a PA, at adds office. She requested a neural eval for that hand, but the reffered neural clinic failed to follow up.
CDC Split Type:
Write-up: Six days after pfizer shot #1, I noticed that my little finger and ring finger had no strength on the arm with the shot. I also had arm. pain since the shot as well on that arm.

VAERS ID:	1282860 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	56.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Bell's palsy, Ear pain, Facial paralysis, Full blood count, Metabolic function test
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Metamucil
Current Illness: none
Preexisting Conditions: hypertension
Allergies: none
Diagnostic Lab Data: All medical test from 4/29/2021 Stroke evaluation - negative Blood tests: Complete Blood Count & Differential, BUN, Creatinine, Electrolytes, Magnesium, Screening Glucose. All results normal. Blood Test: Lyme AB. Result negative. Diagnosis: Bell''s Palsy
CDC Split Type:
Write-up: I received my second Pfizer COVID-19 vaccine on 4/23. Symptoms began on 4/26 and worsened, slowly, over the course of the next three days. My symptom included a pain behind my right ear and partial paralysis of right side of my face including forehead, eye, and mouth. I called my primary care physician who sent me directly to the Medical Center in for a stroke evaluation including various blood tests. No imaging was performed.

VAERS ID:	1283126 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-02
Age:	63.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Herpes simplex
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Herpes simplex outbreak on face surrounding lips

VAERS ID:	1283499 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	38.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Headache, Immediate post-injection reaction, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Wellbutrin, Vyvanse, Spirinolactone, Women?s multi vitamin, Femtrol, Ashwaganda, 5HTP-CR, GABA, L-Theanine, Omega 3, Magnesium.
Current Illness: None.

Preexisting Conditions:
Allergies: None known.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizziness immediately after the shot. Approximately 12 hours after the shot, I started having a fever, body aches, and headache. My symptoms lasted for approximately 36 hours. This was my first covid vaccine shot. I had a moderate case of covid 4 months before getting the vaccine.

VAERS ID:	1283677 (history)	**Vaccinated:**	2021-05-02
Form:	Version 2.0	**Onset:**	2021-05-02
Age:	19.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Back pain, Hypoaesthesia, Pain, Pain in extremity
SMQs:, Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: I had a numbness in my hands and sharp pains from my lower back to my feet. Soreness all over to where it hurt to move

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VAERS ID:	1283975 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-05-03
Age:	33.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003C21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site rash, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen, red, itchy rash at shot site. One week later from the shot. Taking Benadryl

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VAERS ID:	1285099 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	56.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Bell's palsy, Facial paralysis
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril 10 mg daily
Current Illness: None
Preexisting Conditions: Hypertension
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received second Pfizer COVID vaccine on 4/23/2021. On 4/26/2021, he had onset of facial drooping and was seen in the emergency room and diagnosed with Bell''s Palsy. He was prescribed prednisone and valtrex. He had follow up with his PCP on 4/30 and had an improvement of symptoms at that time although persistent facial drooping.

VAERS ID:	1285150 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	57.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0151 / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Allergic: Itch (specify: facial area, extremeties)-Medium, Systemic: Allergic: Rash (specify: facial area, extremeties)-Medium

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VAERS ID:	1285177 (history)	**Vaccinated:**	2021-05-02
Form:	Version 2.0	**Onset:**	2021-05-03
Age:	25.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Injection site pain, Lethargy
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lethargy, head ache, injection site soreness (lasting 2 days)

VAERS ID:	1285239 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	56.0	**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808978 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies: NONE
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme chills, shaking, high fever, 102.7 for 24 hours

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VAERS ID:	1285733 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: cold

Preexisting Conditions: splenectomy
Allergies: hornets
Diagnostic Lab Data:
CDC Split Type:
Write-up: Had a rash over my stomach within 30 minutes. but felt fine that afternoon. Rash reappeared by evening and by midnight I had chills fever and all the symptoms described. Main concern was the immediate rash.

VAERS ID:	1286619 (history)	**Vaccinated:**	2021-03-09
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	57.0	**Days after vaccination:**	56
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Auditory disorder, Visual impairment
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Alpha lipoic acid, fish oil, multivitamin
Current Illness: no
Preexisting Conditions: post herpetic neuralgia at L brow L chronic tooth infection major depression hyperlipidemia impaired fasting glucose obesity
Allergies: NKDA
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Our office did NOT administer the vaccine She received the vaccine at another location and 2 months later mad me aware of her symptoms as follows: The same day of her first vaccine, she had visual changes (half of her face looks very yellow) and auditory (hearing a radio). Subsided after a few hours. No further symptoms or changes She did not notify me at the time so we did not have OV or eval dedicated to this

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VAERS ID:	1286650 (history)	**Vaccinated:**	2021-04-25
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	44.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048B21 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site pruritus, Injection site reaction, Injection site swelling, Injection site warmth, Pain in extremity, Rash macular
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluvoxamine 75mg
Current Illness: None
Preexisting Conditions: None
Allergies: Shellfish allergy
Diagnostic Lab Data:
CDC Split Type:
Write-up: 8 Days after my vaccination I woke up and noticed warm itchy red splotches on my arm below the vaccination spot. Throughout the day it has progressed into a spot roughly the size of my palm. Raised, red, warm, and itchy. My arm is somewhat achey.

VAERS ID:	1286792 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain, Dehydration, Facial pain, Feeling cold, Headache, Heart rate increased, Muscle spasms, Pain in jaw, Palpitations, Pollakiuria

SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Cardiomyopathy (broad), Osteonecrosis (broad), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: No known allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: Face pain especially jaw bones, headache, sharp shooting pain in right abdomen, icy cold, foot cramps, extremely loud and fast heartbeat for about seven hours followed by moderately loud but still very fast heartbeat for several more hours, urination approximately every half hour throughout the night resulting dehydration.

VAERS ID:	1287862 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	33.0	**Days after vaccination:**	11
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	- / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Pain in jaw
SMQs:, Osteonecrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Humira Fish oil Vitamin
Current Illness: None
Preexisting Conditions: ulcerative colitis
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Jaw pain on left side behind ear. Hard to chew and tender to the touch.

VAERS ID:	1287908 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	9H3Z4 / 2	- / SC

Administered by: Unknown **Purchased by:** ?
Symptoms: Incorrect route of product administration, No adverse event
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202109
Write-up: administrated subcutaneously with the second dose of Shingrix; This case was reported by a pharmacist via call center representative and described the occurrence of intramuscular formulation administered by other route in a 59-year-old female patient who received Herpes zoster (Shingrix) (batch number 9H3Z4, expiry date 27th August 2022) for prophylaxis. On 29th April 2021, the patient received the 2nd dose of Shingrix (subcutaneous). On 29th April 2021, unknown after receiving Shingrix, the patient experienced intramuscular formulation administered by other route. On an unknown date, the outcome of the intramuscular formulation administered by other route was unknown. Additional information was provided as follows: The patient received a dose of Shingrix subcutaneously instead of intramuscular route which led to intramuscular formulation administered by other route. No adverse event was reported. The reporter consented to follow up.

VAERS ID:	1288620 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-05-05
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	- / SC

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202109
Write-up: administer your vaccine subcutaneously instead of IM; This case was reported by a pharmacist via call center representative and described the occurrence of intramuscular formulation administered by other route in a female patient who received Herpes zoster (Shingrix) for prophylaxis. On an unknown date, the patient received the 2nd dose of Shingrix (subcutaneous). On an unknown date, unknown after receiving Shingrix, the patient experienced intramuscular formulation administered by other route. On an unknown date, the outcome of the intramuscular formulation administered by other route was unknown. Additional details were provided as follows: The age at vaccination was not reported. The reporter stated, one immunizer administered Singrix vaccine subcutaneously instead of intramuscularly to the patient, which led to intramuscular formulation administered by other route. The reporter asked if any guidance was helpful, they were wondering if any harm was done and if patient should be getting her second dose again just to maintain full coverage. The reporter did not have DOB (date of birth) at time of chat and stopped responding when asked for more vaccine details (date of administration, lot and expiry date). No further information was reported The reporter was unable to obtain permission for follow up.

VAERS ID:	1288691 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-29
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-05-05
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain upper, Body temperature, Fatigue, Headache, Oropharyngeal pain, Pain, Pain in extremity, Pyrexia, Skin injury
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown
Allergies:
Diagnostic Lab Data: Test Date: 20210502; Test Name: Body temperature; Result Unstructured Data: 101 F
CDC Split Type: USJNJFOC20210506788
Write-up: SORE THROAT; HEADACHE; FEVER; FATIGUE; STOMACH PAIN; BODY ACHES; RIGHT LEG SORE AROUND KNEE; LEFT ARM SORE; This spontaneous report received from a patient concerned a 23 year old male. The patient''s weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 205A21A, and expiry: UNKNOWN) dose was not reported, administered on 29-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 29-APR-2021, the subject experienced left arm sore. On 30-APR-2021, the subject experienced stomach pain. On 30-APR-2021, the subject experienced body aches. On 30-APR-2021, the subject experienced right leg sore around knee. On 30-APR-2021, the subject experienced fatigue. On 02-MAY-2021, the subject experienced sore throat. On 02-MAY-2021, the subject experienced headache. On 02-MAY-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 101 F. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the left arm sore, fatigue, headache, right leg sore around knee, body aches, fever, sore throat and stomach pain was not reported. This report was non-serious.

VAERS ID:	1288834 (history)	**Vaccinated:**	2021-05-04
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Error: Wrong Route (SC, IM, etc.)

VAERS ID:	1289183 (history)	**Vaccinated:**	2021-03-30
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Pain, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft, Vit C, fish oil, multi bit, B12, magnesium, probiotic
Current Illness: No
Preexisting Conditions: Depression
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: My arm is still sore. When I move my arm too high or behind my back I have muscle pain. Makes me think that vaccine is sitting in my muscle. My arm should NOT be sore a month later!

VAERS ID:	1289889 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	39.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014C21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Bone pain, Fatigue, Headache, Injection site erythema, Injection site pain, Injection site pruritus, Injection site swelling, Neck pain, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Osteonecrosis (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Liothyronine
Current Illness:
Preexisting Conditions:
Allergies: Trampoline, amoxicillin
Diagnostic Lab Data:
CDC Split Type:

Write-up: Aches and pain throughout body (mild) same day as injection. Swelling at injection site, and redness 4 in across and 3 inches in height still on 5-5-21. On 5-4 SEVERE body, bone and joint pain. Swelling and pain in injected arm that went up through shoulder and neck. Lower back, rib, elbow joint, hip, tail bone and arm pain. Low grade temp 100.7. Fatigue and headache Body pain ended on 5/5, swelling,redness and pain, itching still at injection site.

VAERS ID:	1290049 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Aphonia, Arthralgia, Burning sensation, Chills, Cough, Dry throat, Dysphonia, Electrocardiogram normal, Fatigue, Haemoptysis, Headache, Migraine, Pain, Pain in extremity, Palpitations, Upper-airway cough syndrome
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Cardiomyopathy (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pepcid Birth control Vitamin D gummies
Current Illness: None, but had side effects after my 1st dose as well; however, these have been more intense
Preexisting Conditions: Mild CP Acid reflux Overactive bladder IBS/issues with wheat/gluten
Allergies: Unknown at this time, but strong cause to think allergic to dairy and some forms of soy; have been GF since August 2019 due to adverse side effects of wheat/gluten
Diagnostic Lab Data: EKG - 4/29/2021 - all fine
CDC Split Type:
Write-up: After the 1st dose, I had a headache, sore arm, sore joints and fatigue for exactly a

week after the shot was administered. It''s been a week since dose 2, and my side effects have been worse. Migrane, body aches, arm soreness, fatigue, cough/hoarse/post nasal drip and having chills to feeling like I was burning. It started when I lost my voice about 3 hours after injection, and worsened over the following 3 days before starting to get better a few days ago Still have a headache and am sore, though, with hoarseness in my voice and a dry throat. Trying to sleep for longer and drink plenty of water. Went to the Dr. due to spitting blood on Thursday morning. Was informed it was just post nasal drip, but still had to have an EKG done due to a racing heart. Everything looked fine, but I''ve been in contact with them re: my symptoms in the following day. Glad to be doing my part for public health, but these have gone on awhile!

VAERS ID:	1290077 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	35.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Discomfort, Erythema, Hypoaesthesia oral, Impaired work ability, Insomnia, Lip swelling, Lymphadenopathy, Paraesthesia oral, Pruritus, Rash, Rash pruritic, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: prenatal vitamin
Current Illness: none
Preexisting Conditions: none
Allergies: amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: About 36 hours after receiving the first dose of the COVID vaccine, I began to have a rash around left eye (red, very itchy, swollen) accompanied by swollen lymph nodes on the left side of my body. This rash has not diminished in the 2+ weeks since, but has in fact gotten progressively worse. It is now around both of my eyes (though my eyes themselves seem fine - it''s just the skin around them, both above and below), and is debilitatingly painful and itchy. In addition, 2 days post-vaccine, my lips became very swollen and red and numb/tingly. This is also continual. 1 week ago I broke out in itchy welts all over my scalp, and now my whole body is very itchy. Nothing else in my diet / skin care routine / medications / etc has changed in the last 2+

weeks, with the exception of some antihistamines I have begun taking in the last few days. I spoke with my PCP today and shared my concerns - primarily that this is progressively getting worse and more systemic - and he suggested I file this form. He also recommended that I not receive the 2nd dose of COVID, as this reaction is already significantly impacting my quality of life and my health (I am unable to work full days because of the discomfort, and I am experiencing significant insomnia as a result of the same).

VAERS ID:	1290165 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	25.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007C218 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Fear of injection, Injury, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hostility/aggression (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: None
Allergies: Amoxicillin and Ibuprofen
Diagnostic Lab Data: None were necessary
CDC Split Type:
Write-up: Prior to administering the vaccine, the patient had expressed an intense phobia of needles to pharmacy staff, and this was communicated to the pharmacist. After administering the vaccine, the patient stated that they felt lightheaded. The pharmacist then asked the patient if they wanted to remain seated, and the patient lost consciousness for approx. 60 seconds. Per Pharmacy protocol, code white, (indicating injury) was declared over the stores radio system. The patient was lowered onto the floor, legs were elevated and cold compress applied as per protocol. Following the patent regaining consciousness, they declined paramedic assistance and was provided with an electric cart to aid in leaving the premises.

VAERS ID:	1290247 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dyspnoea, Rash, Vomiting
SMQs:, Anaphylactic reaction (narrow), Acute pancreatitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Alprazolam 2mg - three times daily PRN Diphenhydramine 25mg - PRN Albuterol 90mcg - PRN Linzess 145mcg - 2 capsules daily PRN Cimetidine 200mg - 2 tablets twice a day Epinephrine 0.3mg - PRN
Current Illness: NA
Preexisting Conditions: Asthma, Anxiety
Allergies: Beano, Afrin, NSAIDs, Nuts, Bees, Hydromorphone, Lithium, Ultram, Ceclor, Sulfa, Percocet, Flexeril, Benzocaine, Isopropyl alcohol, polytrim, ultracet, Trazodone, Amitriptyline, Phenergen, Dyphylline, Lactose, Fluticasone, Omeprazole, Levofloxacin
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Within a minute of vaccination the patient ran to the bathroom vomiting. She came back into the pharmacy waiting area and complained of a rash on her chest and arms and difficulty breathing. We contacted EMS and administered her own Epinephrine 0.3mg/0.3mL pen. The patient said within a few minutes that she was having an easier time breathing and was feeling slightly better. EMS arrived and continued monitoring her and brought her to the local hospital for further observation and treatment.

VAERS ID: 1290369 (history)		**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-02
Age:	60.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D, Zinc, Multi vitamin, Ubiquinol (CoQ10), omeprazole,
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID: 1290403 (history)		**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A21B / 1	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045B21S / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling abnormal, Hypoaesthesia, Injection site mass, Sensitive skin, Vaccine positive rechallenge
SMQs:, Peripheral neuropathy (broad), Dementia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Sexual dysfunction (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Being checked for MS
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Face numbing, right hand numbing, brain fog, hypersensivity in scalp, 1st dose 2nd dose, lemon-sized lump in left arm -site of administration

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VAERS ID:	1290857 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	65.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN0158 / 2	LA / -

Administered by: Military **Purchased by:** ?
Symptoms: Eating disorder, Fatigue, Hyperhidrosis
SMQs:, Neuroleptic malignant syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METFORMIN; GLIZIDE [GLICLAZIDE]; ATORVASTATIN CALCIUM; JANUVIA [SITAGLIPTIN]
Current Illness: High cholesterol (Verbatim: High cholesterol); Type 2 diabetes mellitus (Verbatim: Type 2 diabetes)
Preexisting Conditions: Medical History/Concurrent Conditions: Heart attack (Verbatim:He says

his dad died of a heart attack .)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021432238
Write-up: couldn"t eat anything/could eat cereal and maybe some ramen noodles, he couldn"t eat anything; tired; sweating; This is a spontaneous report from a contactable consumer(patient). This 65-year-old male patient received 2nd dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EN0158) at single dose on 13Apr2021 13:30 via an unknown route in left arm for Covid-19 immunization. Medical history included Type 2 diabetes and high cholesterol, both ongoing. He had probably had Type 2 diabetes a lot longer than he thought. He was diagnosed with Type 2 diabetes in 2001 or 2002. He said his high cholesterol was pretty much in check because he stays on his pills. He says he has no clue how long he has had this condition, 39 years all over a year, that he probably had it while he was in Korea. His dad died of a heart attack. Concomitant drugs included metformin for cholesterol and had been taking this probably since "99 (as reported), gliclazide (GLIZIDE)(reported as "extra large (XL)") for type 2 diabetes taking this since probably about the time they discovered he had type 2 diabetes, atorvastatin calcium been taking this since the same as gliclazide for type 2 diabetes, and sitagliptin (JANUVIA) from Mar2021 for type 2 diabetes, all ongoing. Historical vaccine included 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EN6208) on 23Mar2021 10:30 AM in left arm for Covid-19 immunization and had no issues or side effects. History of all previous immunization with the Pfizer vaccine considered as suspect was reported a "NA". No additional Vaccines Administered on Same Date of the Pfizer Suspect. No Prior Vaccinations (within 4 weeks) and no AE(s) following prior vaccinations. He received his second vaccine dose on 13Apr2021 and on 15Apr2021 he began experiencing sweating. He stated he had been sweating up a storm, changing clothes 3 times a day. He said that didn"t happen before the second shot. He denies fever and chills. Patient also experienced tired from 16Apr2021 and couldn"t eat anything from 17Apr2021. Reporter seriousness for the events sweating, tired and couldn"t eat anything was unspecified. Sweating happened 1 day right after he got the shot, which was probably "Wednesday" night, then it went away, then "Friday, Saturday, Sunday, last night" he had to change clothes 3 times. He still had to change clothes last night (as of 19Apr2021). He was so tired he couldn"t even eat, he could eat cereal and maybe some ramen noodles, he couldn"t eat anything, he didn"t feel like it. He was tired "Friday" afternoon. His grandkids got up and he felt like bleh. He said some days he gets up and feels fine, then he sweats, then he felt fine. On 19Apr2021 he got up and felt fairly decent. "Saturday" morning he couldn"t eat anything, bacon and eggs he can"t eat, he made a bowl of cream of wheat. No Emergency Room or Physician Office visit due to the events. No relevant tests performed. Outcome of tired was unknown. Outcome of the other events was not resolved. Follow-up attempts are completed. No further information is expected.

VAERS ID:	1291365 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	48.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B21A / 2	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Valsartan 40mg
Current Illness: none
Preexisting Conditions: Bicuspid Aorta Oropharyngeal Cancer 2019 - Cured
Allergies: none
Diagnostic Lab Data: Doctor visit - diagnosis of Shingles
CDC Split Type:
Write-up: Shingles on head- 5 days subsequent to the second dose of Moderna Vaccine

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VAERS ID:	1291592 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	73.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-05-06
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Contusion, Injection site haemorrhage, Pain in extremity
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: Unknown
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210504237

Write-up: BRUISE AT THE INJECTION SITE; SORE ARM; INJECTION SITE BLEEDING; This spontaneous report received from a pharmacist concerned a 73 year old female. The patient''s weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 205A21A, and expiry: 23-JUN-2021) dose was not reported, administered on 30-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 30-APR-2021, the subject experienced injection site bleeding. On an unspecified date, the subject experienced bruise at the injection site, and sore arm. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from injection site bleeding, and the outcome of sore arm and bruise at the injection site was not reported. This report was non-serious.

VAERS ID:	1292031 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	62.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain, Fatigue, Headache, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sever headache, nausea, muscle ache, abdominal cramps, fatigue

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VAERS ID:	1292151 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	51.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Asthenia, Chills, Cough, Fatigue, Feeling abnormal, Headache, Pain
SMQs:, Anaphylactic reaction (broad), Dementia (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: 4/29/2021 CMP W/EGFR profile; Sodium 142; Potassium 5.0; Chloride 103; Eco2 29; Blood Urea Nitrogen 21; Creatinine 0.72; eGFR 121.9; Glucose 93; Total Protein 7.4; Albumin 4.40; 4/29/2021 CMP W/EGFR profile; Sodium 142; Potassium 5.0; Chloride 103; Eco2 29; Blood Urea Nitrogen 21; Creatinine 0.72; eGFR 121.9; Glucose 93; Total Protein 7.4; Albumin 4.40; Calcium 10.0; Calculated Calcium 10.0; Total Bilirubin 0.7; AST (SGOT) 24; Alt (SGPT) 14; Alkaline Phosphatase 109; A/G Ratio 1.5; CBC W/Diff profile; White Blood Cells 9.0; Red Blood Cells 4.68; Hemoglobin 13.3; Hematocrit 41.00; MCV 87.6; MCH 28.4; MCHC 32.4; RDW-CV 12.4; Platelets 339; Mean Platelet; Volume 9.3; LYM# 2.0; LYM% 21.9; MXD# 0.5; MXD% 5.2; NEUT# 6.5; NEUT% 72.9; Sed Rate Westergren 40; PSA screen 0.6; Hep C Ab w reflex PCR Negative; Lyme Ab Negative; High Sensitivity CRP 10.24
CDC Split Type:
Write-up: Since my 2nd Pfizer vaccination, I have been experiencing consistent fatigue, weakness, body aches, chills, headaches, brain fog, and an itchy cough.

VAERS ID:	1292637 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	203A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Delirium, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received vaccine and roughly 5 mins post vaccination pt became delirious and then fainted. Pt was put supine on ground to prevent falling. 911 was dialed. Pt came to roughly 30 seconds after fainting. Paramedics came and treated the pt 10 mins after episode.

VAERS ID:	1292694 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	33.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004C21A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Celexa, wellbutrin, levothyroxine, nexium, vitamin d
Current Illness: None
Preexisting Conditions: General anxiety disorder, depression, hypothyroidism
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Itchy red swelling at infection site, hot to the touch

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VAERS ID:	1292743 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	64.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arteriogram carotid, C-reactive protein decreased, Computerised tomogram, Magnetic resonance imaging head, Red blood cell sedimentation rate increased, Retinal artery occlusion, Scan with contrast
SMQs:, Embolic and thrombotic events, arterial (narrow), Retinal disorders (narrow), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: HTN, dyslipidemia, CAD
Allergies:
Diagnostic Lab Data: MRI Brain 4/18/21 CTA CoW & Carotids 4/18/21 CT Orbits w/ contrast 4/18/21 ESR 30 CRP 1
CDC Split Type:
Write-up: He was laughing and suffered from sudden onset OD central retinal artery occlusion with persisting deficits from it.

VAERS ID:	1292965 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0168 / 3	AR / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Error: Wrong Vaccine Formulation (ex. different manufact. initial and booster)

VAERS ID:	1293181 (history)	**Vaccinated:**	2021-05-04
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031B21A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003C21A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal discomfort, Asthenia, Fatigue, Frequent bowel movements, Headache, Mobility decreased, Muscular weakness, Nausea, Periarthritis

SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Parkinson-like events (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (narrow), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: humira
Current Illness:
Preexisting Conditions: rheumatoid arthritis , lupus
Allergies: deet, lavender
Diagnostic Lab Data:
CDC Split Type:
Write-up: frozen shoulder, could not move. severe fatigue, no energy to get up and go bathroom or get up in general. nausea, headache. weak muscles. upset stomach, pooping alot

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VAERS ID:	1293291 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Atrial fibrillation, Blood pressure increased, Blood test, Nausea, Palpitations, Sensory disturbance
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes

ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: arthritis; skin CA
Allergies: clams
Diagnostic Lab Data: Blood enzymes vitals
CDC Split Type: vsafe
Write-up: 4/11 11:30 vaccination 11:40 I felt had a head rush and my heart started pounding like it never had before. I reported back to the EMTs on site. They monitored me. After another 10 minutes, I was not feeling better, nauseous. My BP rose and I went into a fibrillation. They transported me at that time to the ER. The Afib went away on its own. It was probably an hour at the mobile clinic and ER ride; by the time I had arrived my afib had resolved on its own. Discharged Heart palpitations over the next few weeks. The following Sunday, I started to feel like I was going back into Afib. By the time I got there, everything was ok. They sent me home with a heart monitor for 48 hours. I will get the information on 5/7/2021. *5/7/2021 follow up appointment with PCM to find results of HR monitor.

VAERS ID:	1293386 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	29.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Fall, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown

Preexisting Conditions: epilepsy
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shortly after injection patient felt light headed and stood up. He fainted and fell forward. He was unsure if he had a seizure although he does have a history of seizures. EMS was called and checked his BP, BS, and pulse ox.

VAERS ID:	1293908 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	57.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site rash, Injection site reaction, Rash macular, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient called the pharmacy 5/6/21 to question a rash on her arm where she received her COVID vaccine. She stated that she did have a red wheel around the injection site and mild pain after her 4/22/21 vaccine but the redness faded after 5 days. She said that she woke up this morning (5/6/21) and noticed a rash on both arms and redness around the injection site. I told her that I wouldn''t know if she was experiencing hives unless I saw the rash. She said that she needed to stop by the store today and would stop by the pharmacy. A few hours later, patient presented to the pharmacy. I observed her rash. She has a large wheel of redness on her left deltoid the size of a lime. She has a red, spotted rash on her bilateral arms and states that she does not have the rash elsewhere on the body. Patient states the rash does mildly itch. I told her I did not believe that she was experiencing hives but referred her to her physician to determine if it

could be a delayed reaction to the vaccine. Patient visited her physician this afternoon and returned to the pharmacy with a prescription for triamcinolone cream. She also had a letter in hand from her physician stating she was medically cleared to receive her second dose of Moderna vaccine.

VAERS ID:	1294251 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	67.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8727 / 1	RA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0151 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Appendicectomy, Appendicitis, Blood test, Computerised tomogram, Laparoscopic surgery
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 6 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: metoprol succinate 12.5 mg daily omeprazole 80mg daily
Current Illness:
Preexisting Conditions: Gerd High Blood Pressure
Allergies: digoxin
Diagnostic Lab Data: Blood tests ,Cat Scan on Mon 09/12 ..before slaproscopic surgery
CDC Split Type:
Write-up: Two day later..beginnings of symptoms ..of what would turn out to be...Appendicitis... shot on Thurs ..Appendicitis symptoms late morning Sat Emergency Appendectomy...Mon Eve

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VAERS ID:	1294517 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	56.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site reaction, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Hay fever, wool
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Mildly pruritic rash, 5cm, at injection site. Two applications of topical steroid (betamethasone) Resolved within four days.

VAERS ID:	1295113 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	49.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0173 / 2	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Impaired work ability, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: NOne
Allergies: Amoxycilin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 12 hours after injection, I woke up with chills and a headache, followed by a fever and nausea. My temperature remained between 100-102 degrees for the following 2 days. My fever has dropped down to 99 and I still have the headache and fatigue causing me to miss work.

VAERS ID:	1295201 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	46.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Menstrual disorder
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Women"s once a day Wellbutrin Lillow bc for peri menopause Zyrtec
Current Illness: N/a
Preexisting Conditions: Asthma
Allergies: Latex
Diagnostic Lab Data:
CDC Split Type:
Write-up: My menstrual cycle started in the middle of my cycle three days after shot. I"m on BC to

keep my periods regular.

VAERS ID:	1295539 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022B21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Confusional state, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Latex
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: Less than 5 minutes after the injection, patient began to develop a rash on her torso. The rash began to spread, so she was given a 25mg tablet of diphenhydramine 7-8 minutes after the injection. The rash continued to spread, so an ambulance was called around 10 minutes after the injection. The paramedics arrived within 5 minutes and took the patient''s vitals. They reported that she was showing signs of confusion. She was given a ride to the Medical Center by her manager around 20 minutes after the vaccination. Called the ER to follow up, patient is fine per (Name).

VAERS ID:	1295619 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-03
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 2	LA / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0211B21A / 1	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Fatigue, Headache, Hyperhidrosis, Musculoskeletal stiffness, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis Bupropion
Current Illness: I have recently tested positive for Anaplasmosis- I was treated with Doxycyline just prior to my first dose of the vaccine. I have an undiagnosed blood clotting condition. Seeing Hematologist in June.
Preexisting Conditions: I am a survivor of Acute Lymphocytic Leukemia I have a history of hyperparathyroidism previous positive tests for ehrlichiosis and Babesia
Allergies: Strawberries, stinging insects, morphine, omoxyciiln
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2nd dose- tired. 9 pm diarrhea followed by low grade fever and extreme chills and sweats. day 2- very stiff, achey, headache, low grade fever, extreme chills and sweats. Barely could stay awake. day 3- exhausted achy, headache, low grade fever, extreme chill sweats. day 4- woke up feeling a bit better but after a hour or two low grade fever followed by a full day/night of the most extreme sweats and some chills. Day 5- woke up feeling okay but since there have again had low grade fever and sweats. (no chills yet.)

VAERS ID:	1295803 (history)	**Vaccinated:**	2021-05-04
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	- / -
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	DON?T HAVE INFO / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu vaccine
Other Medications:
Current Illness: None
Preexisting Conditions: Hypertension
Allergies: Compazine
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN stated? I am sorry but I injected it into the bone?. Did not see him pull back. No further information given.

VAERS ID:	1296971 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046AZ1A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C21A / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Malaise, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin, Magnesium
Current Illness: none
Preexisting Conditions: no
Allergies: Erythromyecin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Body aches, slight fever and chills, general malaise beginning about 14 hours after 2nd dose was administered. Aleve taken 4 hours after onset of side effects. Side effects seem to be diminishing 32 hours after 2nd dose.

VAERS ID:	1297846 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	29.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	206A21A / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Injection site rash, Intermenstrual bleeding
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Seasonal Allergies
Preexisting Conditions: Avascular necrosis (diagnosed as a child, no symptoms as an adult)

Allergies: Cosine, sulfur, wheat flour
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mensural spotting 32 hours after shot. Rash around injection site.

VAERS ID:	1297990 (history)	**Vaccinated:**	2020-05-06
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	68.0	**Days after vaccination:**	366
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025CZIA / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypertension, Injection site pain
SMQs:, Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypertension (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: arterial narrowing bilateral neck
Preexisting Conditions: osteoporosis
Allergies: Latex and tetanus
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 1ST dose Moderna Vaccine- Acute Hypertension with no other symptoms (No headache, No chest pain, No tinnitus, No cardiac issues). Elevated BP could have been from the begining, however, since no other symptoms, it wasn''t discovered until 24 hrs later. BP 160-190 mmHg HR 70-78 bpm remained in 180 for at least 4 hrs. 162 mg (2 tab) Baby aspirin, rest and hydration. On call MD contacted through clinic. Advised to administer 20 mg Lisinopril (Husband''s med) if BP over 190 mmHg. Contact in AM for possible prescription if hypertension remains overnight. at 2300: BP 160/64 HR 76 with NO meds administered . slightly sore right arm at injection site.

VAERS ID:	1298801 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-05-08
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incomplete course of vaccination
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202109
Write-up: First dose of Shingrix on 30/Oct/2019 and has not received dose two; This case was reported by a pharmacist via call center representative and described the occurrence of incomplete course of vaccination in a elderly male patient who received Herpes zoster (Shingrix) for prophylaxis. Previously administered products included Shingrix (received 1st dose on 30th October 2019). On an unknown date, the patient received the 2nd dose of Shingrix. On an unknown date, unknown after receiving Shingrix, the patient experienced incomplete course of vaccination. On an unknown date, the outcome of the incomplete course of vaccination was unknown. Additional details were provided as follows: Age at vaccination was not applicable for this report. A pharmacist reported that a patient received the first dose of Shingrix and had not received dose two which led to incomplete course of vaccination. The reporter consented to follow up.

VAERS ID:	1298978 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-02-06
Age:	24.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 1	LA / OT

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature, Chills, Headache, Hyperhidrosis, Nasal congestion, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: COVID-19
Allergies:
Diagnostic Lab Data: Test Date: 20210206; Test Name: temperature; Result Unstructured Data: Test Result:100.5; Comments: 03:00 am
CDC Split Type: USPFIZER INC2021170580
Write-up: Chills; sweats; fever 100.5; headache; stuffy nose; body aches; This is a spontaneous report from a contactable nurse (patient) reported for herself. A 24-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (lot number: EL3246) intramuscularly administered in left arm on 05Feb2021 12:00 pm (24-year-old at vaccination) at a single dose for COVID-19 immunization. Medical history included COVID-19. No known allergies. The patient was not pregnant. Facility type Vaccine was at hospital. The patient''s concomitant medications were not reported. No other vaccine in four weeks. The patient experienced chills, sweats, fever 100.5, headache, stuffy nose, body aches; with start date on 06Feb2021 03:00 am. No treatment received for events. The outcome of events was unknown. No COVID tested post vaccination. Follow-up attempts completed. No further information expected.

VAERS ID:	1299500 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	38.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dysphagia, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Anticholinergic syndrome (broad),

Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Allergic: Difficulty Swallowing, Throat Tightness-Medium, Additional Details: APPROX. 45 MINUTES AFTER VACCINATION PATIENT NOTIED DIFF SWALLOW AT WORK. TOOK 1 BEN AT 10:40 AND ONE AT 11:15. DID NOT GET WORSE, RECOMMENDED ER, ER SAID AIRWAY WAS OKAY TO ONLY LET THEM KNOW IF IT GOT WORSE.

VAERS ID:	1299577 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	55.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Injection site haemorrhage, Pruritus, Rash, Rash vesicular
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: ,Quercitine Phytosome 250mg Vitamin D3 3000 IU Emergen-C 1000mg
Current Illness: Trees blossoming bad seasonal allergy time. Was under control with the Quercitine.
Preexisting Conditions: Hypo thyriod
Allergies: Pollen, dander, sulfa drugs
Diagnostic Lab Data: none
CDC Split Type:
Write-up: On The April 21 I had one quarter size mark that was itchy. Thought I got bit by a spider. It didn''t go away. A week later I had three quarter size red marks on left hip in a triangle pattern. Needed to get second shot and figured these were not related to the vaccine. After receiving second shot in the arm it bleed. Person held pressure on it and told me it would bruise . This was on May 2nd at 8:10 am. It was lot number EW0167. Clinic site. Received medical care at express care for spreading rash and itching on Tuesday May 4th. 20mg twice daily. Was placed on predizone 40mg, Zrytec 20mg twice daily, Benadryl 50mg every 6 hours, famotidine May 8th still spreading on thigh toward knee. Chicken pox like marks on stomache and back. Going to medical center today May 8th.

VAERS ID:	1299832 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	41.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	RA / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthritis, Asthenia, Chest pain, Chills, Constipation, Decreased appetite, Incorrect dose administered, Mental disorder, Muscle spasms, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Arthritis (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: CBD
Current Illness: n/a
Preexisting Conditions:
Allergies: milk
Diagnostic Lab Data:
CDC Split Type:
Write-up: First Shot April 20th of Moderna after facility cancelled my JJ, Second shot J&J in facility after facility cancelled my second appointment of Moderna. Could not make 2nd shot appointment. Going away for work in state and could not get second shot for three months so just got JJ. 102 fever, chills, chest pains, spasams, joint inflammation, no appetite, no bathroom. full body pain and some altered mental state. weakness. Going on 18 hrs now fever continues to rise.

VAERS ID:	1300290 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025C21A / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Ear pain, Pyrexia, Sinus pain, Tinnitus
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hearing impairment (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: osteoarthritis
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tinnitus, ear aches (both ears), sinus ache (uncommon); 102+ fever, chills, etc. (common)

VAERS ID: 1300298 (history)		**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-05-08
Age:	27.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site rash, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Migraines
Allergies: Doxycycline
Diagnostic Lab Data:
CDC Split Type:
Write-up: Red, hot, swollen, rash around injection site

VAERS ID: 1300581 (history)		**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-03
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever chills nausea headache

VAERS ID:	1301182 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-28
Age:	75.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / -

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal discomfort, Diarrhoea, Mucous stools, Nausea
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amlodipine 5 mm losartan 50 mm
Current Illness: None

Preexisting Conditions: hypertension
Allergies: None
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Chronic mild nausea, loose stool, gastrointestinal upset - occasional mucus in stool.

VAERS ID:	1301383 (history)	**Vaccinated:**	2021-04-04
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	70.0	**Days after vaccination:**	30
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Sleep disorder
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Rosuvastatin 40 mg
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Fatigue , trouble sleeping,

VAERS ID:	1302337 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-10
Age:	32.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004C21A / UNK	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chest discomfort, Injection site pruritus, Injection site urticaria, Muscle spasms,

Polymenorrhoea
SMQs:, Anaphylactic reaction (narrow), Dystonia (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Large itchy hive and tight chest one week later at injection site. Took antihistamine. Also experienced cramping and early menstrual period next day after receiving shot.

VAERS ID:	1302453 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	71.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Herpes zoster, Limb discomfort, Mobility decreased, X-ray of pelvis and hip normal
SMQs:, Parkinson-like events (broad), Tendinopathies and ligament disorders (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OMEPRAZOLE DR 40 MG
Current Illness: NONE
Preexisting Conditions: ACID REFLUX

Allergies: NONE
Diagnostic Lab Data: X-rays of the hip showed no issues with the hip replacement.
CDC Split Type:
Write-up: After first covid vaccine I developed shingles between the first and second doses in the right thigh . I also experienced (and still am experiencing) mobility problems with the right leg. Coincidentally? this is the leg that has had a total hip replacement 3 years ago. Shingles rash has not completely gone away.

VAERS ID:	1302530 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-08
Age:	33.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Burning sensation, Pain, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline 100 mg Nexplanon
Current Illness:
Preexisting Conditions: Asthma ExcemA
Allergies: Penacillin Omaxacillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Just over 48 hours after the vaccine, I got a sunburn-like rash on both triceps that hurt and have a burning sensation. The rash and burning sensation remain.

VAERS ID:	1303127 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	75.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Delirium, Fatigue, Feeling abnormal, Gastrointestinal disorder, Headache, Injection site erythema, Injection site pain, Loss of personal independence in daily activities, Myalgia, Nausea, Pyrexia, Tooth fracture
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Solgar VM - 75 vitamin and mineral supplement without iron one a day Digestive Enzymes prn Gluten Eze prn; Omega oils 2000 mg qd ; Vitamin K 90 mcg qd C-500 mgs bid (including what is in Solgar multivite) Vitamin D 2000 IU
Current Illness: inhalant allergies
Preexisting Conditions: 1. Fibromyalgia 2. Stage II chronic myofascial pain and dysfunction 3. Obstructive sleep apnea (OSA) Use of Automatic CPAP to ensure breathing during the night. 4. Traumatic brain injury with dysfunction especially to spatial areas, vestibular brain dysfunction, verified by Dr.. 5. Vestibular dysfunction confirmed. 6. Insulin resistance, high cholesterol and triglycerides. 7. Fundoplication March 2005 for GERD, Barrett=s esophagus, hiatal hernia repair. 8. Small airway obstruction, dx Dr.. 9. Osteoporosis 8/14/2019 bone scan reading 10. DDD; Auto accident 2011 ruptured disc. 11. Hidden hypertension (possible baroreflex dysfunction after auto accident June 2011). 12. Thyroid resistance; hypothyroid, re-evaluated 2021 13. Complex Regional Pain Syndrome 2019, later spread. 14. Left trimalleolar fracture 2018 BMH, hardware removal 2020 by MD.
Allergies: sulfa medications Flagyl: gastrointestinal upset and vomiting Statin drugs: crippling muscle and/or joint pain Most cannabis strains: arthralgia or myalgia Proton pump inhibitors: arthralgias and/or myalgias Lyrica: cognitive deficits Cymbalta: no pain relief; cognitive symptoms, Serotonin Syndrome Gabapentin: cognitive deficits + muscle pain at lowest dose Methadone: severe muscle pain at lowest dose Stevia: permanently staining projectile diarrhea Xylitol:

diarrhea Epinephrine: fibromyalgia flare Many normally sedating medications, such as diphenhydramine, cause stimulation. Mold allergy, dust mites Food sensitivities: Onion/ garlic family, sweet peppers, mushrooms, strong cheeses, chervil, tarragon, sea food, gluten and other lectins, fresh-water fish, organ meats. Need to avoid foods with MSG and other excitotoxins, margarine, high fructose corn syrup. . Spring sensitivities start with trees, forsythia, daffodils, and pussy willows, lilacs, and continue through roses and other fragrant plants, followed by plantain and sorrel until leaf mold takes over after first frost.
Diagnostic Lab Data: Will see dentist at next scheduled visit to see what can be done for teeth. Pain was considerable during time of delirium and I must have ground my lower front teeth against the back of the upper front teeth. I will have the upper GI this Wednesday with Dr.
CDC Split Type:
Write-up: 3 days of 103.1 fever (12 hour delirium) during which I chipped several front teeth. 1 day of extreme muscle and joint pain on 04/18/2021. This given in deltoid, but first shot still 2 inch diameter redness and soreness for almost 2 months given in biceps brachii. Strong headache for 2 weeks after 2nd shot, followed by moderate headache for 2 more weeks. Exhaustion and fatigue for 6 weeks after shot. Nausea began the day after the shot and increased, to the point where I am getting an upper GI 05/12/2021. Mind fog not tracking starting 2 days after shot and continuing beyond normal for 6 weeks. Was unable to drive for 2 weeks. Did report this to facility and to my primary, and tried to report at VAERS bout could not get through and form would not accept my age as fact but said your calculations "Differed". Timed out several times.

VAERS ID:	1303297 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009021A / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood test normal, Epistaxis, Fatigue, Haematemesis, Lacrimal haemorrhage, Pain, Pyrexia, Rhinorrhoea
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal haemorrhage (narrow), Lacrimal disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: over the counter multi vitamin
Current Illness: n/a
Preexisting Conditions: n/a

Allergies: codine
Diagnostic Lab Data: 5/10/2021 Blood Work from Hospital - normal results
CDC Split Type:
Write-up: on 5/6/2021 at 7:30AM my nose began bleeding from left nostal. Went to ED. Nose was cauterized. I was released & later in the day I was slightly feverish & tired. On 5/9/2021 at approx 7:30 AM, left nostril began bleeding again. I was vomiting blood & blood was coming out of my tear ducts. I went to Hospital ED. They cauterized my nose using silver nitrate stick and inserted "rhino Rocket"5.5cc with 3cc of air. Was prescribed Keflex500mg pills 4x/day - 5 days 5/10/2021 Nose is oozing, feel slightly feaverish & achey

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VAERS ID:	1303827 (history)	**Vaccinated:**	2021-05-10
Form:	Version 2.0	**Onset:**	2021-05-10
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025C21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Fall, Feeling hot
SMQs:, Anticholinergic syndrome (broad), Accidents and injuries (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient felt dizzy, and warm, fell out of chair

VAERS ID:	1303895 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-05-08
Age:	59.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Vision blurred
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None but do smoke cigarettes
Current Illness: None but prediabetic
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Blurry vision for couple days

VAERS ID:	1306629 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	36.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pruritus, Injection site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: women"s multivitamin Garden of Life - Dr. Formulated Probiotic - once Daily Women"s
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: Penicillin
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Itchy, bumpy rash showed up 8 days later in the area of the injection site. Rash lasted for 4-5 days. Approximately 4 inches by 2.5 inches in a rough circle. According to CDC website it is called "COVID arm".

VAERS ID:	1306883 (history)	**Vaccinated:**	2021-01-05
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026LZ0A / UNK	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test normal, Liver function test normal, Muscle twitching, Neuropathy peripheral, Paraesthesia, Renal function test normal, Small fibre neuropathy, Thyroid function test normal
SMQs:, Peripheral neuropathy (narrow), Dyskinesia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: cyclobenzaprine PRN, gabapentin 300 mg HS
Current Illness: None
Preexisting Conditions: chronic back pain.
Allergies: sensitivity to eggs, almonds, dust and dust mites
Diagnostic Lab Data: Tested numerous tests for Liver, Kidney, Blood sugar, Thyroid, vitamin B level, inflammation, all tests normal.
CDC Split Type:
Write-up: After first dose, neuropathy and body twitching, but this passed. After second vaccine, ended up with neuropathy within a few days of the vaccine - buzzing and tingling in my feet and hands and lower legs, and diagnosed with small fiber neuropathy by neurologist and other causes were ruled out. Symptoms are persistent and worsening over time.

VAERS ID:	1306920 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	42.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0159 / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Bell's palsy, Facial pain, Facial paralysis, Hypoaesthesia oral
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Glaucoma (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: adult multi vitamin, Motrin occasionally
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: lactose intolerant
Diagnostic Lab Data: None have been given ...
CDC Split Type:
Write-up: Started with tongue becoming numb (4/27)and by next day (4/28) his face was sagging and he couldn''t feel the left side of his face - called PCP and they suggested he go to the ER to rule out stroke . While there they diagnosed him w Bell''s Palsey and issued prednisone and an anti viral (not sure of name). said to reschedule 2nd does 10 days out so rescheduled for 5/10. On 5/10 Husband called PCP office as his ear has been bothering him to see if he should still get his 2nd dose - Nurse called back and said they don''t suggest it . He has PCP follow up on 5/13 - rescheduled 2nd does later that day in hopes he can receive it for full vaccination . As of 5/11 he can kind of blink on left side and can open his mouth more . mentioned that side of his face feels sore / bruised

VAERS ID:	1306962 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0171 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Dysstasia, Nasopharyngitis
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt stated that they felt weak 30 minutes after receiving vaccine. pt drank some water. Then after another 15 minutes pt complained of being cold. tried to move pt into vaccination room for privacy. pt was unable to stand on her own. checked with pt then called ambulance.

VAERS ID:	1307149 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	25.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site haemorrhage, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome

(broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None/Unknown
Current Illness: None/Unknown
Preexisting Conditions: None
Allergies: No known
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient was sitting after receiving the vaccine. The patient had a hairy arm and the inject safe bandage had come up from the skin on one side. The injection site had some bleeding and the patient looked over and passed out at the sight of blood about 5 minutes after receiving the vaccine. The pharmacist went over and rolled the patient over and he regained consciousness immediately. After talking to the patient to make sure they were alert and ok they had patient slowly sit up and eventually sit in a chair. Paramedics also came and patient denied going with them to the ER. The patient remained sitting until they had his girl friend pick him up.

VAERS ID:	1307709 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	56.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8729 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Blood test, Computerised tomogram abdomen, Computerised tomogram head, Dizziness, Headache, Impaired work ability, Nystagmus, Vertigo, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Ocular motility disorders (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Lorazepam
Current Illness:
Preexisting Conditions: Parkinson"s. Eustachian tube dysfunction. Seasonal allergies, as well as dust, mold.
Allergies: High dose of prednisone causes issues.
Diagnostic Lab Data: CT head and abdomen. standard ED blood workup.
CDC Split Type:
Write-up: Sporadic nystagmus within days after 1st shot. 12 hours after second dose, dizziness started. Had nystagmus and vertigo episodes for a week, then full vertigo at 2am for 9 hours, , vomiting could not keep in solid or liquid. In ED for CT scans and medications. After that, dizziness and severe headache for 1 week. Treated one week of meclazine. Sent to DPT for nystagmus. . After ~ 4 weeks, dizziness, headache, and nystagmus still occur. Daily ibuprofen. occasional Dimenhydrinate. Can not work, on short term disability. Unknown if there will be permanent damage

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VAERS ID:	1308045 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	33.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Menstruation delayed
SMQs:, Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft, 100mg
Current Illness: NA
Preexisting Conditions: NA
Allergies: NA

Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Moderna COVID?19 Vaccine EUA Have missed period that would have started April 29. I have confirmed I am not pregnant. I have never been off cycle or missed a period.

VAERS ID:	1308215 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-08
Age:	34.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Skin infection
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported that the third day post injection she developed pain and redness at the injection site and it escalated enough that she went to the doctor. Per the patient, she was diagnosed with an infection in her skin.

VAERS ID:	1308250 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025C21A / 1	- / -

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Axillary pain, Breast pain, Musculoskeletal chest pain
SMQs:, Lipodystrophy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient started feeling sharp pain in left side ribs, under arm, breast bone

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VAERS ID:	1308265 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Decreased appetite, Paraesthesia, Paraesthesia oral, Taste disorder
SMQs:, Peripheral neuropathy (broad), Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient experienced tingling in lips and end of fingertips, bad taste in mouth, no appetite except bread

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VAERS ID:	1308283 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	60.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025C21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt started bleeding after the shot, he reported that it did not stop bleeding , changed the dressing 4-5times until he went to the ER

VAERS ID:	1308445 (history)	**Vaccinated:**	2021-02-04
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	48.0	**Days after vaccination:**	48
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hip arthroplasty
SMQs:, Osteoporosis/osteopenia (broad), Osteonecrosis (broad), Arthritis (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Effexor, Zyrtec, citracal, pantoprazole, colace, magnesium citrate, multivitamins, vitamin b complex, vitamin d3, krill oil.
Current Illness: None
Preexisting Conditions: Obesity, depression
Allergies: Lactose. Lunesta latex
Diagnostic Lab Data: My physician is unaware of my suspicion of the vaccine causing my hip pain. I have been undergoing physical therapy weekly
CDC Split Type:
Write-up: I started having right hip/groin pain about since one month post vaccine. Today, I started to have left hip groin pain.

VAERS ID:	1310384 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-05-08
Age:	43.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017C21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Back pain, Catheterisation cardiac normal, Chest discomfort, Dizziness, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Headache, Hypokinesia, Magnetic resonance imaging heart, Mitral valve incompetence, Nausea, Neck pain, Pain in extremity, Palpitations, Pyrexia, Troponin I increased, Ventricular hypokinesia
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Allegra 180 mg PO daily, Nasonex 50 mcg 1 puff daily each nare
Current Illness: None
Preexisting Conditions: Seasonal allergies
Allergies: NKA
Diagnostic Lab Data: Echocardiogram 5/11/2021 Cardiac cath 5/11/2021 Cardiac MRI 5/12/21
CDC Split Type:
Write-up: Patient by 5/8/21 was experiencing fever to 103, lower back pain, palpitaitons, headache, nausea, left arm and neck pain and dizziness. He was taking Advil and Tylenol to assist with symptom managment. Left arm and neck pain persisted. On the morning of 5/11/21 he awoke with central chest tightness, left arm/shoulder/neck achiness, nausea and headache. During ride to hospital, he had palpitations for 30 minutes. He arrived at Medical Center where he was found to have a positive troponin I of 4.2 (ULN of <0.045). Echo done at that time showed EF of 59% with basal inferior, anterolateral hyokinesia, basal inferolateral hyokinesia, mid inferolateral hyokinesia, diastolic LV function normal function for age and trace mitral regurgitation. ECG showed non diagnostic ST elevations in leads II, III, AVF. The patient was transferred to another Medical Center for urgent cardiac cath based on resting chest, arm and neck pain, positive troponin and wall motion abnormalities seen on echo. Cardiac cath found normal coronary arteries that were free of disease. Troponin I at this medical center was positive 0.31 and 0.39. Further testing ordered is a cardiac MRI to assess for possible acute myocarditis.

VAERS ID:	1310547 (history)	**Vaccinated:**	2021-05-02
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	16.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain, Blood test, Diarrhoea, Feeding disorder, Nausea, SARS-CoV-2 test, Stool analysis, Urine analysis, Weight decreased
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Cetirizine HCL 10 mg 1 by mouth every day Esomeprazole Magnesium 20 mg take 1 capsule by mouth daily before bed. Methylphenidate Hydrochloride ER 18 mg take 1 tab by mouth every morning Singulair 5 mg 1 by mouth day before and day o
Current Illness: none
Preexisting Conditions: ADHD Vitiligo GER Allergic rhinitis
Allergies: environmental and animal allergies only
Diagnostic Lab Data: 5/12/21: medical exam, covid testing, urinalysis, bloodwork and stool studies
CDC Split Type:
Write-up: 7 days of secretory diarrhea, abdominal pain and nausea 5 pound weight loss due to inability to eat/drink regularly

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VAERS ID:	1311988 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	62.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: methimazole, vitamin B, vitamin D, vitamin C,
Current Illness: none
Preexisting Conditions: hyperthyroidism
Allergies: gluten
Diagnostic Lab Data:
CDC Split Type:
Write-up: I developed shingles 3-5 days after receiving my first Moderna vaccine

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VAERS ID: 1312039 (history)		**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-02
Age:	70.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	203A21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Culture negative, Fatigue, Memory impairment, Pyrexia, Urinary tract infection, Urine analysis abnormal
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vivelle, progesterone
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: urinalysis and culture, 05/05/2021
CDC Split Type:
Write-up: severe chills, fever, fatigue, urinary tract infection (no symptoms before 5/02, more memory problems than previous (normal aging, not dementia).

VAERS ID: 1313563 (history)		**Vaccinated:**	2021-04-25
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	69.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0171 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Chills, Deafness, Pain in extremity, Tinnitus, Vertigo

SMQs:, Guillain-Barre syndrome (broad), Hearing impairment (narrow), Vestibular disorders (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Type A vaccine---extremely sore arm for a week
Other Medications: Tylenol 500, 15Mg of Baclofen, 1/3 of mg of Lorazipan.
Current Illness: None
Preexisting Conditions: arthritis, degenerative discs,
Allergies: grass, tree pollen, nuts chocolate and spices. Prozac, cephalexin, some seafood
Diagnostic Lab Data: Nothing as of present
CDC Split Type:
Write-up: ,arm soreness the 2nd day. After a week had vertigo, tinnitus, lack of energy,about a 50% hearing loss and some chills. Meclizine, saline solution. Symptoms are still present.

VAERS ID:	1313689 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-13
Age:	41.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Diarrhoea, Malaise
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Tramadol, Morphine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Diarrhea and being sick. Not able to keep fluids down

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VAERS ID:	1313819 (history)	**Vaccinated:**	2021-04-25
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	54.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Eczema, Ophthalmological examination
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zantac
Current Illness: None
Preexisting Conditions: Facial and ocular rosacea, heartburn
Allergies: Keflex, doxycycline
Diagnostic Lab Data: Visual exam at a health center 5/13/21
CDC Split Type:
Write-up: Onset of bilateral underarm eczema four days after immunization and persisting through the current date which is 14 days after emergence. No prior history of eczema. No other post-vaccine symptoms or outcomes.

VAERS ID:	1313833 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Blood lactic acid, Blood test, Chest X-ray, Culture urine, Dizziness, Full blood count, Glomerular filtration rate, Metabolic function test, Pyrexia, Urine analysis
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: IBS, GERD, Lactose Intolerance
Allergies: None Known
Diagnostic Lab Data: Automated Differential, CBC with Auto Diff, Comprehensive Metabolic Panel,Estimated GFR, HCG Qual Serum, Lactate, Urinalysis with Reflux Urine Culture, Urine Microscopic, Blood Culture performed 2 times, Urine Culture, EKG 12 Lead Sepsis, XR Chest Single View *All performed on 3/6 between 12AM and 6AM
CDC Split Type:
Write-up: Woke up with heart rate of 146, felt dizzy and faint. Also had fever of 103.5, but I know fevers are part of the anticipated side effects. Called doctor at home, they were worried I might get palpations so they suggested an ER visit for testing. By the time I got to the ER, heart rate had dropped slightly, temp was still high.

VAERS ID:	1314029 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-12
Age:	37.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	EW0183 / 1	RA / IM

PFIZER/BIONTECH		

Administered by: Public **Purchased by:** ?
Symptoms: Dyskinesia, Foaming at mouth, Lip haemorrhage, Loss of consciousness, Seizure like phenomena
SMQs:, Torsade de pointes/QT prolongation (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Dyskinesia (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Insulin
Current Illness: Insulin Dependent Diabetes
Preexisting Conditions:
Allergies: None reported
Diagnostic Lab Data:
CDC Split Type:
Write-up: Recipient received pfizer vaccine at 12:22. Vaccinator reports recipient had no voiced concerns or s/s of anxiety at time of vaccination. Recipient talkative in exit area with no outward signs of distress. Sitting in chair when he lost consciousness at 12:28. Guided to floor by this reporter and and 1 additional clinician. As recipient was guided to floor rigidity was noted and he started to experience seizure like activity, jerking movements, foaming at the mouth. He was turned on his side and material placed under head. Jerking movements lasted for 45 seconds after which time the patient continued to have eyes closed, breathing sonorous, unlabored, small amount of blood on lips.

VAERS ID:	1314318 (history)	**Vaccinated:**	2021-04-25
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	28.0	**Days after vaccination:**	12
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Loss of consciousness, Nausea
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient had single episode of loss of consciousness - episode preceded by nausea and lightheadedness Paramedics came to home, no vitals done, patient not transferred to hospital Patient continues to have lightheadedness No personal or family history of stroke, diabetes, hypotension, seizures, migraines

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VAERS ID:	1315196 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-13
Age:	23.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	206A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fall, Posture abnormal, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: none
Preexisting Conditions: none
Allergies: None
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 4 minutes after receiving vaccine pt sitting in chair slumped or and fainted falling to floor. Awoke immediate. Alert and oriented x3. No complaints of pain. Ambulance called and assessed pt. Pt refused to go in ambulance. Pt given water to drink . Sat in vaccine for 1 hour. Able to stand with steady gait. Pt reported had worked a 10 hour day and probably did not drink enough water.

VAERS ID:	1315222 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-13
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	206A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Lip swelling, Pharyngeal swelling, Pruritus, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: Pfizer on 4/22/21
Other Medications:
Current Illness:
Preexisting Conditions: Chron''s
Allergies: Amoxicillin, mushroom,doxycycline,tetracyclines,sulfa,codeine, Tylenol,Fluconazole, PCN, eLAVIL, lORCET, apap, pREDNISONE, vanco, black pepper, clindamycin, cipro, Montelucast
Diagnostic Lab Data:

CDC Split Type:
Write-up: 2 minutes after receiving the vaccine pt began to feel itching to bilaral arms and left rib area. Itching progressively became worse. 50 mg benadryl given. No relief. 16 min after receiving vaccine pt complained of lips swelling and throat tightening and feeling swollen. Lips swollen. 0.3 mg epi auto injector given in left thigh. 911 called. 1-2 minutes after epi throat felt less swollen, itching began to decrease. Pt remained alert and oriented x3 and no evidence of respiratory distress. Ambulance arrived. pt left on stretcher

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VAERS ID:	1315411 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-13
Age:	31.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fatigue, Headache, Nausea, Pain, Rash, Skin induration
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Huge hard rash on arm, headaches, nausea, body aches, tiredness

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VAERS ID:	1316334 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-13
Age:	35.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Lip swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control and daily vitamin
Current Illness: None
Preexisting Conditions: Chronic hives
Allergies: None I am aware of
Diagnostic Lab Data:
CDC Split Type:
Write-up: At midnight, 9 hours after dose, lips started swelling. Got progressively worse for 3 hours. Disappeared after 24 hours.

VAERS ID:	1316914 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	61.0	**Days after vaccination:**	19
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Blood test, Chills, Decreased appetite, Electrocardiogram normal, Fatigue, Headache, Malaise, Pain, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril, Diltiazem, Magnesium, Hydroxychloroquine, Loratadine, vitamin D, and multi vitamin
Current Illness: Shingles - December 2, 2020
Preexisting Conditions: Palindromic Rheumatism
Allergies: Augmentin seasonal allergies
Diagnostic Lab Data: Doctors appts: Seen on April 23, 2021 and May 3, 2021. Cardiologist on 5/6/21 - EKG was fine Rheumatologist on 5/11/21 Blood work on April 23, 2021, again on 3/5/21 and again on 5/13/21 Scheduled appt for June 8, 2021
CDC Split Type:
Write-up: Not feeling myself since the vaccination, Body aches, terrible episodes of chills/shakes, No energy, very tired, no appetite, headaches Began getting worse @ April 1, 2021

VAERS ID:	1321391 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-09
Age:	60.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Antiphospholipid antibodies negative, Hypoaesthesia, Injection site reaction, Lymphadenopathy, Muscle spasms, Neck pain, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxin 125mcg QD Omega-3 1280mg+ D-3 QD Nattokinase 100 mg QD Herbal tea: tumeric, ginger, meadowsweet QD
Current Illness: Right hip pain which I assumed was from Lyme disease for which I was treated in November, 2020.

Preexisting Conditions: Graves? disease
Allergies: Meds: penicillin, cephalosporins, ibuprofen, imitrex Food: tree nuts, peanuts, avocado, shellfish allergy; gluten intolerance Other: latex
Diagnostic Lab Data:
CDC Split Type:
Write-up: On 5/8/2021 I awoke several times with muscle spasms in my legs. On 5/9/2021 I noticed that my left 2nd toe was numb. Over the next three days the numbness spread to the 3rd and 4th toes, and adjacent skin on the dorsal aspect of the left distal foot. There is no motor deficit, only sensory. On 5/12/2021, I first experienced extreme tenderness over the lateral aspect of my left neck, at the site of the brachial plexus. On 5/13, this same extreme tenderness in my left axilla at the site of the brachial plexus. On 5/15 a raised, tender red welt appeared over the vaccination site on my left deltoid, and I noticed a few hives on my left upper extremity.

VAERS ID:	1321471 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-14
Age:	18.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0183 / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: bee stings
Diagnostic Lab Data: none
CDC Split Type:
Write-up: injection site redness...4"x2.5" oval patch...HOT to touch

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VAERS ID:	1321587 (history)	**Vaccinated:**	2021-05-15
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	21.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Eye swelling, Mouth swelling, Swelling face, Swollen tongue
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Allergic: Swelling of Face / Eyes / Mouth / Tongue-Mild

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VAERS ID:	1321611 (history)	**Vaccinated:**	2021-05-15
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	39.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Feeling hot, Hyperhidrosis
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular

disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: hydroxyzine at night
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt felt like he was going to pass out , then got very hot and started to sweat . He stated he hadn''t slept much and had worked out earlier and my be dehydrated ... he was not sure this event was related to the vaccine ... these symptoms started about 10 minutes following the vaccine

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VAERS ID:	1322017 (history)	**Vaccinated:**	2021-05-14
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	39.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038C21A / 2	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: No

Diagnostic Lab Data: None
CDC Split Type:
Write-up: 8 hours of severe headache 6 hours of nausea Treated with rest and Tylenol (1000mg) after 5 hours

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VAERS ID:	1322274 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	23.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Disturbance in attention, Dizziness, Dyspnoea, Fatigue, Malaise, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Turmeric, digestive enzymes, iron/b12
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: High fever for 24 hours, extreme fatigue for 48 hours. Severe fatigue and malaise and difficulty breathing and concentrating and dizziness ever since symptoms began to kick in, 9 days ago.

VAERS ID:	1322523 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	68.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032321A / UNK	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Arthralgia, Arthropathy, Dyspnoea, Joint lock, Muscle spasms
SMQs:, Anaphylactic reaction (broad), Dystonia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole 40 mg, lisinopril 10 mg, pravastatin 20 mg, amitriptyline 10 mg, calcium/vitamin D-3, magnesium, vitamin B-12, tylenol as needed; once a year Reclast infusion
Current Illness: none
Preexisting Conditions: osteoporosis, hip fracture, high blood pressure, chronic pain due to arthritis, back and neck pain, GERD and IBS-C
Allergies: none
Diagnostic Lab Data: to follow
CDC Split Type:
Write-up: Moderna COVID-19 Vaccine EUA. No adverse reactions from first shot March 16, 2021. This reporting concerns the second dose April 14, 2021. Two weeks later I experienced locking and pain in both shoulders but more severe on the left side where the injection occurred. The shoulders would not rotate then "popped" , motion returned and the pain subsided. The pain was quick and intense. Second issue, a similar locking pain across the shoulder blades that literally stopped my breathing until the pain subsided. Third issue, a similar cramping pain in the toes of both feet while walking, again slowly subsiding. All of these issues have occured daily since the second Moderna injection. I have contacted my primary care doctor for an appointment as well as reporting this here.

VAERS ID:	1322947 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	40.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dry mouth
SMQs:, Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections

and allergies) (narrow), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Duloxetine, Hydroxyzine, Gabapentin
Current Illness: none
Preexisting Conditions: Depression, Anxiety, Cerebellar Tonsillar Ectopia
Allergies: Amoxicillin, Cyclobenzaprine, Penicillin, Reglan, Topiramate, Trazodone, Venlafaxine, Zoloft
Diagnostic Lab Data:
CDC Split Type:
Write-up: I have been having terrible dry mouth and cannot fix it, I"ve tried every over the counter product and even drink triple what I was.

VAERS ID:	1323215 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-14
Age:	53.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038C21A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Vertigo positional
SMQs:, Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine Fluoxetine Allegra Mucinex 12 hour Nasacort Vit D gel cap Flax seed oil gel caps Probiotics
Current Illness:
Preexisting Conditions: Hypothyroidism Depression with anxiety Allergic rhinitis Perimenopause
Allergies: None
Diagnostic Lab Data: None

CDC Split Type:
Write-up: Extreme vertigo when I move my head or rub my eyes, worsened by bending over or rolling onto side when lying down.

VAERS ID:	1323766 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	73.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Cardiac stress test, Computerised tomogram, Dizziness, Dyspnoea, Fatigue, Fibrin D dimer normal, Heart rate irregular, Scan myocardial perfusion, Ultrasound scan, X-ray
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: None
Preexisting Conditions: None
Allergies: No
Diagnostic Lab Data: To numerous to write. Every test is in my record from cat scan, radiation stress test, ultra sound stress test. X-ray. Numerous blood tests
CDC Split Type:
Write-up: Extreme fatigue, short of breath, light headed, irregular heart beats Started 3/22. ER 4/2-4/3. Extensive testing. D-Dimer 2,121 no blood clot. Zio Patch places. All tests were basically in normal range. Started to feel better early May

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VAERS ID:	1324236 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	44.0	**Days after vaccination:**	44
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi vitamin, vitamin D, omega
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shingles

VAERS ID:	1324311 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025C21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Diarrhoea, Migraine, Pyrexia, Trismus, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Dystonia (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient experienced fever, vomiting, diarrhea, jaw locked, major migraine, weakness

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VAERS ID:	1324779 (history)	**Vaccinated:**	2021-01-20
Form:	Version 2.0	**Onset:**	2021-02-08
Age:	57.0	**Days after vaccination:**	19
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Bone swelling
SMQs:, Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamins, Omega 3, N-Acetylcysteine
Current Illness: None
Preexisting Conditions: mild hypertension, LCIS neoplasm right breast
Allergies: NKDA
Diagnostic Lab Data: Negative Rheumatoid factor, mildly elevated CRP and eosinophils in early March 2021. Mildly elevated LFTs.
CDC Split Type:
Write-up: Two weeks out from second vaccine, I had acute onset of small joint pain and one Hebreden''s nodule on left second finger. I do not have positive RF. My mother had arthritis. I had poly-articular pain in both arms; wrists, hands and some knees. It has abated some. I am reporting it due to the overnight onset within two weeks of my second vaccine.

VAERS ID:	1326620 (history)	**Vaccinated:**	2021-05-17
Form:	Version 2.0	**Onset:**	2021-05-17
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Injection site pain
SMQs:, Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Soreness at injection site; extreme dizziness (cannot move head without disorienting dizziness).

VAERS ID:	1328013 (history)	**Vaccinated:**	2021-05-18
Form:	Version 2.0	**Onset:**	2021-05-18
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	033B21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anxiety, Hyperventilation, Tremor
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Neuroleptic malignant

syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Eosinophilic pneumonia (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Similar reaction due to anxiety
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was aware she has "white ocat syndrome" and anxiety. Brought her husband for support. Shortly after administration, patient became anxious and hyper ventilating. I had her breathe deep and slower and we put an ice pack on her neck. Time course was about 10 minutes I kept her in admnistration room with me. She did shake a little took a sip of drink they had brought and after @ 10 mintes did say she felt better and was able to walk to waiting room where I had them sit for 15 more imnutes

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VAERS ID:	1329991 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	64.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001B21A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Lymphadenopathy, Oedema peripheral, Pyrexia
SMQs:, Cardiac failure (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Sometimes run a fever.

Other Medications: Allegra, Singulair, Lipitor, Emgality; Multi-vitamin.
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: One the first day after receiving Dose #2, I ran a low-grade fever all day (99 - 100.6). On the second day after Dose #2, I woke with swollen lymph node under my left arm; approximately the size of 1/2 orange; it did go down daily; disappearing after 5 days.

VAERS ID:	1330140 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	59.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tamsulosen, fluoxetene
Current Illness: mild colitis
Preexisting Conditions: mild colitis, arthritis
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: I received my vaccine six weeks ago. My arm still hurts as if I got the vaccine yesterday.

VAERS ID:	1330359 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-10
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

		Site /

Vaccination / Manufacturer	Lot / Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PFIZER ER8429 / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Arthralgia, Pain
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline 75mg Multivitamin Budesonide slurry
Current Illness: No
Preexisting Conditions: EoE
Allergies: Dairy
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain in shoulder still after 5 weeks since shot. Pain feels localized to the joint. Seeing OT now and they are saying shot could have been given too high on the arm and damaged or injured and muscle. ?

VAERS ID:	1330408 (history)	**Vaccinated:**	2021-05-15
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Asthenia, Dry eye, Eye pruritus, Fatigue, Loss of personal independence in daily activities, Myalgia, Rash, Rash papular, Rash pruritic, Skin warm, Swelling face
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Corneal disorders (broad), Eosinophilic pneumonia (broad), Conjunctival disorders (narrow), Lacrimal disorders (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Day of- no medications Day after- levothyroxine, wellbutrin, concerta
Current Illness:
Preexisting Conditions: Hashimotos disease
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Initial fatigue, muscle soreness starting at ~3pm. Slept until 9/10 am following day. Following day continued to be exhausted, low energy, unable to perform regular tasks. on Monday, 5/17 developed sudden face rash, concentrated largely on one side, spread over the nose, and a little bit on the other cheek as well. Rash was raised symmetrical bumps, smaller than a quarter centimeter with pussy-filled whiteheads, and swelling particularly concentrated around the nose. Rash was itchy and hot. Eyes were dry and itchy. Rash persisted through the evening/night, and the swelling went down (still visible) for the following morning.

VAERS ID:	1330423 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-02
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	018B21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal discomfort, Blood test, Dizziness, Feeling abnormal, Headache, Malaise, Migraine, Photophobia, Urine analysis
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamins, CoQ10, turmeric
Current Illness: None

Preexisting Conditions: Joint pain
Allergies: Celexa
Diagnostic Lab Data: The doctor did blood work, took blood work, and took a urine sample. My blood work came back normal. My urine came back normal. My blood pressure and pulse were elevated, probably because of the pain I was experiencing, according to the doctor.
CDC Split Type: vsafe
Write-up: I got my shot on 4/1/2021. I woke up on 4/2/2021 at 6 AM. I didn''t feel right. I felt kind of dizzy and lightheaded. I got up and had a few sips of water, but my stomach did not really feel right. I lay back down and fell right to sleep. I woke up again around 11:30 AM. I had a severe headache and sensitivity to light, and I felt really sick to my stomach. I had a cup of chicken rice soup and went back to bed. And then I slept until 8:30 AM on 4/3/2021. I still didn''t feel well, so I called the on-call doctor and told him my symptoms. I got there at about 12:00 PM on 4/3/2021, and they took me in. They did blood work and checked my vitals, plus a urinalysis. They gave me an IV, because they thought I might be dehydrated. After all the test results came back, the doctor felt my illness was not caused by the COVID vaccine. I was having a migraine. I''ve had them previously, but it felt different from prior migraines. The doctor gave me Botox injections. I got home at about 7:00 PM on 4/3/2021.

VAERS ID:	1330679 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016C21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Contusion, Injection site rash, Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: adderall, metropolol succinate, pravastatin, protonix, Dotti patches
Current Illness: GERD
Preexisting Conditions: GERD, high blood pressure, high cholesterol
Allergies: phenobarbitol, dilantin, zithromax, sulfas
Diagnostic Lab Data: none
CDC Split Type:
Write-up: developed hives on left leg and developed a different type of rash that actually looked

like bruises on both the left and right arm, rash on leg went away in a couple days, rash on arms was there longer probably about 1-2 weeks and rash at injection site was still there at 21 days post shot.

VAERS ID:	1330877 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	84.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Angiogram, Dyspnoea exertional
SMQs:, Pulmonary hypertension (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: PREDNISONE CLOBETASOL PROPIONATE 0.05 % EXTERNAL CREAM ESTRACE 0.1 MG/GM VAGINAL CREAM HYZAAR 100-12.5 MG ORAL TABLET (LOSARTAN POTASSIUM-HCTZ) K-TAB 20 MEQ ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE) FLUTICASONE PROPIONATE 50 MC
Current Illness: PMR
Preexisting Conditions: hyperlipidemia, hypertension, prediabetes, GERD, Hx of PE 2011, PMR
Allergies: CODEINE (Moderate) LISINOPRIL (LISINOPRIL) (Moderate) NORVASC (AMLODIPINE BESYLATE) (Moderate)
Diagnostic Lab Data: CTA to dx PE
CDC Split Type:
Write-up: SOB with exertion, Diagnosed PE in ED

VAERS ID:	1331165 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-19
Age:	59.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038C21A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingles second dose-achy fever tiredness
Other Medications: Levothyroxin
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Achy, chills, tiredness the next day.

VAERS ID:	1331547 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-05-18
Age:	39.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoxetine Albuterol Steroid inhaler
Current Illness:
Preexisting Conditions: Asthmatic
Allergies: Aspirin Sensitive asthma
Diagnostic Lab Data:

CDC Split Type:
Write-up: Red area where shot was given and very itchy

VAERS ID:	1332229 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-05-19
Age:	19.0	**Days after vaccination:**	28
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043821A / 1	LA / -

Administered by: School **Purchased by:** ?
Symptoms: Seizure
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lacmitcal,zomoside
Current Illness:
Preexisting Conditions: Epilepsy
Allergies: Celephanxin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Had seizure I?m Epileptic worst one ever had different type four days after

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VAERS ID:	1332709 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-05-04
Age:		**Days after vaccination:**	33
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Dysphagia, Ear discomfort, Oropharyngeal blistering, Oropharyngeal pain, Pharyngeal erythema, Pharyngeal ulceration, Throat lesion, Tongue ulceration
SMQs:, Severe cutaneous adverse reactions (broad), Agranulocytosis (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021503786
Write-up: redness in the back of the patient''s throat and blisters or ulcers; Redness in the back of the patient''s throat; He can talk a little bit better, but it''s still sore; Throat lesions; He developed this ulcer on his tongue and throat; He developed this ulcer on his tongue and throat; Difficulty swallowing; Ear feels plugged; This is a spontaneous report from contactable consumer (patient). A 67-year-old-male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date were not provided), via an unspecified route of administration on Apr2021 at 1st dose, single for COVID-19 immunization. The patient''s medical history and concomitant medications were not reported. The patient experienced throat lesions on an unspecified date in 2021 which got worse over the weekend. He was able to speak to his healthcare professional (HCP) and recommended the second dose. He was prescribed amoxicillin for throat lesions and mentioned that he was on the way to the appointment for second dose. He asked if he could receive the second dose. The patient had his first vaccine about 1 month ago (Apr2021) and is due to get second dose today (05May2021) in about 30 minutes. The last few days (2021), he developed ulcer on his tongue and throat, difficulty swallowing, and his ear felt plugged. He went to the doctor on 04May2021 and the doctor said he saw redness in the back of the patient''s throat and blisters or ulcers and put him on an antibiotic. As the patient has been reading up more, he saw that was one of the symptoms being reported after the vaccine. He was wondering if he should or shouldn''t get the second dose as scheduled today relative to these events. It did seem like today he could talk a little bit better, but it''s still sore (2021). The outcome of the event throat lesion and throat ulcer was not recovered and unknown for all other events. No follow-up attempts are needed; information about lot/batch number cannot be obtained.

VAERS ID: 1334449 (history)		**Vaccinated:**	2021-05-20
Form:	Version 2.0	**Onset:**	2021-05-20
Age:	25.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034C21A / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Malaise, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received vaccine and went to sit for 15 mins. After about 5 mins she walked over to Drop Off and stated she wasn''t feeling well. She began to faint and the technician who was close to her ran over and caught her as she fell. I immediately called 911 while technician took care of pt. She regained consciousness in less than 2 mins. EMS arrived and took her to the ambulance for observation.

VAERS ID: 1334485 (history)		**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-20
Age:	29.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Chills, Confusional state, Fatigue, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Low grade fever and chills starting around 12hrs after vaccination. Chills lasting for ~6hrs (subsided with Tylenol). Low grade fever, intense confusion, fatigue intense body aches continued until 36hrs after vaccination.

VAERS ID:	1336049 (history)	**Vaccinated:**	2021-05-18
Form:	Version 2.0	**Onset:**	2021-05-19
Age:	22.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chest pain
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A

Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chest Pain

VAERS ID:	1336631 (history)	**Vaccinated:**	2021-05-17
Form:	Version 2.0	**Onset:**	2021-05-17
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0183 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Presyncope, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: denies allergies
Diagnostic Lab Data: none, supportive care only
CDC Split Type:
Write-up: Vasovagal response with vomiting

VAERS ID:	1336648 (history)	**Vaccinated:**	2021-05-17
Form:	Version 2.0	**Onset:**	2021-05-17
Age:	24.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0183 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Presyncope, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaso Vagal response, vomiting

VAERS ID:	1337306 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-12
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C21A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Eye irritation, Fatigue, Headache, Induration, Lacrimation increased, Nausea, Pain in extremity, Peripheral swelling, Pyrexia, Rash pruritic, Rhinorrhoea
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Corneal disorders (broad), Lacrimal disorders (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: low dose aspirin, vitamin D and melatonin
Current Illness: N/A
Preexisting Conditions:
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: in addition to the painful arm, an hour after my nose started running, burning watery eyes, followed by headache, fever, chills, nausea, fatigue, This lasted for four days. Wednesday 5/19 the arm that was injected blew up to a large hard bump with an itchy rash. The large swollen hard itchy rash bump is still there on Friday 5/21.

VAERS ID:	1337731 (history)	**Vaccinated:**	2021-05-21
Form:	Version 2.0	**Onset:**	2021-05-21
Age:	29.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Lethargy, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: @ 0950 pt c/o of dizziness, nausea, lethergy, diaphoretic . Pt was provided cold compresses that were applied to the axillia and nape of the neck. Pt was able to rest his head down on a table. Pt declined oral hydration. @ 1000 Pt''s partner encouraged him to stand up and go back to his appartment. Our clinical staff encouraged the pt to remain seated and remain in the clinic area until he was able to walk independently. Pt declined and was able to rise from the chair independently and ambulate with assistance from his partner. Pt was able to communicate during the entire event. no LOC was observed. The patient left the clinic area 1005.

VAERS ID:	1337927 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Erythema, Hypersomnia, Injection site reaction, Injection site swelling, Peripheral swelling, Skin discolouration, Throat tightness, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Depression (excl suicide and self injury) (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Geodon, Ibuprofen.
Current Illness: None.
Preexisting Conditions: Depression and anxiety.
Allergies: None.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: She got her vaccine, after the 45 minutes her hands started swelling up, and her throat started tightening, about to close kind of feeling. She took some Benadryl and passed out for the rest of the day. Then about a week later the injection site started getting puffier and the whelp is

now the size of her fist and is red and purple. She saw her PCP who is calling her in something stronger than Benadryl.

VAERS ID:	1338854 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-05-19
Age:	31.0	**Days after vaccination:**	27
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Menstruation irregular
SMQs:, Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: IBS
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: My period came 9 days early. (My period is always extremely regular at every 27-28 days.) I have never taken birth control. Period volume and cramps did not seem to be much different.

VAERS ID:	1407258 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	19.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	WAG19449 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Decreased appetite, Dysgeusia, Fatigue, Headache, Malaise, Nausea, Parosmia, Vomiting

SMQs:, Acute pancreatitis (broad), Taste and smell disorders (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu shot, fever
Other Medications: zyrtec 10mg once a day; clinda gel topically BID
Current Illness: none
Preexisting Conditions: acne
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: A few days after the Moderna COVID19 vaccine she started having a metalliac taste to her mouth, sensation of rotten smells in her nose and down her throat. Causing her to have nausea and vomiting, decreased appetite and malaise. Lack of food from taste is causing headaches, fatigue, malaise as well.

VAERS ID:	1341589 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-05-20
Age:	59.0	**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8735 / 2	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Blister infected, Fatigue, Genital blister, Genital erythema, Genital herpes, Genital swelling, Pruritus
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: propanolol
Current Illness:
Preexisting Conditions:
Allergies: none
Diagnostic Lab Data: Planning to see my doctor tomorrow
CDC Split Type:
Write-up: I had about four weeks of fatigue (upon exerting myself) after the second vaccine, that passed and at the five week mark, had symptoms of a herpes outbreak (Iwas diagnosed with herpes thirty years ago) that is, genital blistering,, redness, and swelling. Also, blistering and itch on a couple fingers.

VAERS ID:	1341684 (history)	**Vaccinated:**	2021-05-10
Form:	Version 2.0	**Onset:**	2021-05-19
Age:	44.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood test, Dizziness, Erythema, Eye irritation, Lip swelling, Pruritus, Rash, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Corneal disorders (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: L-theanine
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: The did blood work at the ER, but they felt like there was no concern that these were side effects from the vaccine. I beg to differ!
CDC Split Type:
Write-up: At day 9 after receiving the vaccination I started to have extremely itchy skin around mi

mid area(thighs). At day 10, I was very dizzy/faint in the am. My eyes felt weird and The skin rash /itch was now at my thighs, hands and feet. In the pm my lips started to swell up and I noticed tiny red spots all around my stomach and back(lower and upper back). At that point i went to the ER.

VAERS ID:	1342585 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	62.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 2	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Disturbance in attention, Dizziness, Feeling abnormal, Movement disorder
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit D, no other meds
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None - would have gone to MD but too many activities happening and symptoms cleared I think. I still get little transient symptoms but very subtle.
CDC Split Type:
Write-up: Five days after the second COVID dose I experienced what I thought was motion disturbances similar to a head concussion (week long symptoms) I had six months ago. When I looked into what brain fog was with the vaccine it was very evident that was what was going on. I actually did not realize how bad it was until much later when it cleared. Difficulty focusing and having to repeat processing events that has never happened before. Difficulty sitting and following conversation after an hour need to get up and leave. Still some motion dizziness when turning head fast or downward such as putting on shoes.

VAERS ID:	1343347 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	42.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site inflammation, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: The injection site became inflamed, and swelled to the size of a baseball. This condition lasted for 72 hours, and the inflamed portion was very tender during that period.

VAERS ID:	1343614 (history)	**Vaccinated:**	2021-05-18
Form:	Version 2.0	**Onset:**	2021-05-20
Age:	23.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1821286 / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Confusional state, Death, Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-05-24
Days after onset: 4
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: xarelto, methadone, morphine, prochlorperazine, lorazepam, ondansetron, protonix
Current Illness: fibrolamellar hepatic carcinoma with metastatic disease
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: presented to ED dept confused, incr n/v, weakness. Received palliative carex4 days. deceased 05/24

VAERS ID:	1343855 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	62.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205AZ1A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Dysstasia, Nausea, Somnolence, Vertigo, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: I don''t take anything.

Current Illness: No other illnesses that I"m aware of.
Preexisting Conditions: Obesity.
Allergies: Penicillin, Clindamycin.
Diagnostic Lab Data: No medical test or laboratory results were given.
CDC Split Type: vsafe
Write-up: Right after receiving the vaccination I immediately became drowsy. I became very dizzy could not keep any food down including water. The duration was about 24 hours. I also experienced Vertigo and could not stand up. My head also was spinning like a merry go round.

VAERS ID:	1344036 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	EN1808978 / 1	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal discomfort, Feeling abnormal, Myalgia, Nausea, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Approximately 2010, uncomfortable flu from flu vaccine
Other Medications: Vitamin C, Vitamin D3, Calcium, Magnesium, Zinc, Multivitamin, Mucinex
Current Illness: None
Preexisting Conditions: Asthma, arthritis, significant bone issues
Allergies: Many medication allergies including resulting anaphylaxis
Diagnostic Lab Data: None
CDC Split Type:
Write-up: It seems I experienced every listed side effect, save for fatigue. That included fever, muscle aches, brain fog, nausea, gastrointestinal distress

VAERS ID:	1344192 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	24.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	180982 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitiman D Lactaid
Current Illness: No
Preexisting Conditions: No
Allergies: Diary Products
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: Lower leg pain from the hit down headaches fatigue For the next day in a half and she got checked out at urgent care asprin -low dose (baby asprin) Tylenoyl

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VAERS ID:	1345029 (history)	**Vaccinated:**	2021-05-21
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041C21A / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Lip swelling, Pruritus, Rash, Rash macular
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Meloxicam 7.5 mg; Trazodone 50mg
Current Illness: N/A
Preexisting Conditions: Multiple sclerosis diagnosed 9/2001.
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: On 5/21/2021 at 1 pm, I developed itching on feet and hand about 24 hours after injection. 27 hours after injection of second dose (5/22/2021 at 4 pm), my lips began to swell. I took some Benadryl and swelling began to subside. Most of the swelling was gone within 24 hours of onset. Severe itching began 5/24/2021 at 6 am (65 hours after injection) around ankles. A rash spread up my legs, down arms, around the waist and splotches on the torso. I took more Benadryl and the rash decreased. When Benadryl dose wears off, the rash comes back.

VAERS ID:	1345990 (history)	**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	59.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Cough, Dyspnoea, Myalgia, Nausea, Pyrexia, Urinary tract infection, Weight decreased
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No

Previous Vaccinations: fever, chills
Other Medications: latuda, clonazepam, folic acid methotrexate gabapentin hydroxychloroquine
Current Illness: none
Preexisting Conditions: Interstitial cystitis, Sjogrens Syndrome, Small Fiber Neuropathy, Bi Polar Disorder
Allergies: penicillin, doxycycline
Diagnostic Lab Data: Information available at Medical Facility.
CDC Split Type:
Write-up: 5 days after first dose I had my first ever UTI. 4 days after second dose I experienced severe dry cough with some difficulty breathing, a fever ranging from 99.5-102 which lasted for 6 days, increased joint and muscle pain, severe nausea lasting 10 days with weight loss of 7 pounds. 4 visits to Urgent Care and one ER visit

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VAERS ID:	1346712 (history)	**Vaccinated:**	2021-05-17
Form:	Version 2.0	**Onset:**	2021-05-23
Age:	34.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C1A / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazale 20 mg Flonase
Current Illness: None that I know of
Preexisting Conditions: Asthma Acid reflux
Allergies: None that I know of
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen and tender and warm to touch right arm where shot site , sore arm pit, was told

to take Advil, and ice off and on and sleep on opposite side (left side) if I develop fever or red rash to go back to dr

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VAERS ID:	1346780 (history)	**Vaccinated:**	2021-05-22
Form:	Version 2.0	**Onset:**	2021-05-24
Age:	38.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041C21A / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Erythema, Injection site rash, Injection site swelling, Pain in extremity, Pruritus
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: One a day gummy vitamins, Emergenc, Isagenix rapid accelorator
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: Unknown, recent (1-2 yrs) allergy to bees/wasps/hornets
Diagnostic Lab Data: N/A - have not sought medical treatment, will wait to see if it goes away in a couple days.
CDC Split Type:
Write-up: Covid arm. Small rash at the injection site, larger round rash about 4 inches circumference about 4 inches lower than the injection site almost over bicep. Developed the next day to a couple days after the shot, it''s itchy, red and a little swollen. It was all over my arm the second day, with my arm being very red and swollen so I assumed that was the immediate reaction/side effect. A couple days later the new rash position developed and is itchy, a little swollen, and very red. It''s a little painful as well.

VAERS ID:	1347483 (history)	**Vaccinated:**	2021-05-04
Form:	Version 2.0	**Onset:**	2021-05-08
Age:	37.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Lymph node pain, Lymphadenopathy, Pain in extremity, Pruritus, Skin burning sensation
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: One each- B Complex, multi-mins, probiotic
Current Illness: None
Preexisting Conditions: None
Allergies: Allergic to all antibiotics
Diagnostic Lab Data: None yet
CDC Split Type:
Write-up: Painful swelling of lymph nodes on left side. Armpit feels like it?s on fire from the inside, ache radiating down my left arm and into my thumb, burning and inner itching on outside area of left breast. No treatment due to not having a PCP.

VAERS ID:	1347872 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-20
Age:	28.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Enlarged uvula, Eye swelling, Fatigue, Lip swelling, Rash, Swelling face, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: One week after receiving the vaccine I woke up on 5/21 with a mild rash. As the day went on the rash progressed and swelling of lips and uvula occurred around 5pm. I was taken to an urgent care who transferred me to a hospital via rescue. I spent the night at the hospital receiving multiple epi pen injections, and fluids. I was discharged 5/22 with a dose of prednisone. I was fatigued all day. On 5/23 I woke up to swollen eyes and lips and covered in hives again. I went to the ER where I was given steroids and fluids again. The hives went down but did not go away. One 5/24 I took multiple doses of Benadryl and dose of prednisone and in the evening time the hives progressed. Today 5/25 I woke up with swollen lips and checks and hives. I went to my doctors office to be evaluated.

VAERS ID:	1348334 (history)	**Vaccinated:**	2021-05-17
Form:	Version 2.0	**Onset:**	2021-05-25
Age:	35.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Probiotic
Current Illness: Seasonal allergies
Preexisting Conditions:
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, redness, burning sensation at the injection site

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VAERS ID:	1350551 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-19
Age:	57.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024021A / 1	- / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site rash, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multi vitamin, Losartin, Metropolol.
Current Illness: N/A
Preexisting Conditions: High blood pressure, anxiety
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: First noticed redness, hot to the touch, swelling, rash around injection site and down left arm to above the elbow on Tue. 5/18. Thought it was a bug / spider bite so treated it accordingly. By Fri. 5/21, it had not gotten better so reported it to V-Safe after identifying the symptoms online as "COVID Arm". Started approximately 6 days after the vaccine was administered. Information online states that symptoms should be gone after a couple days but it has now been a week since they first appeared. Left arm is getting better but rash is still visible above the elbow with some tenderness and a little warm to the touch. I wanted to report this due to the length of time I have

had it and how long it is taking to clear up.

VAERS ID:	1350755 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	68.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0173 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anaemia, Contusion, Dyspnoea, Fatigue, Haematocrit decreased, Haemoglobin decreased, Platelet count decreased
SMQs:, Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Systemic lupus erythematosus (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Chronic kidney disease on peritoneal dialysis
Preexisting Conditions: Chronic kidney disease
Allergies:
Diagnostic Lab Data: Hemoglobin 8.0, hematocrit 24.1, PLT 123
CDC Split Type:
Write-up: Acute anemia, fatigue, shortness of breath, bruising

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VAERS ID:	1350894 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient presented in the pharmacy with other family members and the pharmacist misread or didn''t see the date of birth and administered the J&J vaccine to the patient who is just turning 16yrs old.

VAERS ID:	1351283 (history)	**Vaccinated:**	2021-05-19
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	31.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0186 / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Back pain, Blood test, Chest X-ray, Chest pain, Computerised tomogram, Dyspnoea, Electrocardiogram, Inflammation, Pain
SMQs:, Anaphylactic reaction (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Junel Birth Control
Current Illness:
Preexisting Conditions: Migraines and low iron.
Allergies:
Diagnostic Lab Data: 5/22/2021: Blood work, EKG, Chest X-Ray, and CT, results reassuring.
CDC Split Type:
Write-up: Chest pain and back pain around heart area and shortness of breath started Saturday morning, 5/22/2021, at 11:00am. At 2:30, decided to go to ER as pain was not getting better. Had blood work, EKG, Chest X-Ray, and CT with contrast done. Advised all tests seemed ok. Diagnosed with Inflammation, possibly pleurisy. Prescribed Ibuprofen 600mg up to 4 times a day and rest. Follow up with primary care if symptoms don?t improve in 3-5 days with treatment. To date, symptoms come and go, but seem worse when lifting anything heavy or getting stressed out. Sometimes, symptoms such as chest pain or shortness of breath happen when lying down, or getting up, or doing normal activities, like cooking and cleaning.

VAERS ID:	1351328 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Extremity contracture, Fall, Head injury, Muscle rigidity, Pain in extremity, Seizure
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Generalised convulsive seizures following immunisation (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none

Allergies: none
Diagnostic Lab Data: Transported by EMS to local hospital for further evaluation.
CDC Split Type:
Write-up: Patient experienced seizure activity after receiving 2nd dose of pfizer vaccine. Sx started approximately 5 mins after receiving injection. fell and hit head. B/L upper extremity contractures noted that did not resolve and was associated with extreme pain and muscle rigidity.

VAERS ID:	1351937 (history)	**Vaccinated:**	2021-05-14
Form:	Version 2.0	**Onset:**	2021-05-16
Age:	12.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Petechiae
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Seasonal allergies to pollen and trees
Diagnostic Lab Data: Patient was seen by Dr. on Monday, May 17th. She said she could not confirm or deny it was due to the Covid vaccine.
CDC Split Type:
Write-up: Patient experienced unexplained episodes of petechiae (bleeding under his skin) for starting two days after the vaccine (and continuing since then).

VAERS ID:	1354115 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	67.0	**Days after vaccination:**	12
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Death, Endocarditis bacterial
SMQs:
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-05-06
Days after onset: 56
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations: reported his 5 1/2 to 6 days flu-like symptoms to CDC and Moderna
Other Medications: Qvar 80 mcg (Beclomethasone Dipropionate HFA) Patient died of Bacterial Endocarditis on May 6th, 2021. Could there be a vaccine
Current Illness: Absolutely none. Had been hunkered down since March 21, 2020 (that''s 2020 --- twenty). We were extremely COVID careful. He might have had very mild case of Covid in early February 2020. He died of Bacterial Endocarditis on May 6, 2021. Timing just seems a bit questionable. See if you find overtime and increase of Bacterial Endocarditis post Covid vaccines, please.
Preexisting Conditions: None other than the slight allergies, asthma(very slight). Only took half his Qvar dose a day because worked for him fine. So he took half of the prescribed dose, think the lowest you could take(?)
Allergies: no, just to dogs, cats, etc no medication, food, or other products allergies that we are aware of
Diagnostic Lab Data: Medical center May 4, 2021 to May 6, 2021. Patient died of Bacterial Endocarditis on May 6, 2021. May not be connected to vaccination but could be so, please, look for more incidence (higher than normal rates) of Bacterial Endocarditis following Covid vaccination, please.
CDC Split Type:
Write-up: MIGHT NOT BE LINKED TO VACCINE but, please, watch for Bacterial Endocarditis following Covid vaccinations. On-set following vaccination seems suspicious but might be coincidental. He died of Bacterial Endocarditis on May 6, 2020. First weird symptoms began March 10, very slight chills after going out for a walk. He had had pretty strong flu-like symptoms began 4 1/2 days after first vaccine dose and lasted 5 1/2 to 6 days (we reported to CDC and Moderna). Then he felt great for 3 days, then weird little symptoms began. Please, just put in data base to look for trends. He most likely had a very very mild case of Covid in early to mid February 2020. Lasted 3 days with fatigue and diarrhea only. Thank you very much

VAERS ID:	1354283 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	70.0	**Days after vaccination:**	54
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Peripheral swelling, Thrombosis
SMQs:, Cardiac failure (broad), Angioedema (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin, baclofen, fexophenadine, hydrochlorathiazide, fluticazone propionate, omeprazole, tamsulosin, multi-vit & b-12.
Current Illness: none
Preexisting Conditions: asthma, high blood pressure
Allergies: shellfish, crustacean
Diagnostic Lab Data: Visit to PCP, seen by PA 5/17/21.
CDC Split Type:
Write-up: Blood clot in right foot. Swelling. I didn''t immediately consider the possible connection to the Pfizer vac. Sorry for the delay.

VAERS ID:	1354556 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	46.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Blood glucose normal, Blood thyroid stimulating hormone, CSF glucose normal, CSF

immunoglobulin, CSF lymphocyte count increased, CSF oligoclonal band, CSF white blood cell count increased, Full blood count normal, Gait disturbance, Hypoaesthesia, Influenza A virus test negative, Influenza B virus test, Lumbar puncture abnormal, Magnetic resonance imaging head normal, Metabolic function test, Myelitis transverse, Protein total normal, Respiratory syncytial virus test negative, SARS-CoV-2 test negative, Sensory disturbance, Sensory loss, Vitamin B12 decreased
SMQs:, Peripheral neuropathy (narrow), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Demyelination (narrow), Malignant lymphomas (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: History of Migraine and eczema
Allergies: Codeine (Constipation); PCN (Rash)
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed transverse myelitis. She began to develop numbness in her feet starting 4/30 which worsened over several days. She presented to the emergency department and had a normal CBC, CMP, TSH. Normal vital signs. However on her exam she had decreased but not absent sensations in bilateral lower extremities to the mid calf, lack of positional sense of her bilateral toes. She had a lumbar puncture which showed 160 white blood cells with an 83% lymphocyte predominance but without elevated protein or glucose alteration the numbness found a ascending to just below her breasts at that time she was having no sensory or motor symptoms in her arms, no visual disturbance speech or swallowing difficulty. She was aware of bowel and bladder sensation but unable to sense her self urinating or defecating. She was listing to the left while walking. Her B12 was noted to be low at 232 and she was started on a B12 supplement. She is negative for Covid, RSV, influenza A and B. She also had her cerebrospinal fluid evaluated for IgG and oligoclonal bands. She was after having MRIs of her brain, C-spine, T-spine with and without contrast she was started on Solu-Medrol for 5 days. Imaging had no specific findings suggesting the diagnosis, Dr felt that she likely had some mild myelitis. She did improve with the Solu-Medrol. Since returning home patient has been feeling better but still has some limitations. Still has some limited sensation from her abdomen downward, gait is a little unsteady. The balls of her feet still feel numb, and she is to be very cautious about her footwear and how she walks.

VAERS ID:	1354824 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	32.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7533 / 1	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8735 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Feeling abnormal, Inflammation, Malaise, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CBD, B-Vitamins, and Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None, medical insurance is a high deductible, and have yet to seek care. If I have another bout of syncope then I will certainly seek medical care.
CDC Split Type:
Write-up: The first shot yielded a fierce headache followed by a week of malaise and a cloudy mind. I continued to feel like I was unable to perform at peak athletic performance. The second shot caused whole-body inflammation and another week of malaise and a cloudy mind. After one month I am still "off" and have had several episodes of nearly passing out with prolonged dizziness and fatigue, and am concerned about a heart complication from vaccination.

VAERS ID:	1354911 (history)	**Vaccinated:**	2021-03-07
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	66.0	**Days after vaccination:**	76
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anion gap, Biopsy endometrium, Blood culture, Cerebral haemorrhage, Computerised tomogram head abnormal, Diabetic ketoacidosis, Herpes zoster oticus, Pulmonary embolism, Thrombocytopenia, Vaginal haemorrhage, Venous thrombosis
SMQs:, Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (narrow), Systemic lupus erythematosus (broad), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, venous (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 5 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient is a 66 y.o. female with an unknown PMHx admitted with DKA and found to have thrombocytopenia, an intraparenchymal bleed on Head CT 2/2 to dural venous thrombosis. Course also complicated by saddle submassive PE w/ + biomarkers and mild RHS. Given unclear etiology of thrombocytopenia, venous thrombosis, and PE, suspect a precipitating/underlying etiology and cannot rule out possible occult malignancy, autoimmune disorder or alternative hypercoagulable state such as APLS. Possibly bacteremic given GPB and Staph on blood cx, though likely contaminant. DKA resolved, anion gap is closed, continued monitoring of glucose and insulin adjustment .OB/Gyn following for heavy vaginal bleeding and possibly gyn malignancy workup, endometrial biopsy pending. Heme also following.

VAERS ID: 1355121 (history)		**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-27
Age:	16.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041C21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Headache
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: fluoxetine 20 mg cap/ 10 mg tab, Xulane 150-35 patch
Current Illness: Depression
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, dizziness; Patient rested and took Tylenol and got better by 2PM oon 5/27

VAERS ID: 1355151 (history)		**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blindness transient, Blood glucose normal, Dizziness, Feeling cold, Hyperhidrosis, Pallor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Embolic and thrombotic events, arterial (narrow), Glaucoma (broad), Optic nerve disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Temporary blindness (lasted about 30 secs to a min), pale skin, sweating, feeling cold, dizziness. Gave water, apple juice and Gatorade to patient and called 911. EMT came in to take he''s BP, blood glucose level and both were normal. Stayed at pharmacy for about 45 minutes and patient got better but was still feeling cold. They''ve decided not to go to hospital but followed up with dad around at 6:30 - 7 pm ish, and confirmed he is doing okay.

VAERS ID:	1357683 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	40.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	206A21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Headache, Immunology test, Migraine, Musculoskeletal stiffness, Myalgia, Renal function test normal, SARS-CoV-2 test negative, Vomiting, White blood cell count normal
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:

Other Medications: I take 20mg Fluoxetine 1 daily and 300mg of bupropion.
Current Illness: I did not have any other illnesses.
Preexisting Conditions: I get migraines.
Allergies: I am allergic to sulfa drugs and a medication called Valtrex.
Diagnostic Lab Data: I was tested for COVID and Lyme disease. COVID came back negative and I never received the result for the Lyme disease test. I also had a kidney function test and a white blood cell test that came back normal.
CDC Split Type: vsafe
Write-up: I started noticing a headache and my neck got really stiff about 5 minutes before I started vomiting violently. I felt better for about 30 minutes after vomiting, but I started vomiting again. I started to have blinding pain in my head. By 6pm, I was having muscle and joint pain so I went to the ER. I tested negative for COVID. I received some IV drugs, but I"m not sure of the name. I was also tested for Lyme disease, but I never received the results. Nothing was confirmed about my adverse event, but it was guessed that I was experiencing migraines. I also received IV fluids. Around midnight I felt better and was released from the ER.

VAERS ID:	1358217 (history)	**Vaccinated:**	2021-05-17
Form:	Version 2.0	**Onset:**	2021-05-21
Age:	20.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Lymph node pain, Lymphadenopathy, Peripheral swelling, Rash, Rash erythematous, Rash pruritic
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birthcontrol
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:

Write-up: one day 5 feet swelled with a red, itchy rash and were painful to stand on. This lasted 5 days. Currently, lymph nodes in neck are swollen and painful.

VAERS ID:	1358221 (history)	**Vaccinated:**	2021-05-10
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	18.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, with extreme body aches - lasted 24 hours

VAERS ID:	1358224 (history)	**Vaccinated:**	2021-05-27
Form:	Version 2.0	**Onset:**	2021-05-27
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth Control
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, Extreme body aches and pain

VAERS ID:	1358297 (history)	**Vaccinated:**	2021-05-21
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	39.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022B21A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Acute myocardial infarction, Cardiac imaging procedure abnormal, Myocarditis, Scan with contrast abnormal, Troponin I increased
SMQs:, Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Branch Chain Amino Acids Creatine Monohydrate Glutamine
Current Illness: None
Preexisting Conditions: None
Allergies: Some intolerance to milk and dairy

Diagnostic Lab Data: Exam: MR CARDIAC W WO CONTRAST on May 27, 2021 at 1729. 1. Normal cardiac size and function. 2. Delayed enhancement of the cardiac apex consistent with myocarditis -3 TROPONIN I blood Labs on May 26th and 27th 1st value 2.38 2nd: 6.18 3rd: 4.8 on May 27th
CDC Split Type:
Write-up: -NSTEMI (non-ST elevated myocardial infarction)

VAERS ID:	1358410 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	RA / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Abortion spontaneous, Chills, Exposure during pregnancy, Fatigue, Pathology test, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Termination of pregnancy and risk of abortion (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: I was taking prenatal and blood pressure medication.
Current Illness: No other illnesses.
Preexisting Conditions: I have asthma and high blood pressure.
Allergies: I am allergic penicillin.
Diagnostic Lab Data: I have a pathology report.
CDC Split Type: vsafe
Write-up: I was very fatigue after receiving the vaccine. I had chills and a fever. I was pregnant and my estimated delivery for the baby would"ve been May. I lost my child.

VAERS ID:	1358685 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	46.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ENJ318 / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood pressure increased, Chest discomfort, Electrocardiogram normal, Headache, Injection site pain, Nausea, Pain
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Claritin, Monteleukast, Astrovastin
Current Illness:
Preexisting Conditions: Asthma, High Cholesterol
Allergies: Egg
Diagnostic Lab Data: EKG showed no signs of a heart attack
CDC Split Type:
Write-up: My blood pressure rose 30 points on both systolic and diastolic pressures to 160/130 with tightening of my chest. EKG showed no sign of heart attack and I was released from the emergency room after 3 hours of monitoring at which time the blood pressure normalized to 130/90. 12 hours after the injection I had pain at the injection, extreme full body aches, mild headache and slight nausea. All side effects were gone within 36 hours.

VAERS ID:	1358831 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Anxiety, Motion sickness, Nausea, Vomiting

SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: medication to prevent kidney stones
Current Illness: none
Preexisting Conditions: kidney condition
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Per dad suffers from motion sickness and arrived at clinic feeling nauseated from the trip from home. He also reported she was experiencing "huge anxiety" about the shot. Vomited a few minutes after receiving the vaccine. Reported no longer feeling nauseated afterward. Observed for 30 mins. Drank a juice box. Walked out of clinic with dad.

VAERS ID:	1360941 (history)	**Vaccinated:**	2021-01-01
Form:	Version 2.0	**Onset:**	2021-01-26
Age:	63.0	**Days after vaccination:**	25
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingles vaccine (original)
Other Medications: Cymbalta, Ethacrynic Acid, Clonazepam, Omeprazole, Cranberry capsule,

Vit C,
Current Illness: none
Preexisting Conditions: Asthma, eczema
Allergies: Sulfa, Penicillin, Tramadol, Codeine, dairy, eggs, peanuts, wheat
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Continued deep pain at the injection site 5 month site 5 months post vaccine.

VAERS ID:	1361016 (history)	**Vaccinated:**	2021-05-24
Form:	Version 2.0	**Onset:**	2021-05-24
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW01178 / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Computerised tomogram, Dyskinesia, Magnetic resonance imaging
SMQs:, Neuroleptic malignant syndrome (broad), Dyskinesia (narrow), Noninfectious encephalopathy/delirium (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paxil, Methylphenidate, Lyrica, Citrizine
Current Illness: COPD
Preexisting Conditions: COPD
Allergies: NSAIDs
Diagnostic Lab Data: I went to the ER. They did all of the physical tests and didn''t think I had a stroke. But they did a Cat Scan and an MRI to be sure. The result was I did not have a stroke. I went to the hospital on Tuesday night May 25th and I went home on Friday May 29th.
CDC Split Type:
Write-up: When I pucker my mouth, like when blowing out a candle only one side of my mouth puckers out. I thought I had a stroke.

VAERS ID: 1361112 (history)		**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	38.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: When patient arrived for 2nd dose moderna shot on 5/28/21, she reported a mild rash on her arm that appeared about 12 hours after her first dose. Patient described the rash as looking like she had been bit by a dog and reported it being located on the inside of her elbow area (not where the IM deltoid shot had been administered). Rash resolved after about a day. Patient denied any symptoms such as chest tightness/SOB. Rash was a little bit itchy per patient.

VAERS ID: 1361446 (history)		**Vaccinated:**	2021-05-27
Form:	Version 2.0	**Onset:**	2021-05-28
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain upper, Dehydration, Diarrhoea, Muscle contracture, Vomiting
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic

procedures (narrow), Noninfectious diarrhoea (narrow), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Naltrexone, buproprion, ceterizine
Current Illness: None
Preexisting Conditions: None
Allergies: Mild food allergies to stone fruits
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe stomach cramps, vomiting, diarrhea, dehydration, muscles locked up

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VAERS ID:	1361529 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	26.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Condition aggravated, Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none

CDC Split Type:
Write-up: Present at clinic with mother to offer emotional support. Justice suffers from anxiety related to receiving medical care. Today was his second attempt at getting the vaccine. Reported to clinic staff after the fact: Had blurry vision and dizziness prior to entering clinic. Had sat in warm car for several minutes trying to work up nerve to enter building. Dizziness increased at time of vaccination, client was moved to floor, legs elevated until dizziness passed. Slowly transition to sitting and then stannding, monitoring vitals at transnitions. Patient walked out of clinic one hour after vaccination. Patient remained conscious. Consumed 3 bottles of water, two bananas, two juiceboxes during recovery period.

VAERS ID:	1361530 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Photopsia
SMQs:, Anticholinergic syndrome (broad), Retinal disorders (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: albuterol- last taken 5/24/2021
Current Illness: none
Preexisting Conditions: asthma
Allergies: one medication, can''t remember name ?sulfa?
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Present at clinic w/ dad. Dad reports prone to light headedness. Was very nervous before shot. Reported dizziness, and briefly some "flashing lights" in vision that quickly resolved. Transitioned from lying on floor to seated to standing. Vitals stable through transitions. Gave juice box. 30 min observation post vaccine. Walked out of clinic.

VAERS ID:	1361632 (history)	**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	32.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Blood test normal, Cough, Impaired work ability, Paraesthesia, Peripheral coldness, Poor peripheral circulation, Sensory disturbance
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lithium Carbonate - 1200mg (HS) extended relief Bed time - 150mg immediate relief - morning Trazadone - 200mg - 1xday Modafinil - 200mg - 1xday
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Blood work
CDC Split Type: vsafe
Write-up: The day after I received my first dose (1/5/2021) I started developing the COVID cough, joint pains, tingling and loss of sensation in my feet, they were cold from loss of blood flow etc. (I had COVID in March 2020 and was sick from March to May.) After losing sensation in my feet, that is when I went to my PCP and they determined I getting loss of blood flow. They did blood work, that came back normal. They determined to use compression socks for my feet to get blood flow back etc. I was out of work for a day or 2 with a cough, and then went back.

VAERS ID:	1361658 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-02
Age:	32.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Blood test, Computerised tomogram, Computerised tomogram thorax, Cough, Night sweats, Pain, Pyrexia, Skin discolouration, Skin ulcer, X-ray
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lithium carbonate- 1200mg ER- Bed Time - 150mg Morning Trazadone - 200mg - 1xday Modafinil - 200mg - 1xday
Current Illness: Chronic cough still after first vaccination
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: X- Rays of hands/ feet/ pelvis/ lower back/ chest CT Scans lungs (pulmonary specialist). Blood Work
CDC Split Type: vsafe
Write-up: Day after receiving the second dose, I started experiencing a fever, on top of the cough from first dose, with an increase of pain over my body, night sweats, discoloration in my feet. I saw my PCP again, they did an Auto Nuclear Antibody test that was positive and had a high Tighter level. PCP then referred me to a Rheumatologist, where they did more testing of blood work, X-Rays of hands/ feet/ pelvis/ lower back, CT Scans lungs (pulmonary specialist). PCP did a chest x-ray prior to Rheumatologist. I had to see an ENT Dr. do to a growth in my nose, had to get it tested and it is Aplasia (non- cancerous). I also had multiple non-healing ulcers all over my body. A Dermatologist could not determine what they were so they gave me a topical cream for them. Now waiting to see an Ophthalmologist. I now have a lung physical therapist, occupational therapist for my lungs. Neurologist is going to do a ENG test (next week), podiatrist for my feet. I have also lost a lot of weight and have a Dietician as well. I am still experiencing all of these symptoms since February. I cannot work or able to practice at all.

VAERS ID:	1361961 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	96.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Brain natriuretic peptide, Culture urine positive, Death, Decreased appetite, Diet refusal, Fatigue, Feeling hot, Full blood count, Metabolic function test, Nervousness, Oedema

peripheral, Pain, Pleural effusion, Somnolence, Urinary tract infection
SMQs:, Cardiac failure (broad), Angioedema (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-05-29
Days after onset: 22
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis 2.5 mg BID Lasix 40 mg QD KCL 10 meq 3 AM/week gabapentin 300 mg QHS magnesium 120 mg BID Vitamin B12 500 mcg QAM Vitamin B2 100 mg QAM PreserVision AREDS 1 BID Vitamin D3 1000 IU QHS
Current Illness: none
Preexisting Conditions: A-FIB well controlled CHF well controlled TIAs Macular Degeneration
Allergies: Reaction to all medications below is nausea and vomiting codeine bactrim macrobid tramadol
Diagnostic Lab Data: ProBMP metabolic panel urine for C&S CBC
CDC Split Type:
Write-up: profound exhaustion, unable to stay awake even with stimulation, severe anorexia - unwilling to eat pleural effusion +4 leg edema UTI felt like she was shaking internally (found it painful) felt hot (not common) body aches outcome=death

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VAERS ID:	1362496 (history)	**Vaccinated:**	2021-05-31
Form:	Version 2.0	**Onset:**	2021-05-31
Age:	20.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808986 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Seizure
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Nothing reported
Preexisting Conditions: History of Epilepsy
Allergies: Sulfa allergy
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: I administered the vaccine and asked patient to move to the waiting area for his 15 minute observation period. He moved out to the chair and sat down about 2 minutes later his abdomen started to move back and forth a few times and then he started to have what appeared to be a seizure. It was very short (20 seconds), he remained in the chair. His mom and I moved him to the floor with his help. He then mentioned that he forgot to take his seizure medication last night and was feeling very nervous about the vaccine.

VAERS ID:	1363795 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-05-21
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-06-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	182266 / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Eating disorder, Malnutrition, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hepatitis C (recently recovered); Liver cirrhosis (stage 1); Pulmonary embolism (Patient had pulmonary embolism 10 years ago.); Comments: The patient was not pregnant at the time of reporting.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210551734

Write-up: MALNOURISHED; NOT ABLE TO EAT; SORE ARM; This spontaneous report received from a patient concerned a female of unspecified age. The patient"s height, and weight were not reported. The patient"s past medical history included pulmonary embolism, hepatitis c, and liver cirrhosis, and other pre-existing medical conditions included the patient was not pregnant at the time of reporting. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 182266, and expiry: UNKNOWN) dose was not reported, administered on 21-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 21-MAY-2021, the subject experienced sore arm. On 22-MAY-2021, the subject experienced malnourished. On 22-MAY-2021, the subject experienced not able to eat. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from sore arm on 21-MAY-2021, and the outcome of malnourished and not able to eat was not reported. This report was non-serious.; Sender"s Comments: V0: Medical Assessment Comment not required as per standard procedure as the case assessed as non-serious

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VAERS ID:	1364499 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-06-01
Age:	40.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 2	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Abnormal faeces, Faeces discoloured, Fatigue, Haematochezia, Injected limb mobility decreased
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Biliary system related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Noninfectious diarrhoea (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 2 x 200mg Ibuprofen tablets 5/27 in the AM.
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data:
CDC Split Type:
Write-up: Same restricted mobility as first dose on left arm near vaccination location lasted 24-

48h after second dose. Persistent fatigue (not after first dose), specially arms and legs. No other side effects until 06/1@8:00am blood in stool, foul-smelling. Usual shape/color.

VAERS ID:	1364811 (history)	**Vaccinated:**	2021-05-22
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Anxiety, Throat irritation
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Allergies
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itchy throat, Anxiety

VAERS ID:	1364822 (history)	**Vaccinated:**	2021-05-22
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client felt lightheaded and faint. Presyncopal. Had not eaten that day by mid afternoon. Given juice and a snack and felt better quickly.

VAERS ID:	1364834 (history)	**Vaccinated:**	2021-05-22
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Presyncope
SMQs:, Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Presyncopal - laid down on stretcher. Father states that child does this after every injection. Child had played tennis in am and come without eating or drinking. Given snack and juice. Felt better and improved quickly.

VAERS ID:	1364936 (history)	**Vaccinated:**	2021-05-18
Form:	Version 2.0	**Onset:**	2021-05-18
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0183 / 1	RA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Headache, Rash, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Children''s Multivitamin;she has an inhaler - but she hasn''t taken it in over a year
Current Illness: no
Preexisting Conditions: Eczema; she was diagnosed with asthma but hasn''t used an inhaler for over a year.
Allergies: skin sensitivity: scented soaps or laundry soaps
Diagnostic Lab Data: no
CDC Split Type: vsafe
Write-up: She had a rash after school - she noticed it about 2:00 - she started getting a headache and around 03:00 - she noticed a rash (red marks - no bumps) on her knees and upper and thighs. About 3:20 - her right arm and a little bit on her left arm were almost like hives (bumps) - they were a little bit itchy off and on. The next morning, could still the bumps but not as bad, but on 19th after school it was back just like the day before. We gave Benadryl to see if that would help. In the morning it goes away - on her arms, she can see a little a bit of where the lumps are - not as bad; on legs it''s just almost completely gone, and by afternoon it''s back to full scale of

where it had been the night before. Could see where the bumps were in her arm but it is not as bad as it was. Today, as far as I know from the last time I asked her, she said there are still some on her arms but not on legs.

VAERS ID:	1367305 (history)	**Vaccinated:**	2021-05-21
Form:	Version 2.0	**Onset:**	2021-05-21
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / -

Administered by: School **Purchased by:** ?
Symptoms: Chest pain, Dizziness, Heart rate, Heart rate increased, Hyperhidrosis, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data: Test Date: 20210521; Test Name: pulse; Result Unstructured Data: Test Result:rapid
CDC Split Type: USPFIZER INC2021592644
Write-up: Sudden chest pain radiating toward armpit; Dizzy; Sweaty; Rapid pulse rate; Nausea; This is a spontaneous report received from a contactable consumer (patient). A 13-year-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection), via an unspecified route of administered in left arm on 21May2021 13:30 as single dose for COVID-19 immunisation at School or Student Health Clinic. Medical history was reported as none. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient did not diagnose with COVID-19. Since the vaccination, patient had not been tested for COVID-19. The patient did not receive other medications within 2 weeks of vaccination. The patient''s concomitant medications were not reported. Patient had no allergies. On 21May2021 22:30, the patient experienced Sudden chest

pain radiating toward armpit, dizzy, sweaty, rapid pulse rate, nausea. The symptoms resolved after about 10-15 minutes. This repeated a second time on Saturday 22May around 4 pm. Repeated a third time on Sunday 23May around 3 pm but was less in severity. Lot number on card not clear but appears to be EN0185 or EW0185. The events assessed as non-serious. No treatment was received for the events. The outcome of the events was reported as unknown. Information on the lot/batch number has been requested.

VAERS ID:	1367934 (history)	**Vaccinated:**	2021-05-21
Form:	Version 2.0	**Onset:**	2021-05-28
Age:	35.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Injection site pain, Injection site pruritus, Injection site rash
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Occasional Emergen-C, but did not take day of vaccine or days surrounding.
Current Illness: none
Preexisting Conditions: mild asthma
Allergies: sometimes mild oral food allergies from certain bananas and other foods on occassion.
Diagnostic Lab Data:
CDC Split Type:
Write-up: delayed rash near injection site that first developed about a week after I got the 1st dose. It has been 5 days so far and it is still there. It sometimes itches or hurts but usually doesn''t bother me too much. Well update after I get the 2nd dose later this month.

VAERS ID:	1371236 (history)	**Vaccinated:**	2021-06-01
Form:	Version 2.0	**Onset:**	2021-06-02
Age:	35.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009CZ1A / 2	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Gaze palsy, Hyperhidrosis, Increased bronchial secretion, Loss of consciousness, Nausea, Seizure like phenomena, Unresponsive to stimuli
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I was dizzy, weak and nauseous. It felt as if I was going to vomit and then I went unconscious. My husband saw that I had collapsed back into the bed I was leaning against, with my eyes rolled back and I was making a gurgling sound. He attempted to get my attention several ways by loud yelling of my name and lightly hitting my cheek. I was unconscious for a few minutes and when I regained consciousness I had had broken into a heavy, soaking sweat. He described it as looking as if i had a seizure. I have no history of seizures and have never had one prior to this event and vaccine.

VAERS ID:	1371295 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-16
Age:	58.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia

and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: n/a
Preexisting Conditions: elevated BP without diagnosis of HTN hyperlipidemia history of SVT
Allergies: Sulfa
Diagnostic Lab Data: Referral to allergist for evaluation
CDC Split Type:
Write-up: BLE rash; supportive home care

VAERS ID:	1371399 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-14
Age:	33.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0183 / 1	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paroxetine
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None yet, seeing doctor on 6/4 (per advice of nurse who administered

second vaccine today)
CDC Split Type:
Write-up: Arm painful weeks after first vaccine

VAERS ID:	1371482 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-16
Age:	58.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037C21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Pain, Rash, Rash pruritic, Swelling, Yellow skin
SMQs:, Cholestasis and jaundice of hepatic origin (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Magnesium carbonate 90mg / Vitamin D3 2,500mg / Super B-complex with Folic acid & Vit. C / Omega 3 DHA- EPA 500mg
Current Illness: None
Preexisting Conditions: None
Allergies: Sulpha
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Slight itchy rash developed on right lower ankle which soon spread covering shin area and outside of ankle. The next day the left leg had some of the same rash but not as bad. Raised and sore for leg of pant to be rubbing on. Yellowish markings as from a bruise.

VAERS ID:	1371830 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	66.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-03

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Condition aggravated, Upper respiratory tract infection
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: albuterol, acetylcycsteine, cetirizine, daliresp, eliquis, famotidine, furosemide, lantus, jardience, losartan, metformin, prednisone, crestor,
Current Illness: URI, COPD exacerbation
Preexisting Conditions: COPD, CAD. DMII, obesity, HTN, hyperlipidemia
Allergies: nkda
Diagnostic Lab Data:
CDC Split Type:
Write-up: presented to ED and was admitted to med center same day as 2nd COVID vaccine. Patient was exhibiting s/sx of URI at time of vaccine which worsened. admission 04/09-04/11

VAERS ID:	1373381 (history)	**Vaccinated:**	2021-05-24
Form:	Version 2.0	**Onset:**	2021-05-24
Age:	65.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Injection site pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Iodine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain in arm at sight of injection still to this day

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VAERS ID:	1373553 (history)	**Vaccinated:**	2021-03-15
Form:	Version 2.0	**Onset:**	2021-02-17
Age:	63.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-06-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	UNKNOWN / 2	RA / -

Administered by: Private **Purchased by:** ?
Symptoms: Eye swelling, Ocular hyperaemia
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Glaucoma (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Atrial fibrillation (Intermittant attrial fibrilation)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021293792
Write-up: Swelling around eyes; Redness around eyes; This is a spontaneous report from a contactable consumer, the patient. A 63-year-old non-pregnant female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA vaccine; Lot number: UNKNOWN), via an unspecified route of administration in the right arm on 15Mar2021 at 12:00 hours as a single dose for COVID-19 immunisation (age at vaccination 63-year-old). On an unknown date, the patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA vaccine; Lot number: UNKNOWN), dose 1, single, via an unspecified route of administration and anatomical location for

COVID-19 immunisation. Medical history included intermittent atrial fibrillation. Concomitant medication was not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine, and medications within two weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. On 17Mar2021 at 05:00, the patient experienced swelling and redness around eyes and the swelling shut when patient awoke in the same morning. The clinical outcome of swollen eyes and eye redness was recovering at the time of this report. No follow up attempts are possible. No further information is expected; information about Lot number cannot be obtained.

VAERS ID:	1374766 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-06
Age:	77.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012A21A / 2	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Balance disorder, Blood potassium decreased, Blood test abnormal, Computerised tomogram, Dizziness, Electrocardiogram, Feeling abnormal, Gait disturbance, Magnetic resonance imaging, Nausea, Sudden hearing loss, Vertigo
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hearing impairment (narrow), Vestibular disorders (narrow), Hypoglycaemia (broad), Hypokalaemia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydroclorathyazide, potassium, magnesium, Vit C, Vit D, Co Q 10, Krill oil, Quercetin with zinc, Turmeric, Acetl L Carnitine/Alpha Lipoic Acid, NAC, Vit K2, Niacinamide
Current Illness:
Preexisting Conditions: Controlled high blood pressure.
Allergies:
Diagnostic Lab Data: 03/06---CAT Scan, EKG, MRI, blood draw 03/07---another MRI All done to rule out heart, brain, cancer issues. Blood draw showed very low potassium. Given perscription for potassium .
CDC Split Type:
Write-up: On March 6, 2021, three days after second Moderna vaccine, I had sudden onset deafness in my right ear and progressing dis equilibrium. Within a couple of hours I could barely walk. Extreme dizziness/vertigo, nausea. Went to ER next day, 3/7 and was transferred after about 5 hours to Medical Center. Was eventually diagnosed with Idiopathic Labyrinthitis. ER

wanted to admit me at 11:30pm but I hadn''t eaten or had any fluids and they don''t feed people in the ER so I went home. Conditions worsened with walking like a very drunk person and brain fog, dizziness, vertigo. Went back to ER where they completed all kinds of tests and scans.

VAERS ID:	1375138 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	66.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026B21A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, C-reactive protein increased, Red blood cell sedimentation rate increased, Rheumatoid factor positive
SMQs:, Arthritis (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Ventolin, Flovent, Omeprazole, Flomax, Diltiazem
Current Illness: None
Preexisting Conditions: Atrial fibrillation, HLD, Raynaud''s syndrome, Gout, Asthma, BPH, GERD
Allergies: Amrix, Atenolol, Desipramine, Lipitor, Lopid, Prozac, Zocor
Diagnostic Lab Data: ESR 65 CRP 151 Low titer positive RF All were 4/17/21
CDC Split Type:
Write-up: Patient developed inflammatory polyarthralgias with elevated inflammatory markers

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VAERS ID:	1375618 (history)	**Vaccinated:**	2021-06-04
Form:	Version 2.0	**Onset:**	2021-06-04
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	050C21A / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was feeling light headed like she was going to pass out. She also vomited multiple times.

VAERS ID:	1375700 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-06-03
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-06-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	042A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210607371
Write-up: HEADACHES; This spontaneous report received from a patient concerned a 29 year old female. The patient"s height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: 042A21A, expiry: UNKNOWN) dose was not reported, administered on 29-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 03-JUN-2021, the subject experienced headaches. The action taken with covid-19 vaccine was not applicable. The patient had not recovered from headaches. This report was non-serious.

VAERS ID:	1376269 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-28
Age:		**Days after vaccination:**	2
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Pain, Vaccination site swelling, Vaccination site warmth
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021631183
Write-up: In the shot area it started to itch; In the shot area it was slightly swollen; Some soreness; it was quite swollen very hot; This is a spontaneous report from a contactable consumer (patient). A patient of unspecified age and gender received second dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Batch/Lot Number and Expiration date not reported) via an unspecified route of administration on 26May2021 as 2nd dose single for COVID-19 immunization. The patient medical history and concomitant medications were not reported. The Historical vaccine included first dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Batch/Lot Number and Expiration date not reported) via an unspecified route

of administration on unspecified date as 1st dose single for COVID-19 immunization. On Wednesday 26May2021 at 11:30 (withheld), the patient received second dose of vaccine and on Friday the patient had itch and it was slightly swollen in the shot area. The patient reported late yesterday it started to swell a lot more and noticed that and a clockwise night (not clarified) it was quite swollen very hot, and it was still hot next morning, and it itches. There was some soreness, and it was not terribly serious. The patient noticed that, if the hand was not moved the itching stops and the patient did not feel anything except it was art (not clarified) the patient can put whole hand with fingers pressed and it covers the whole area of the swelling, the heat and the itching and was not sure what to do about it. The patient did not think it was anything serious as far as concerned but did not know anything about it and do have concern. The patient does not have a computer and the other person made the arrangements for COVID Shot (COVID Vaccine) and the patient received the second one. The patient asked that What to do about it, Will it go away or gradually go away. The patient asked was it okay to keep doing what patient was doing, was it safe for the patient for this to happen, was the patient okay and will it go away. The patient was to have to hang up because not getting anywhere. The patient was getting very, very nervous and very frustrated and the patient was elderly and cannot take this. The patient was going to get a hold of the person who made the arrangements the vaccine and go online use website to reach. The patient was not in a good position, was on oxygen and cannot do that. The outcome of had itch and it was slightly swollen in the shot area was unknown and outcome of some soreness and it was quite swollen very hot was not resolved. Information on the Lot/Batch number has been requested.

VAERS ID:	1376864 (history)	**Vaccinated:**	2021-06-04
Form:	Version 2.0	**Onset:**	2021-06-04
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Headache, Injection site pain, Injection site rash, Myalgia, Nausea, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Zyrtec taken in morning per regular routine as advised by allergist. Vitamin D, elderberry and vitamin C taken as part of regular daily routine.
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillin, onion , birch, trees, grass, other environmental allergies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: June 4th: headache, fatigue and Fever of 101F by 5pm, climbing to 102 by 9pm and climbing to 103.8F by 11pm. Severe Arm soreness. And muscle aches throughout body. Headache remains all night. June 5th: headache, nausea, fatigue, muscle soreness, and fever of between 102.8F and 103.8F throughout the day with Advil. By evening staying steady at 103,1-103.8F even with Advil. Arm pain at shot location. June 6th: Fever broke around 6am to 101F and stayed around 100F all day. Arm soreness, headache, and nausea remain. Rash around injection site first noticed around 10am. Fatigue and light headed feeling continues.

VAERS ID:	1377043 (history)	**Vaccinated:**	2021-05-21
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	033B21A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Asthma, Condition aggravated, Exposure during pregnancy, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Eosinophilic pneumonia (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamins
Current Illness: none
Preexisting Conditions: Asthma Gestational Diabetes
Allergies: Sulphur
Diagnostic Lab Data: none
CDC Split Type: vsafe
Write-up: Asthma progressed the next day Started using Asthma pump 4X a day Following Monday called doctor and the Doctor added a second inhaler. Sore arm No complications of pregnancy

VAERS ID:	1377741 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	69.0	**Days after vaccination:**	38
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032821A / 2	AR / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Alopecia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: thinning hair
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: hair thinning hair loss

VAERS ID:	1377780 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	65.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Biopsy, Condition aggravated, Dermatitis psoriasiform, Psoriasis
SMQs:, Hypersensitivity (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: alprazolam aspirin atenolol bupropion Vit D 3 cyclobenzeprine dexlansoprazole metformin nortriptyline adalimumab
Current Illness:
Preexisting Conditions: psoriasis GE reflux type II diabetes depression migraine hyperlipidemia
Allergies: Sertraline analogues venlafaxine latex pantoprazole phenazopyridine sulfas codeine
Diagnostic Lab Data: biopsied and shown to be a variation of psoriasis (psoriasiform dermatitis) on 4/23/21.
CDC Split Type:
Write-up: Approximately one week after the first injection, this patient with known psoriasis developed pustules on hands and lower legs. This was biopsied and shown to be a variation of psoriasis (psoriasiform dermatitis) on 4/23/21.

VAERS ID:	1378197 (history)	**Vaccinated:**	2021-06-04
Form:	Version 2.0	**Onset:**	2021-06-06
Age:	34.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Lip swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Benicar 20mg BID Beyaz BID Vitamin D 50,000IU Iron Cbd oil B12
Current Illness: NA
Preexisting Conditions: Hypertension
Allergies: Septocaine

Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Swelling of bottom lip, increased swelling on the left side. I woke up to the swelling 2 days after the vaccine. It could have possibly been swollen through the night while sleeping. Benadryl alleviated the swelling.

VAERS ID:	1378242 (history)	**Vaccinated:**	2021-05-20
Form:	Version 2.0	**Onset:**	2021-05-28
Age:	54.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: citalopram, ibuprofen (taken both for years with no side effects)
Current Illness: none
Preexisting Conditions: asthma
Allergies: latex, avocados, azithromycin (have had no exposure to these in years)
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed hives on day 9-post second Pfizer vaccine dose and then again on day 13-post dose: $g 50 hives on legs. Continue to develop new hives each day since, including today (day 19-post dose), about 4 to 5 new hives per day since day 13-post dose.

VAERS ID:	1381484 (history)	**Vaccinated:**	2021-05-27
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	70.0	**Submitted:**	2021-06-07
Sex:	Female	**Entered:**	2021-06-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1816022 / UNK	LA / -

Administered by: Public **Purchased by:** Unknown
Symptoms: Extra dose administered, Rheumatoid arthritis
SMQs:, Arthritis (narrow), Medication errors (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Rheumatoid Arthritis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After receiving 2 doses of pfizer covid-19 vaccine. patient was directed by MD to get Janseen vaccine as well, due to not having immunity.

VAERS ID:	1380940 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	71.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6203 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Eye swelling, Herpes zoster, Rash
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: PHENOBARBITAL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Cerebral palsy (Verbatim: cerebral palsy)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021267849
Write-up: just a swollen eye and rashes; just a swollen eye and rashes; shingles around her left eye; This is a spontaneous report from a contactable consumer (patient) and physician. A 71-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: solution for injection, Batch/Lot Number: EN6203),via an unspecified route of administration, administered in Arm Left on 24Feb2021 13:00 (at the age of 71 years old) as 1st dose, single dose for COVID-19 immunization. Medical history included cerebral palsy, from an unknown date and unknown if ongoing. No history of previous immunization with the Pfizer vaccine considered as suspect. No Additional Administered Vaccines on same date with the Pfizer vaccine considered as suspect. No prior vaccinations within 4 weeks. Concomitant medications included phenobarbital 32.4 mg, daily, [32.4mg tablet 1 tablet per day by mouth at bedtime] taken for convulsions (taken about 30 years if not 40 years), start and stop date were not reported. The patient previously took Shingles vaccine (2016) and flu shot (1991, for 30 years with no problems). The patient reported that she had first vaccine on 24Feb2021, and she was to have second vaccine shortly. The patient stated that she got shingles in between and thought she should let Pfizer know. She wanted to get the second vaccine and said she was not afraid. The patient state that she was dying to get the vaccine. It was probably at 8:15AM when she could sign up for the COVID 19 vaccine, then she got an earlier appointment, and she was so excited she went up there 2 hours early but then the shingles happened. The patient stated that probably because she also had cerebral palsy, so that could have made shingles happen. The doctor had her go because they thought it was shingles around her eye. So, she went to an eye doctor. The patient stated that she started to call Pfizer but waited a long time today and was sicker then. She did get the shingles on the weak side of her body and the side she got her shot on. The patient stated that it could have been cerebral palsy that caused it to come out. Shingles is pain in the body, but she had no pain just a swollen eyes and rashes. The patient state that she got an antiviral drug and she thought she was going to be really and saying that COVID would not be able to hit her with vaccine and antivirals. The shingles are almost gone. She was scheduled for second COVID 19 vaccine on 17Mar2021 at 8:20AM. The patient stated that she thought her body was weaker than the most people but trying to live as normally as she can. Sometimes stupid things happen because she was not quite as strong. She reported that state started the comorbidity alliance. She did not think cerebral palsy is considered a comorbidity because it was physical. The patient was taking antiviral Valacyclovir 1 gram, 1 tablet 3 times a day by mouth in a 7-day supply. Her doctor told her to go to the emergency room to get her eye checked. Her left eye was her better eye. She still had perfect vision in the left eye, 40/20 or 20/40 whichever it was, she did not remember. The patient stated that was what happens when you get 70. She took the shingles vaccine at pharmacy in 2016 but then she read other things that say maybe it was only 50% accurate or that it would hold, she was debating getting the Shingrix vaccine. She had been out of the house only about 1% of the time for the whole past year. She clarified that she had been quarantining. She states that she was very anxious to get the other COVID 19 vaccine because if she had both vaccines, she could help others along the line. The patient visited emergency room/physician office. The patient received treatment for the events. The outcome of the events shingles around

her left eye was recovering and just a swollen eye and rashes was unknown. No relevant tests. Investigation Assessment: No. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1382245 (history)	**Vaccinated:**	2021-03-27
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	17.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Central nervous system lesion, Hypoaesthesia, Inflammation, Laboratory test, Magnetic resonance imaging abnormal, Multiple sclerosis, VIth nerve paralysis, Vaccination complication, Visual impairment
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Glaucoma (broad), Optic nerve disorders (broad), Demyelination (narrow), Lens disorders (broad), Retinal disorders (broad), Ocular motility disorders (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: zyrtec as needed
Current Illness: none
Preexisting Conditions: asthma
Allergies: none
Diagnostic Lab Data: MRI, lab work
CDC Split Type:
Write-up: On 4/6 my son noticed changes with his vision which continued to 4/7 at which time we brought him to his pcp. She referred us to his eye doctor. They got him in that afternoon, did an exam, told us to follow up that Friday. At the 4/9 follow up he was diagnosed with sixth nerve palsy on the left eye. We scheduled a MRI and lab work. Lab work came back fine. He went for the MRI on 4/16. The MRI showed several brain lesions pointing towards MS. We went to a medical center on 4/20 where they thought the finding lesion were incidental and not related to MS. We saw a neuro-opthamologist on 4/21, who said he felt my son did have MS with sixth nerve palsy. We saw a neurologist on the afternoon of 4/21 who said patient didn''t meet the criteria of MS and to follow

up another MRI in 3 months. That weekend patient started with areas on numbness. He was due for second covid injection which all providers agreed with us getting. He got his second dose on 4/24 during this flare of numbness. We went back the neurologist on 4/26. Patient was given a three day iv steroid infusion, lab work and follow up MRI. The follow up MRI showed more lesions in his brain which lead us to the neurologist in another state. Dr reviewed both MRIs, felt the lesions were incidental, the flare of numbness as well at the sixth nerve palsy of his eye were related to inflammation related to the vaccine he received.

VAERS ID:	1382339 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	53.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038CE1A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Computerised tomogram, Fibrin D dimer increased, Pulmonary embolism
SMQs:, Haemorrhage laboratory terms (broad), Embolic and thrombotic events, venous (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Zyrtec, singular, dexilant, levonorgestrel and ethinyl estradiol
Current Illness: Anemia due to extreme vaginal bleeding
Preexisting Conditions: Asthma, gerd
Allergies:
Diagnostic Lab Data: High D-dimer test followed by CT scan
CDC Split Type:
Write-up: Diagnosis of small blood clots in right lung

VAERS ID:	1382396 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C21A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D3, multi-vitamin, citalopram
Current Illness: N/A
Preexisting Conditions: none
Allergies: none known
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: slight fever, body aches, persistent headache, fatigue through the next day

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VAERS ID:	1383387 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-05-31
Age:	49.0	**Days after vaccination:**	56
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 2	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0150 / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Haemorrhage urinary tract, Heavy menstrual bleeding, Vertigo
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Multi vitamins
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Maneuver tests at physical therapist to determine what type of vertigo I was experiencing
CDC Split Type:
Write-up: 8 weeks after 2nd dose, woke up to severe Vertigo. (Went for physical therapy) Also, the day prior to Vertigo I started my men?s teal cycle. Extremely heavy with clots lasting 11 days so far without let up.

VAERS ID:	1384609 (history)	**Vaccinated:**	2021-04-17
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	30.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / UNK	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Diarrhoea, Malaise, Syncope, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: YAZ
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergic reaction to bee sting
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021594913
Write-up: Fainted off the toilet/again fainted; Felt incredibly ill; Throw up; Diarrhea; This is a spontaneous report from a contactable consumer (patient). A 30-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Left on 17Apr2021 13:00 (30 years old at vaccination) (Lot Number:

EW0161) as single dose for covid-19 immunisation. The patient was not pregnant at the time of vaccination. Medical history included Allergy: Bees. Concomitant medication(s) the patient received within 2 weeks of vaccination included drospirenone, ethinylestradiol betadex clathrate (YAZ). Clinical course as reported: Sunday 18Apr around midnight I felt incredibly ill (roughly 30 hours after vaccine). I went to the bathroom and fainted off the toilet and then proceeded to throw up and have diarrhea at the same time while on the floor. After showering and cleaning up, roughly 30 minutes later I again fainted (this time in the safety and easy cleaning of the bath tub) and repeated the same throw up/diarrhea episode. I slept in the bathtub for the rest of the night. My doctor instructed me to go to the emergency room if I fainted again and to drink plenty of fluids. Events onset date reported as 18Apr2021 12:00 PM. No treatment received for events. Outcome for event was recovered on unspecified date in 2021. Serious reported as No. The patient was not diagnosed with COVID-19 prior to vaccination, and Since the vaccination, the patient has not been tested for COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Information on Lot/Batch number was available. Additional information has been requested.

VAERS ID:	1385067 (history)	**Vaccinated:**	2021-05-21
Form:	Version 1.0	**Onset:**	2021-05-21
Age:	21.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	207221A / UNK	LA / IM

Administered by: Unknown **Purchased by:** Other
Symptoms: Dyskinesia, Seizure, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Dyskinesia (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Vaso Vagal RxN to Needles/injection
CDC Split Type:
Write-up: After getting Johnson & Johnson Covid Vaccine Patient Within 10 minutes exhibited SX

of seizures (jerking) & Vomiting. Breathing - NormaL Called 911 & Pt. was taken by ambulance

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VAERS ID:	1385358 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	32.0	**Days after vaccination:**	11
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 1	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Lymphadenopathy, Ultrasound scan abnormal
SMQs:, Malignancy related therapeutic and diagnostic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Soft tissue ultrasound of enlarged lymph nodes. 05/06/21
CDC Split Type:
Write-up: Patient developed infraclavicular lymphadenopathy in two lymph nodes on the left side after the left arm injection of COVID-19 vaccine one week after the injection. This was followed with ultrasound to confirm morphologically normal enlarged (reactive) lymph nodes, and resolved within 1 month of symptom onset. No ongoing concerns.

VAERS ID:	1387023 (history)	**Vaccinated:**	2021-06-08
Form:	Version 2.0	**Onset:**	2021-06-09
Age:	31.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Rash, Rash erythematous, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Serious rash covering torso, increasing in severity throughout the day until entire torso was one giant blotch of itchy red and patches covering neck, arms and face

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VAERS ID:	1388811 (history)	**Vaccinated:**	2021-05-23
Form:	Version 2.0	**Onset:**	2021-05-24
Age:	44.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Neck pain, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: No
Allergies: no

Diagnostic Lab Data: none
CDC Split Type:
Write-up: left shoulder pain at injection site starting the day after moderna vaccine. No ROM changes. Pain radiates to the scalupla, neck and into the forearm. Treatment plan will be referral to PT and pain management.

VAERS ID:	1389326 (history)	**Vaccinated:**	2021-06-09
Form:	Version 2.0	**Onset:**	2021-06-09
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0180 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Presyncope, Syncope, Visual impairment
SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: n/a
Diagnostic Lab Data: Rescue squad was called and they took vitals.
CDC Split Type:
Write-up: Patient had a vagal response. She became sweaty, dizzy, her vision was impaired then she passed out or seemed to.

VAERS ID:	1389549 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-17
Age:	42.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Menstrual disorder, Oligomenorrhoea
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vyvanse 50mg Tylenol Ibuprofen
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Unusual and severe menstrual cycle. Very heavy and lasted over a week. Bled through super tampons within an hour for first four days. I am usually very regular and predictable. I never had a menstrual cycle this bad in my entire life.

VAERS ID:	1391110 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-06-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Anaphylactic reaction
SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021664507
Write-up: experienced anaphylaxis after receiving the second dose; This is a spontaneous report from a contactable consumer (patient). A female patient of an unspecified age received second dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Batch/Lot number and expiration was not reported), via an unspecified route of administration on an unspecified date as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. Previously, patient received first dose PFIZER-BIONTECH COVID-19 VACCINE (Batch/Lot number and expiration was not reported), via an unspecified route of administration on an unspecified date as single dose for covid-19 immunisation. On an unknown date, the patient reported that as someone who experienced anaphylaxis after receiving the second dose of your COVID vaccine, she was wondering whether Pfizer was attempting to modify future RNA vaccines, in particular the booster, so that they were less likely to cause allergic reactions. She hoped she will not need to forego the benefits of this wonderful new technology in the future and said thank you very much. The outcome for was unknown. Information about the Lot/batch number has been requested.

VAERS ID:	1391621 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-20
Age:	53.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Periarthritis
SMQs:, Arthritis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Antihypertensive medications ADD medications
Current Illness: None
Preexisting Conditions: Hypertension ADD
Allergies: Penicillin, Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left frozen shoulder

VAERS ID:	1392001 (history)	**Vaccinated:**	2021-06-09
Form:	Version 2.0	**Onset:**	2021-06-09
Age:	41.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	204A21A / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Gabapentin 100 mg q HS
Current Illness: severe alcoholism
Preexisting Conditions: alcohol induced organic mental disorder
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was seen during vaccine outreach for the homeless. He had previously been vaccinated on 5/3/21 with J&J but had forgotten and was vaccinated a 2nd time. Due to the nature of the outreach, VAMS was entered after.

VAERS ID: 1392117 (history)		**Vaccinated:**	2021-05-15
Form:	Version 2.0	**Onset:**	2021-05-16
Age:	17.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash vesicular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertaline, Hydrozine, Depo shot
Current Illness: N/A
Preexisting Conditions: M/A
Allergies: N/A
Diagnostic Lab Data:
CDC Split Type:
Write-up: I got a blister rash after spending more than 10 minutes in the sun.

VAERS ID: 1392429 (history)		**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-06-09
Age:	67.0	**Days after vaccination:**	49
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	E W0164 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: Doctor visually diagnosed. 06/11/2021 no tests proscribed a one week drug regime.
CDC Split Type:
Write-up: Developed Shingles for the first time in my adult life 6 weeks after vaccine, I am NOT blaming the vaccine, it could be a coincidence, just providing a datum point in case a pattern develops.

VAERS ID:	1392604 (history)	**Vaccinated:**	2021-06-08
Form:	Version 2.0	**Onset:**	2021-06-10
Age:	59.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	D54C21A / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site pain, Injection site rash, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: broken left pinky finger
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:

CDC Split Type:
Write-up: Covid Arm Swelling, rash, tenderness.

VAERS ID:	1392605 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-03-29
Age:	66.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Decreased appetite, Fatigue, Loss of personal independence in daily activities, Malaise, Pain, Vertigo, Vertigo positional
SMQs:, Dementia (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Severe flu-like symptoms for five days following Shingrix, 7/18/2019, age 64
Other Medications: Levothyroxine, calcium + D3, multivitamin with iron
Current Illness: None
Preexisting Conditions: High cholesterol, migraines, peripheral neuropathy
Allergies: Keflex, penicillin, doxycycline, crabs
Diagnostic Lab Data: No lab results. Tested for BPPV on April 31, March 1, April 12, April 30, and at least twice more (not sure of dates).
CDC Split Type:
Write-up: No symptoms until about 5 hours after vaccination, then felt mildly ill for the next few days (fatigue, slight achiness, loss of appetite). At midnight on the fourth day after the vaccination (March 29), felt extreme vertigo when turning over in bed. Woke up that morning (March 30) and still had extreme vertigo (had to crawl to bathroom). Had had vestibular migraines in the past, so assumed that was the cause, but this was much more severe and unrelenting. Saw nurse practitioner the following day (March 31), who diagnosed BPPV (benign paroxysmal positional vertigo). Saw physical therapist that afternoon, who confirmed diagnosis but was unable to provide treatment because of the extremity of the symptoms. Treated (apparently successfully) April 1, and was told that I "might feel lousy for a few days." Did not substantially improve until approximately June 12, but then plateaued and had two further recurrences, leading to second appointment with NP, plus one to two physical therapy sessions a week. Continuing to have mild symptoms, but have improved over the past week.

VAERS ID:	1392840 (history)	**Vaccinated:**	2021-06-11
Form:	Version 2.0	**Onset:**	2021-06-11
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Oropharyngeal pain
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sore throat

VAERS ID:	1392847 (history)	**Vaccinated:**	2021-05-16
Form:	Version 2.0	**Onset:**	2021-05-24
Age:	37.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Ear discomfort, Ear swelling, Head discomfort, Hypoacusis, Tinnitus
SMQs:, Angioedema (broad), Anticholinergic syndrome (broad), Hearing impairment (narrow),

Vestibular disorders (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Lorazepam
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: Penicillin, Sulfa
Diagnostic Lab Data: May 23rd, 2021 I had a virtual appointment with urgent care and was prescribed Z-pack for possible ear infection. Z-pack was completed and no change. June 6th, 2021, I went to urgent care in person and was prescribed antibiotic ear drops which I am continuing to use today, still no change.
CDC Split Type:
Write-up: Pressure began to build behind and around my right ear. Resulting swelling, periods of hearing impairment, and tinnitus have resulted. Pressure in head and dizziness at times as well.

VAERS ID:	1394100 (history)	**Vaccinated:**	2021-05-27
Form:	Version 2.0	**Onset:**	2021-05-28
Age:	20.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Seizure, Tongue injury
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: NOVOLOG; LANTUS; KEPPRA; OCELLA
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Epilepsy; Polycystic ovarian syndrome; Type 1 diabetes mellitus
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021619844
Write-up: Seizure; I had bitten my tongue; This is a spontaneous report from a contactable consumer (patient). A 20-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE lot number: EW0191) via an unspecified route of administration, administered on the left arm on 27May2021 14:45 as 2nd dose, single for COVID-19 immunisation. Medical history included Type 1 diabetes, epilepsy and PCOS. Concomitant medications included insulin aspart (NOVOLOG); insulin glargine (LANTUS); levetiracetam (KEPPRA); drospirenone, ethinylestradiol (OCELLA) and cran-stat. The patient previously received first dose of BNT162B2 on 06May2021 for COVID-19 immunization (lot number: EW0173, on 06May2021 01:30 PM, left arm). On 28May2021 11:30 AM, the day after 2nd shot the patient woke up on the kitchen floor. She believed she had a seizure because she couldn''t remember falling and she had bitten her tongue. No treatment was received for the events. Patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Since the vaccination, the patient has not been tested for COVID-19. Prior to vaccination, the patient was not diagnosed with COVID-19. Outcome of the events was recovered on an unspecified date.

VAERS ID:	1394740 (history)	**Vaccinated:**	2021-06-11
Form:	Version 2.0	**Onset:**	2021-06-11
Age:	16.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Fall, Nausea, Presyncope, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Mother states that when very young patient had a mild seizure-like event after administration of several vaccines on the same da
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient had a vasovagal reaction. Was sitting in a chair in our waiting area and fell off his chair and "passed out" for no more than a few seconds. After that he reported he felt weak and dizzy and nauseous

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VAERS ID:	1394857 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-29
Age:	49.0	**Days after vaccination:**	17
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037C21A / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Catheterisation cardiac, Electrocardiogram, Loss of consciousness, Magnetic resonance imaging heart, Myocarditis, Pericarditis, Troponin, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:

Other Medications: Modest amounts of Advil taken infrequently. Nothing else.
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: EKG, troponin levels, cath lab fluoroscopy, cardiac MRI, Jun. 1 - 2, 2021
CDC Split Type:
Write-up: Myocarditis, Pericarditis, passing out, vomiting

VAERS ID:	1395392 (history)	**Vaccinated:**	2021-06-13
Form:	Version 2.0	**Onset:**	2021-06-13
Age:	38.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Tachycardia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Ongoing tachycardia, 30 BPM elevation above normal.

VAERS ID:	1395788 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	53.0	**Days after vaccination:**	34
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chest pain, Differential white blood cell count, Electrocardiogram, Full blood count, Heart rate increased, Metabolic function test, Troponin I
SMQs:, Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: off and on asthma
Allergies:
Diagnostic Lab Data: CBC auto differential for chest pain, comprehensive metabolic panel for chest pain, troponin I for chest pain, ECG 12 lead for chest pain
CDC Split Type:
Write-up: Mild chest pain, elevated HR

VAERS ID:	1395982 (history)	**Vaccinated:**	2021-06-14
Form:	Version 2.0	**Onset:**	2021-06-14
Age:	52.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808986 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Altered state of consciousness, Blood pressure measurement, Hyperhidrosis, Hypotension, Oxygen saturation, Pallor
SMQs:, Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Methadone, cymbalta, buproprion, Lyrica, lisinopril, baclofen, crestor
Current Illness: On a methadone taper (used for chronic pain) d/t illicit drug use (amphetamines and methamphetamine)
Preexisting Conditions: Chronic pain, substance abuse, hypertension, hyperlipidemia, depression
Allergies: Amoxicillin, medrol, ibuprofen, gabapentin, lipitor
Diagnostic Lab Data: BP monitoring, oximetry monitoring.
CDC Split Type:
Write-up: Within 2 minutes of receiving vaccine, patient became hypotensive, diaphoretic, pale, altered consciousness. Recovered within 35 minutes after monitoring

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VAERS ID:	1396302 (history)	**Vaccinated:**	2021-06-03
Form:	Version 2.0	**Onset:**	2021-06-04
Age:	53.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Heart rate increased, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan
Current Illness: none
Preexisting Conditions: High Blood Pressure
Allergies: none
Diagnostic Lab Data: none

CDC Split Type:
Write-up: convulsive shivering/chills fever up to 102 F Excellerated heart rate, typically resting heart rate approx 75 bpm, during reaction BPM approx. 140, peaking at 190bpm. soreness body aches.

VAERS ID:	1397028 (history)	**Vaccinated:**	2021-06-09
Form:	Version 2.0	**Onset:**	2021-06-10
Age:	17.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Appendicectomy, Appendicitis perforated, Blood test abnormal, Complicated appendicitis, Computerised tomogram abnormal, Ultrasound abdomen abnormal
SMQs:, Retroperitoneal fibrosis (broad), Gastrointestinal perforation (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Imipramine 50mg
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Ultrasound, CAT scan, blood tests (6/12/2021) confirm appendicitis
CDC Split Type:
Write-up: Appendicitis, appendectomy (gangrenous, perforated), recovery - pain management, antibiotics

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VAERS ID:	1397056 (history)	**Vaccinated:**	2021-06-13
Form:	Version 2.0	**Onset:**	2021-06-13
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: no known
Preexisting Conditions: no known
Allergies: No known drug allergies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient''s father reported patient''s date of birth as 3/17/09 making patient 12 years old and eligible for vaccination. Patient''s pediatrician office notified the pharmacy that the patient''s date of birth is 3/17/11 making the patient 10 years old at time of vaccination. They verified the date of birth on the forms from his last visit, 10 year check up.

VAERS ID:	1398938 (history)	**Vaccinated:**	2021-06-11
Form:	Version 2.0	**Onset:**	2021-06-12
Age:	15.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram abnormal, Full blood count normal, Pericarditis, Troponin normal
SMQs:, Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: EKG, troponin, CBC, echocardiogram
CDC Split Type:
Write-up: Acute pericarditis without pericardial effusion. Presented with approx 48 hrs of chest pain relieved by NSAIDs. Acute pericarditis on EKG, normal labs and echo.

VAERS ID:	1399476 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-14
Age:	68.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Anti-cyclic citrullinated peptide antibody, Blood creatine phosphokinase, Blood thyroid stimulating hormone, Borrelia test, Electrophoresis protein, Fatigue, Joint swelling, Metabolic function test, Pain, Parvovirus B19 test, Red blood cell sedimentation rate, Urine analysis
SMQs:, Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none

Diagnostic Lab Data: urinanaysis, TSH, Comprehensive Metabolic, parvovirus, Lyme, CK, Protien Electrohoresis, Sedimentaion rate, Anti-citicllinated May 20, 2021
CDC Split Type:
Write-up: Swelling of joints, "9" pain out of 10, fatigue

VAERS ID:	1399847 (history)	**Vaccinated:**	2021-03-02
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	71.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol, Pravastatin, Omeprazole, Trilogy, Multivitamins, B12, B3, Magnesium, and Asprin
Current Illness: none
Preexisting Conditions: COPD
Allergies: Codeine
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: Six days after the shot she had very severe rash on both arms across the neck and on her right thigh that lasted for a month and half. Made an appointment with her doctor a day later and they prescribed Neosporin and it still didn''t get better.

VAERS ID:	1400131 (history)	**Vaccinated:**	2021-06-15
Form:	Version 2.0	**Onset:**	2021-06-15
Age:	0.58	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	P100251769 / 2	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered, Product administered to patient of inappropriate age, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: no
Preexisting Conditions: no
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Wrong Flu vaccine was for 3 years and up, this child is 7 mo old. 0.5 ml administered not 0.25 ml

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VAERS ID:	1400343 (history)	**Vaccinated:**	2021-06-15
Form:	Version 2.0	**Onset:**	2021-06-15
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Loss of consciousness, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: Insomnia, panic attack
Preexisting Conditions: N/A
Allergies: Penicillins
Diagnostic Lab Data: Oxygen saturation, BP, blood sugar, pulse all normal.
CDC Split Type:
Write-up: The patient experienced an episode of syncope secondary to administration of Pfizer COVID-19 vaccine, approximately five minutes after vaccination. The patient reported lightheadedness while seated, crouched down with elbows on knees while holding their head by the temples, attempted to catch their breath for approximately three minutes, turned to rest their head on the seat of the cushioned seat, then lost consciousness approximately one minute later. A trained first responder immediately arrived on the scene, transitioned the patient to a supine position, maintained airway, took their pulse, and spoke with the patient until consciousness was regained. Paramedics arrived on the scene to check vitals and released the patient without escort.

VAERS ID:	1400409 (history)	**Vaccinated:**	2021-06-14
Form:	Version 2.0	**Onset:**	2021-06-15
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain, Clostridium difficile colitis, Clostridium test, Diarrhoea, Hyperhidrosis, Hypotension, Mental status changes
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Pseudomembranous colitis (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Buspirone 15mg Citalopram 40mg Cyclobenzaprine Duloxetine Lisinopril 20mg Omeprazole Synthroid 50 mcg
Current Illness: no acute disease
Preexisting Conditions: Chronic LBP on opiates
Allergies: Cephalasporins Levaquin PCN
Diagnostic Lab Data: C. difficile toxin is pending, C. difficile colitis is in the differential.
CDC Split Type:
Write-up: Patient presented with acute onset of hypotension diaphoresis and altered mental status that was acute in onset. Also reports diffuse abdominal cramping and multiple episodes of diarrhea.

VAERS ID:	1401454 (history)	**Vaccinated:**	2021-06-04
Form:	Version 2.0	**Onset:**	2021-06-04
Age:	25.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Atrial fibrillation, Brain natriuretic peptide increased, Bronchitis, C-reactive protein increased, Computerised tomogram thorax abnormal, Condition aggravated, Cough, Dizziness, Dyspnoea, Electrocardiogram abnormal, Fibrin D dimer increased, Palpitations, Pulmonary oedema, SARS-CoV-2 test negative, Troponin, Upper respiratory tract infection, White blood cell count increased
SMQs:, Cardiac failure (narrow), Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: No medications
Current Illness: Patient began experiencing upper respiratory tract infection symptoms

approximately three days prior to receiving second dose of moderna COVID 19 vaccine on 6/4/21, this illness lasted approximately until 6/12/21 when his URI symptoms seemed to resolve. However he had persistent shortness of breath, lightheadedness, and palpitations starting around 6/12-6/13 which ultimately brought him to the emergency department on 6/15/21.
Preexisting Conditions: Described palpitations through adolescence into adulthood, but never formally diagnosed with anything. No other past medical history to date.
Allergies: No allergies to medications
Diagnostic Lab Data: Initial lab work and tests upon presentation notable for EKG with AFIB and rates in 160-200s. D Dimer 4829, troponin 0.059, CT angio of the chest demonstrating pulmonary edema. CRP 19.1, BNP 7500, WBC 13.27. COVID 19 PCR test negative. Further work up still pending.
CDC Split Type:
Write-up: Patient received second dose of Moderna COVID 19 vaccine on 6/4/21. During this same time, patient also had URI diagnosed as bronchitis at an urgent care and provided albuterol inhaler. Cough and URI symptoms subsided on approximately 6/12/21 but developed SOB, lightheadedness, and palpitations thereafter prompting presentation to ED on 6/15/21. Patient was started on digoxin, heparin, and furosemide by cardiology team. Work up in progress.

VAERS ID:	1402228 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-05-25
Age:	33.0	**Days after vaccination:**	60
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ERE727 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8731 / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Amniotic fluid volume decreased, Blood test, Exposure during pregnancy, Inappropriate schedule of product administration, Pain in extremity, Stillbirth
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Foetal disorders (narrow), Termination of pregnancy and risk of abortion (narrow), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pre-natal vitamin

Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Autopsy of the baby Blood tests of both parents
CDC Split Type:
Write-up: *COVID-19 Vaccine dose #2 was given on 4/16/21 **TDAP booster was given on 3/10/21 I had no side effects after any of the vaccinations. I had a bit of a sore arm after the TDAP and the first COVID-19 vaccination but that was it. I didn''t even have a sore arm really at all after the second COVID-19 shot. I did have a bandaid mark that lingered for a few days after the second COVID-19 shot but that was it. I was 30 weeks and 6 days pregnant during the first COVID-19 shot. I felt the baby kicking normally after that and had normal follow up appointments after that too. My entire pregnancy was completely normal (this was my first pregnancy) with no complications or issues. I felt great throughout the entire pregnancy and was active biking, working out, walking, etc. I would consider myself a very healthy and active person and I followed all of the pregnancy "guidelines" in terms of what to eat, what not to eat, etc. The adverse event here is the fact that my baby was stillborn at 39 weeks and 4 days. The appointment with the doctor the week before was totally normal too. What the doctor *thinks* happened is that my amniotic fluid somehow disappeared in the final few days before going into labor (they don''t know where it went - my water did not break prior to the delivery of the baby) and the lack of fluid caused the baby to pass meconium. The high level of meconium surrounding her and the amount of time she was exposed to it seem to have degraded the umbilical cord, affecting her oxygen flow. By the time I went into labor, she may have already been dead, though I did not know it. When I got to the hospital in labor, there was already no heartbeat. Baby delivery date: 5/26/21 Weight: 6 lbs 9 oz Length: 21 in The mystery here is why was there suddenly a lack of fluid and why did that cause her to pass so much meconium? The doctors do not know and there does not seem to be a way to share this information with other doctors or facilities to gain a better understanding.

VAERS ID:	1405446 (history)	**Vaccinated:**	2021-02-02
Form:	Version 2.0	**Onset:**	2021-02-02
Age:	77.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3247 / 1	RA / -

Administered by: Public **Purchased by:** ?
Symptoms: Diarrhoea
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Diabetes insipidus; Gastroesophageal reflux disease (GRD); High cholesterol; Hypertension; IBD (IBS); Osteoarthritis
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021299028
Write-up: Diarrhea; This is a spontaneous report from a contactable consumer, the patient. A 77-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE BIONTECH, Lot number: EL3247), via an unspecified route of administration in right arm on 02Feb2021 at 00:00 (at the age of 77-years-old), and second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE BIONTECH, Lot number: EN6200), via an unspecified route of administration in right arm on 25Feb2021 as a single dose for COVID-19 immunisation. The patient''s medical history included IBS, diabetes insipidus, gastroesophageal reflux disease (GERD), osteoarthritis, hypertension and high cholesterol on an unknown date. Concomitant medications were not reported. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not have any allergies to medications, food or other products. The patient did not receive any other medications within two weeks of vaccination. On 02Feb2021, the patient experienced diarrhea lasting from first dose to current date 18Mar2021 which was uncontrolled by budesmide. The patient had undergone treatment with budesmide for diarrhea. The outcome of the event diarrhea was not recovered at the time of reporting and had resulted in Doctor or other healthcare professional office/clinic visit. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1405695 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	44.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-06-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Body temperature, Burning sensation, Fatigue, Herpes zoster, Pain in extremity, Pruritus, Pyrexia, Rash, Skin weeping, Somnolence
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction

with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None, Comment: Patient History: No
Allergies:
Diagnostic Lab Data: Test Name: fever; Result Unstructured Data: Test Result:101 Fahrenheit; Comments: states her fever was 100-101 degrees Fahrenheit
CDC Split Type: USPFIZER INC2021556689
Write-up: Shingles; Really fatigued; Took a nap; Had a low grade fever; Getting a little rash to her left butt cheek and it got worse and was spreading and oozing; Oozing; Burning; Itching; Her 2nd dose is when this began and states she had soreness in her arm; This is a spontaneous report from a contactable consumer or other non hcp. A 44-years-old female patient received bnt162b2, dose 2 via an unspecified route of administration, administered in Arm Left on 28Apr2021 14:00 (Batch/Lot Number: EW0170) as 2ND DOSE, SINGLE for covid-19 immunization. Patient had received her 1st dose of bnt162b2 vaccine (Batch/lot number: EW0158 administered left arm) on 07Apr2021. Patients" Medical history was not known. Concomitant medications include multivitamins. The patient was not hospitalized, no Prior vaccinations were taken within 4 weeks, no AE prior to vaccinations, no Relevant tests were done. After 1st dose patient experienced sore arm. After her second dose patient experienced shingles- herpes zoster, fatigue, took a nap- somnolence, low grade fever- pyrexia, a little rash to her left butt cheek and it got worse and was spreading and oozing- skin weeping, burning sensation, itching- pruritus, soreness in her arm- pain in extremity. The patient underwent lab tests and procedures which included body temperature: 101 Fahrenheit. Patient took Tylenol for fever, antiviral medication for shingles, ointments like Neosporin (expiry date is Jul2022 and lot is 2210 LZ/1 imprinted on the bottle and the box has lot 2210LZ with UPC number 0081074688, and is dual action strength ointment and pain relief), Hydrocortisone 1% and is Cortisone 10 (expiry date Oct2023, lot 20L109 and UPC on the box of 4116703396) and it is water resistant itch relief. The outcome of events was unknown. Follow-up (17May2021): This is a follow up spontaneous report received from a contactable consumer. No new information was recorded. Information on Lot/Batch number was available. Additional information has been requested.

VAERS ID:	1406331 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	54.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C21A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi- vitamins,
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Experiencing tinnitus, constant hissing loud sound. Reported to both naturopath and to Dr. Will see an audiologist.

VAERS ID:	1408193 (history)	**Vaccinated:**	2021-01-07
Form:	Version 2.0	**Onset:**	2021-06-10
Age:	83.0	**Days after vaccination:**	154
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 1	- / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 2	- / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Cerebrovascular accident, Computerised tomogram head abnormal
SMQs:, Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-06-17

Days after onset: 7
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 7 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Propanol
Current Illness: None
Preexisting Conditions: Asthma, copd
Allergies: Strawberries, eggs,milk
Diagnostic Lab Data: Cat scan 6/10/21
CDC Split Type:
Write-up: Stroke possibly from intermittent atrial fibrillation

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VAERS ID:	1409925 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	65.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Aphonia, Dysphonia, Pharyngeal swelling, Sensation of foreign body, Swelling
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 1st Shingrix
Other Medications: no
Current Illness:
Preexisting Conditions: CAD x 2, hypertension, Kidney Disease - one kidney donated one
Allergies: Penicillin, Keflex, Clindamycin, Hydrochlorothiazide; Shingrix vaccine

Diagnostic Lab Data:
CDC Split Type:
Write-up: 2-3 days of swelling of throat/neck with a sensation of a foreign body in throat then lost voice or raspy voice for weeks.

VAERS ID:	1411009 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-05-17
Age:	31.0	**Days after vaccination:**	20
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pruritus, Rash, Rash pruritic, Rosacea
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control, allergy pill, fish oil supplement
Current Illness:
Preexisting Conditions: Depression/anxiety
Allergies: Penicillin, (eating chicken eggs and dairy cause her ears to itch and also causes an upset stomach)
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: I experienced a rash about three weeks after my J&J vaccine. I also experienced a full body rash, not on my palms or soles of my feet or face but I did have the rash everywhere else. It was itchy, on a scale 6-7 out of 10 on VAS scale, persistent, pervasive and my PCP diagnosed me with pyrethrum rosacea. There was a patch on my back examined by my PCP. My PCP told me it would go away on its own, also gave me a prescription Aciclovir, low dose (25mg) for treatment. As far as today, my rash is still present, comes and goes and I have mild itchiness in more areas of my body and also the back of my knees.

VAERS ID:	1412895 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-02
Age:	61.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0173 / 1	RA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Blood test, Gait disturbance, Pain in extremity, X-ray
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Copd
Allergies: Too many to list
Diagnostic Lab Data: Blood tests X-ray
CDC Split Type:
Write-up: Started with left wrist, then left knee pain. Shooting pains in knee. Then the next day went to my right hip and down leg into foot. Continued to get worse until I couldn?t longer walk on it. After second shot it was again worse but is now continuing to get better. I?m walking with a limp but not using crutches any longer. Attending physical therapy. Pain is much better but still there.

VAERS ID:	1414337 (history)	**Vaccinated:**	2021-03-09
Form:	Version 2.0	**Onset:**	2021-03-09
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 2	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal discomfort, Asthenia, Electrocardiogram, Full blood count, Quality of life decreased, X-ray
SMQs:, Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: turmeric; citracal plus; fish oil; amlodipine besyite; valacyclovir; lostatin; potisin; atrovastatin; nexium; vitamin d2; baby aspirin; valium; inhaler
Current Illness: none
Preexisting Conditions: copd
Allergies: unknown
Diagnostic Lab Data: ekg, cardiagraphm, cbc, xrays , heart monitor
CDC Split Type:
Write-up: weakness, problems with bowels, poor quality of life

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VAERS ID:	1415374 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-02-04
Age:	33.0	**Days after vaccination:**	20
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test normal, Brain scan normal, Chest scan, Dizziness, Hypertension, Hypoaesthesia, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Hypertension (narrow), Vestibular disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: Fatigue
Allergies: Penicillin and all penicillin drugs
Diagnostic Lab Data: Chest scan, brain scan, blood work-everything was normal.
CDC Split Type: vsafe
Write-up: I had some numbness and tingling while I was at work, and I almost fainted on 2/4/2021. My blood pressure was extremely high. I was referred to a neurologist.

VAERS ID:	1415432 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	59.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0150 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Balance disorder, Ear pain, Fatigue, Headache, Migraine, Nausea, Oropharyngeal pain, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No

Previous Vaccinations:
Other Medications: Patient reported no over-the-counter medications, dietary supplements, or herbal remedies at the time of vaccine.
Current Illness: Patient had reported lung disease, kidney disease and reversible cerebral vasoconstriction syndrome (RCVS).
Preexisting Conditions: Patient had reported lung disease, kidney disease and reversible cerebral vasoconstriction syndrome (RCVS).
Allergies: Patient reported allergy to Percocet.
Diagnostic Lab Data: Undisclosed by patient. Currently being treated by a neurologist.
CDC Split Type:
Write-up: Upon the reception of the first covid-19 mRNA vaccine produced by Pfizer, the patient reported severe fatigue lasting 3 to 5 days and full resolution of symptom by day 7. No other symptoms were reported by the patient. After receiving the second covid-19 (Pfizer) dose, the patient reported the occurrence of a headache within the 15 minute recommended waiting period. The patient reported persistent migraine headaches with nausea and vomiting with associated sore throat, and an earache with associated balance disturbances. The patient reported seeking medical attention on day 14 due to persistent migraine headache and continuation of associated symptoms. Due to the frequency and duration of the migraine headaches, the patient reported seeking medical attention at the emergency department 2 months after the second covid-19 (Pfizer) dose.

VAERS ID:	1416807 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	27.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Menstruation irregular, Muscle spasms
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Dystonia (broad), Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Apri
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I am on oral contraceptives and my period started in the middle of a pack two weeks after the end of my last period. I have been on the same birth control for 11 years and this has never happened. I did not miss a pill or take one late. I had extreme cramping within 24 hours of the first vaccine. The day after the cramping started, I had the heaviest period I"ve had since I began birth control 11 years ago.

VAERS ID:	1417079 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-05-27
Age:	40.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Impaired work ability, Influenza like illness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Conazepin; Gazopine
Current Illness: COVID
Preexisting Conditions:
Allergies: sulpha
Diagnostic Lab Data: none
CDC Split Type: vsafe
Write-up: A day later general flu like symptoms had to take a day off from work and then the following day my symptoms decreased but i still felt tired and headaches.

VAERS ID:	1417332 (history)	**Vaccinated:**	2021-06-21
Form:	Version 2.0	**Onset:**	2021-06-21
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 3	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient reports receiving a Shingrix vaccine at pharmacy on 6/21/21- per the database this would be her third Shingrix, as she received the first two on 10/29/19, and 1/10/20. No side effects, reactions at this time. Patient feeling well.

VAERS ID:	1418363 (history)	**Vaccinated:**	2021-06-21
Form:	Version 2.0	**Onset:**	2021-06-22
Age:	26.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022B21A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chest pain, Painful respiration
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: TYLENOL
Current Illness: NO
Preexisting Conditions: UNKNOWN
Allergies: NO
Diagnostic Lab Data:
CDC Split Type:
Write-up: PATIENT REPORTED THIS MORNING THAT HIS CHEST GETS HURT WHEN BREATHING . HE CONTACTED PCP . HE FELT SLIGHTLY BETTER IN THE EVENING.

VAERS ID:	1420267 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	43.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Sinus headache, Sinusitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: I experienced a sinus headache that lasted until 5/11/21. This developed into a sinus infection and I was prescribed antibiotics for the infection.

VAERS ID:	1421039 (history)	**Vaccinated:**	2021-06-23
Form:	Version 2.0	**Onset:**	2021-06-23
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Interchange of vaccine products
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client received Pfizer as a dose 2 and Moderna as dose 1 (5/5/2021)

VAERS ID:	1421100 (history)	**Vaccinated:**	2021-06-22
Form:	Version 2.0	**Onset:**	2021-06-23
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain, Pain in extremity, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fish oil, curcumin, folate, vitamin D
Current Illness: Tooth infections finished second round of antibiotics 2 days prior to shot No reaction to antibiotic This was my second Pfizer shot
Preexisting Conditions: Low grade colitis
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Rash on front and back of torso that migrated down buttocks and legs and up to neck Achy all over Left hand where I sometimes have minor arthritis it was painful. This also happened with the first dose.

VAERS ID:	1423034 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-06-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Deafness, Tinnitus, Vaccination complication
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Almost 2000 people had a similar reaction (not the redness)/hearing loss response; Almost 2000 people had a similar reaction (not the redness)/tinnitus; similar reaction; This case was initially received via an unknown source (no reference has been entered for a health authority or license partner) on 23-Apr-2021. The most recent information was received on 28-May-2021 and was forwarded to Moderna on 28-May-2021. Based on the current case data, this case has been classified as invalid. This spontaneous case was reported by a consumer and describes the occurrence of DEAFNESS (Almost 2000 people had a similar reaction (not the redness)/hearing loss response) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced DEAFNESS (Almost 2000 people had a similar reaction (not the redness)/hearing loss response) (seriousness criterion medically significant), TINNITUS (Almost 2000 people had a similar reaction (not the redness)/tinnitus) and VACCINATION COMPLICATION (similar reaction). At the time of the report, DEAFNESS (Almost 2000 people had a similar reaction (not the redness)/hearing loss response), TINNITUS (Almost 2000 people had a similar reaction (not the redness)/tinnitus) and VACCINATION COMPLICATION (similar reaction) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were reported. No treatment information was provided. Very limited information regarding these events have been provided at this time. Most recent FOLLOW-UP information incorporated above includes: On 28-May-2021: Follow- up received added new events which upgraded the case to serious.; Sender''s Comments: Very limited information regarding these events have been provided at this time.

VAERS ID:	1423190 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-06-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incomplete course of vaccination
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202113
Write-up: Its been over a year since the first vaccine; This case was reported by a other health professional via call center representative and described the occurrence of incomplete course of vaccination in a patient who received Herpes zoster (Shingrix) for prophylaxis. Previously administered products included Shingrix (received 1st dose on an unknown date a year ago prior to reporting). On an unknown date, the patient received the 2nd dose of Shingrix. On an unknown date, unknown after receiving Shingrix, the patient experienced incomplete course of vaccination. On an unknown date, the outcome of the incomplete course of vaccination was unknown. Additional details were provided as follows: The age at vaccination was not applicable for this report. Till the time of reporting, patients did not received 2nd dose of Shingrix, which led to incomplete course of vaccination. The Health care professional reported that patients had received 1st dose of Shingrix more than a year ago. The health care professional inquired that if they can restart the Shingrix series. No further details were provided. The reporter consented to follow up.

VAERS ID:	1423736 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	49.0	**Days after vaccination:**	22
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Atrial fibrillation, Injection site swelling, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Supraventricular tachyarrhythmias (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Losaratan, hydrocholothiazide, tylenol, advil, alavert, nasacort
Current Illness: High Blood Pressure

Preexisting Conditions: High Blood Pressure, obesity
Allergies: Levequin
Diagnostic Lab Data: A-Fib
CDC Split Type:
Write-up: Injection site swelling under arm for 2 weeks, 3 weeks after injection had an A-Fib event, now on blood thinners and heart meds, no issues BEFORE vaccination

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VAERS ID:	1423859 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-27
Age:	80.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin
Current Illness: None
Preexisting Conditions: Psoriasis
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient describes full-body itch that developed after the vaccine within a day. Slightly better at the present time than when it began.

VAERS ID:	1424181 (history)	**Vaccinated:**	2020-12-18
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	60.0	**Days after vaccination:**	129
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1685 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Nephrolithiasis, Urogram
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole, lisinopril
Current Illness: hypertension
Preexisting Conditions: hypertension
Allergies: None
Diagnostic Lab Data: CT urogram 4/26/2021
CDC Split Type:
Write-up: Kidney stones requiring stent and subsequent holmium laser lithotripsy and basket stone extraction

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VAERS ID:	1424310 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	44.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0151 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Laboratory test, Palpitations, Troponin increased
SMQs:, Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Prednisone, Cell Cept, Immuran, IUD, Plaquenil, folic acid, Iron supp, Levothyroxine,
Current Illness:
Preexisting Conditions: Lupus (SLE), Lupus Nephritis, Reynauds, Hypothyroidism
Allergies: Amoxicillin
Diagnostic Lab Data: Medical tests and lab visit during hospital stay. Cardiologist follow up. Please see doctors notes in my chart or speak with my doctor about results. I am the patient. There were a lot of test done and I was not very with it.
CDC Split Type:
Write-up: Heart palpitations out of control. Lightheaded feeling and feeling like I was going to faint. Sitting on the couch and heart started pounding without any instigation. Lasted at high rate for 1-2 hours. Palpitations continue to this day. Admitted to ER for three days. Triponin levels were slightly high abnormal. Discussion of myocarditis/paricarditis

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VAERS ID:	1424587 (history)	**Vaccinated:**	2021-06-23
Form:	Version 2.0	**Onset:**	2021-06-23
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anaphylactic reaction
SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Lexapro (Brand) 20 mg, Prednisone 20 mg, famotidine 20 mg
Current Illness:
Preexisting Conditions:
Allergies: NKDA

Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient had anaphylactic reaction around at 6pm after getting 2nd vaccine (1st was also Pfizer) at 2pm, and went to hospital. According to patient she did not do anything different on that day other than getting a vaccine.

VAERS ID:	1424842 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-19
Age:	59.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Aura, Blood test, Chills, Cognitive disorder, Dehydration, Disorientation, Dizziness, Headache, Hyperacusis, Hyperaesthesia, Hyperhidrosis, Hypertension, Impaired driving ability, Impaired work ability, Irritability, Magnetic resonance imaging, Migraine, Muscle twitching, Palpitations, Parosmia, Photophobia, Somnolence, Vomiting
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (broad), Dyskinesia (broad), Dystonia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Glaucoma (broad), Hypertension (narrow), Cardiomyopathy (broad), Corneal disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Vestibular disorders (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Dehydration (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Losartan, Aspirin, Magnesium Oxide, Valtrex, D3, B-Complex, Mu
Current Illness: migraine
Preexisting Conditions: migraine
Allergies: Listed with Neurologist and PCP
Diagnostic Lab Data: See Medical Records, ER, Neurology, PCP. See Hospital records. Covering the period of 3.16.21 to date.

CDC Split Type:
Write-up: Irritation and sleeping began after the first shot in March. Second shot has seen two hospital ER visits (4.20.21; 2-week mark and again at Medical Center on 4.7.21-4.8.21. MRI, blood tests on file. These visits were due to severe migraine, intractable vomiting, dehydration from vomiting and profuse sweating, chills, heart palpitations, headache, light/sound/smell/touch sensitivity, high blood pressure, dizziness, disorientation, language aura, leg "seizure", faintness, visual aura, cognitive impairment. Many of these symptoms continue. I am unable to drive or work at a computer for more than 30 minutes at a time. This form is difficult for me to complete and I have no help.

VAERS ID:	1429496 (history)	**Vaccinated:**	2021-05-12
Form:	Version 2.0	**Onset:**	2021-05-12
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0168 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Error: Patient Too Young for Vaccine Administered-

VAERS ID:	1429535 (history)	**Vaccinated:**	2021-06-07
Form:	Version 2.0	**Onset:**	2021-06-10
Age:	48.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Disorientation, Fatigue, Impaired driving ability, Swollen tongue
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Protected by HiPPA
Current Illness: None
Preexisting Conditions: Heart Failure Racism
Allergies: Penicillin small reaction to reproductive parts.
Diagnostic Lab Data: June 10th admitted to ED. Released prescribed ice cubes could not normally swallow until Saturday. Swelling went down at no point was I unable to breathe.
CDC Split Type:
Write-up: Swelling of tongue. Started on the right side in two hours the entire tongue was swollen. Resumed all medications as prescribed and have not had similar reactions. The only variant was the fact I had the second vaccine three days prior to swelling. I also could not see well while driving and was fatigued and disoriented for about 14 days after my second dose of Phizer.

VAERS ID:	1429799 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Acoustic stimulation tests normal, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinophril, Toprol, Lovastatin, Amlodaphine, Multi Vitamin, B complex
Current Illness: None
Preexisting Conditions: Hypertension
Allergies: Provastatin
Diagnostic Lab Data: Hearing test, Results: Good hearing
CDC Split Type:
Write-up: Tinnitus (ringing in both ears), treatment: none, This started 45 minutes after of receiving my second Moderna shot. As of today I still have Tinnitus.

VAERS ID:	1430381 (history)	**Vaccinated:**	2021-06-26
Form:	Version 2.0	**Onset:**	2021-06-27
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft 50mg
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, chills and fever of 103.5. (This temperature was the highest measured. I did not measure my temperature when I started to get symptoms.) Fever lasted 18 hours.

VAERS ID:	1430557 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	59.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017B21A / 2	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin B12, vitamin E, magnesium, potassium
Current Illness: None
Preexisting Conditions: Generally healthy
Allergies: opiates
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Recurrent cyclical bilateral knee, elbow and hip pain, still occuring, was not present prior to vaccination and began day after receiving second dose.

VAERS ID:	1430657 (history)	**Vaccinated:**	2021-06-07
Form:	Version 2.0	**Onset:**	2021-06-11
Age:	46.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Heavy menstrual bleeding, Menstruation irregular
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Fertility disorders (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Pending
CDC Split Type:
Write-up: Irregular menstrual bleeding. Prolonged, very heavy period. Extreme fatigue.

VAERS ID:	1431075 (history)	**Vaccinated:**	2021-05-25
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	16.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Chest X-ray abnormal, Granuloma, Lymph node pain, Lymphadenopathy, Platelet count normal
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Cetirizine 10 mg, Dexilant 60 mg, gummy chewable vitamins. He also took Benadryl because he has a rare skin disorder called Urticaria Pigmentosa.
Current Illness: None
Preexisting Conditions: Digestive disorder Urticaria Pigmentosa
Allergies: Amoxicillin, Penicillin, Omnicef, mold. He can?t eat acidic foods due to his rare digestive disorder. Basically his stomach muscle doesn?t close on its own to keep food down while digesting.

Diagnostic Lab Data: Platelet tests came back ok and chest x Ray showed a small granuloma, but nothing else. Those came back on 5/28.
CDC Split Type:
Write-up: My son had a swollen lymph node in his left clavicle area. It was very painful and lasted for 5 days. Our doctor ran blood tests and a chest x Ray to rule out other possible causes. It was determined to be a side effect from his second shot.

VAERS ID:	1431204 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	40.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 1	RA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dysmenorrhoea, Heavy menstrual bleeding, Pain
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Quetiapine fumarate Astragalus Vitamin D
Current Illness:
Preexisting Conditions:
Allergies: Mild reactions to penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Just acute arm pain after first vaccine After the second vaccine, I experienced horrible menstrual cramps and heavy bleeding (very unusual). I''ve had 3 periods since my second vaccine, and I am still experiencing menstrual changes- very painful cramping prior to actually getting my period. This is uncommon. I usually have slight cramps after bleeding for a short period of time, but the last 3 periods I''ve gotten really painful cramping before. The cramps start about 3 days before, and have continued for at least 2 days once I''ve started my period.

VAERS ID:	1432000 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	60.0	**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Blood test, Computerised tomogram, Electrocardiogram, Neck pain, Pericarditis
SMQs:, Systemic lupus erythematosus (broad), Chronic kidney disease (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: amlodapine 10mg lisinopril 20 mg
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: I had an EKG, blood tests, ultrasound and CAT scan
CDC Split Type:
Write-up: One month after my second dose I felt aching in my shoulders and neck area. The symptoms were similar to those I had when I had a minor heart attack in 2015. I went to the emergency room and after many test it was determined I had pericarditis.

VAERS ID:	1433171 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	58.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Amnesia, Aphasia, Asthenia, Bradykinesia, Dysstasia, Gait disturbance,

Hypersomnia, Loss of personal independence in daily activities, Posture abnormal, Somnolence
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Parkinson-like events (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: MS
Preexisting Conditions: MS
Allergies: none known
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I am finding my ability to stand, walk, or hold my arms above my head for any period of more than a few minutes difficult. Yesterday I was unable to hold myself upright sufficiently to sit in a kayak (never got to find out for how long could I try to paddle). Mentally I am constantly having short-term memory challenges, for example just recalling the word fatigue to describe my situation I have had to write on a note paper as I repeatedly forget the term until I read it. Bringing groceries from our vehicle into the house I am finding near impossible (what used to take 1-2 minutes has taken me over 15 in the past 3 weeks on multiple occasions). I find myself falling asleep repeatedly during work, even though I am sleeping well at night. Some days are better than others, with a strong correlation to temperature.

VAERS ID:	1433327 (history)	**Vaccinated:**	2021-05-16
Form:	Version 2.0	**Onset:**	2021-05-30
Age:	41.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Fatigue, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Patient had prior diagnosis of Covid.
Allergies: Seasonal allergies to hay.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient with known prior Covid infection. Felt fine after first injection. Within two weeks of second injection, developed recurring hives. Was seen in the ER and treated with prednisone, H1 and H2 blockers. Has not been able to go off prednisone. Noticed recurrence of the fatigue she had at the time of her original illness as well, shortly after the second vaccine.

VAERS ID:	1433773 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-03-03
Age:	59.0	**Days after vaccination:**	36
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	AR / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Biopsy skin abnormal, Hypersensitivity, Skin reaction
SMQs:, Angioedema (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Skin tumours of unspecified malignancy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none

Current Illness:
Preexisting Conditions: Diabetes, hypertension
Allergies: cats, dust mites
Diagnostic Lab Data: skin biopsy confirmed
CDC Split Type:
Write-up: Developed a dermal hypersensitivity reaction 5 weeks later

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VAERS ID:	1433808 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-05-10
Age:	55.0	**Days after vaccination:**	27
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Joint swelling, Loss of personal independence in daily activities, Skin warm
SMQs:, Dementia (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Yes
Current Illness: No
Preexisting Conditions: MS
Allergies: Cipro
Diagnostic Lab Data: No
CDC Split Type:
Write-up: Almost 4 weeks from the day of vaccination my left knee swollen up, warm hot to the touch, no fever, but unable to do daily activities.

VAERS ID:	1433828 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	55.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C21A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthritis, Blood test, Hyperhidrosis, Injection site discomfort, Injection site pain, Joint swelling, Loss of personal independence in daily activities, Pain, Pyrexia, Skin warm
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Yes
Current Illness: No
Preexisting Conditions: MS
Allergies: No
Diagnostic Lab Data: Blood work
CDC Split Type: vsafe
Write-up: Fever, body aches, sweating, pain and discomfort at the injection site. 4 weeks later swollen in right knee, warm to the touch and unable to preform daily activities. Developed arthritis in right hand.

VAERS ID:	1434084 (history)	**Vaccinated:**	2021-05-25
Form:	Version 2.0	**Onset:**	2021-05-25
Age:	38.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	LA / SYR

Administered by: School **Purchased by:** ?

Symptoms: Asthenopia, Chest pain, Dizziness, Euphoric mood, Fatigue, Fear, Feeling abnormal, Feeling drunk, Feeling guilty, Hallucination, Heart rate increased, Nausea, Pain in extremity, Palpitations, Paranoia, Salivary hypersecretion, Sleep disorder, Somnolence, Thinking abnormal
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Psychosis and psychotic disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Cardiomyopathy (broad), Corneal disorders (broad), Depression (excl suicide and self injury) (narrow), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: No
Allergies: Percocet and Codeine Weird reaction to Wellbutrin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Dose 1: I went out to eat after and on the drive home, I started to feel weird. Almost like I shouldn?t be driving. Foggy, tired, eye lids were heavy, almost felt drunk or withdrawing from drugs. (Similar to when I was prescribed Cymbalta and forgot to take one, years ago. But much worse.) I went home and laid down. My heart was racing. I felt nauseous. I didn?t feel like I had control over my thoughts, if that makes sense. My chest hurt. My mouth was watering. It was scary. I slept for 11.5 hours, on and off. I had a hard time staying asleep. I woke up in the morning feeling much better, but my arm hurt pretty bad and I was still exhausted and nauseous. I stayed home from work. The next day, I felt more myself, but my arm still hurt. Dose 2: I expected to feel the same or even worse after this dose, so I planned to go straight home and lay down and took the following day off from work in advance. I went straight home and waited, but I felt fine. I went to bed at my normal time. Slept fine. Woke up fine. I thought I got lucky. I called and told work that I?d be in. I had a calm morning, but then we did a fire drill at 9:45am or so. After the fire drill, I started to feel weird again. All of the same symptoms. By 10:30, I told my boss I needed to leave. I felt paranoid. I had a couple hallucinations. I was falling asleep. I was scared to be working. I felt guilty for putting my boss in this predicament. I wasn?t able to get coverage until about 1pm. By then, I was terrified of driving home, but forced myself to. I live 2 minutes away. I told my kids that I didn?t feel well and went to sleep. My heart was racing. All of the same symptoms plus these, but all heightened. I kept telling myself that they would go away. I just needed to sleep. So, I did. Again on and off, it was hard to stay asleep. My Fitbit showed that my heart rate was elevated once the symptoms started and the entire time I was sleeping. I woke up feeling exhausted again. Nauseous. This time, my arm felt like I was shot with a gun. I took the day off from work. My arm actually still doesn?t feel the same today.

VAERS ID:	1436366 (history)	**Vaccinated:**	2021-03-17
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Cold-stimulus headache, Nausea, Pain, Pyrexia, Somnolence
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: POTASSIUM; LOSARTAN; OMEPRAZOLE; DULOXETINE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Constipation predominant irritable bowel syndrome; Depression; Hypertension; Obesity
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021306124
Write-up: mild fever; Nausea; Chills; Brain fog; Sleepy; Aches; This is a spontaneous report from a contactable consumer, the patient. A 56-year-old non-pregnant female patient received BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot number: ER2613), via an unspecified route of administration in the left arm on 17Mar2021 at 15:45 (at the age of 56-years-old), as a single dose for COVID-19 immunisation. Medical history included hypertension, depression, obesity and irritable bowel syndrome with constipation. The patient had known allergy to Dilaudid. Concomitant medications included Losartan (MANUFACTURER UNKNOWN), Duloxetine (MANUFACTURER UNKNOWN), Omeprazole (MANUFACTURER UNKNOWN), Potassium (MANUFACTURER UNKNOWN), Chlorthal (MANUFACTURER UNKNOWN); all for unknown indication, from unknown dates and unknown if ongoing. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 18Mar2021 at 08:00, the patient experienced mild fever, nausea, aches all over, chills, brain fog and sleepy. The adverse events did not result in a visit to the doctors or other

healthcare professional office/clinic visit, and emergency room/department or urgent care.The patient did not receive any treatment for the adverse events. The clinical outcome of the events, mild fever, nausea, aches all over, chills, brain fog and sleepiness were recovered at the time of reporting. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1436868 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	45.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Muscle spasms
SMQs:, Dystonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DEBLITANE; AMLODIPINE
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021458260
Write-up: Cramps on left leg between Soleus and Tendons; This is a spontaneous report received from a contactable consumer, the patient. A 45-year-old non pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot number: EW0161) via an unspecified route of administration on left arm 20Apr2021 at 08:15 (at the age of 45-year-old) as a single dose for COVID-19 immunisation. No relevant medical history was reported by the patient. The patient had no known allergies. Concomitant medications included norethisterone (DEBLITANE) and amlodipine (MANUFACTURER UNKNOWN) since an unknown date for an unknown indication. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient had not been tested for COVID-19 since the vaccination. On 22Apr2021 at 10:30, the patient experienced cramps on left leg between soleus and tendons. The cramps started 2 days after the vaccination and remained for 3 days. It was still present and was not getting worse or better and normal muscle pain should have gone away. Therapeutic measures included acupuncture for the reported event cramps leg. The adverse events didn''t result in doctor or other healthcare

professional office/clinic visit, and emergency room/department or urgent care. The clinical outcome of the event was not recovered at the time of report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1437743 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-06-12
Age:	34.0	**Days after vaccination:**	42
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041C21A / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Anovulatory cycle, Oligomenorrhoea
SMQs:, Fertility disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine
Current Illness: None
Preexisting Conditions: Sub clinical hypothyroidism
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: I have been tracking my menstrual/ovulation for years now and am alway have very regular ovulation between days 12-15, and a 24-27 day cycle. The cycle I got my second Moderna shot I had my first anovulatory cycle that I am aware of in my life, and my cycle was 45 days long.

VAERS ID:	1440016 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-07-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021745419
Write-up: Lingering tinnitus; This is a spontaneous report from a contactable consumer. A patient of unspecified age and gender received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, Lot number: Unknown), via an unspecified route of administration on an unspecified date as dose number unknown, single for COVID-19 immunization. The patient medical history and concomitant medications were not reported. It was reported that the patient experienced lingering tinnitus. Consumer stated that the patient mentioned that almost 2000 people who had a similar reaction from the Moderna COVID-19 vaccine and Pfizer. The outcome of the event was unknown. Follow-up attempts are needed. Information on Lot/Batch number can be requested.

VAERS ID:	1440407 (history)	**Vaccinated:**	2021-03-28
Form:	Version 2.0	**Onset:**	2021-04-19
Age:	69.0	**Days after vaccination:**	22
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7533 / 2	AR / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Anticoagulant therapy, Asthenia, Blood test, Brain natriuretic peptide increased, Cardiac monitoring, Chest X-ray normal, Chest discomfort, Deep vein thrombosis, Electrocardiogram normal, Fatigue, Feeling abnormal, Fibrin D dimer increased, International normalised ratio normal, Liver function test normal, Malaise, Procalcitonin, Prothrombin time normal, Pulmonary thrombosis, Respiration abnormal, SARS-CoV-2 test negative, Sleep apnoea syndrome, Sleep study abnormal, Troponin increased, Ultrasound Doppler abnormal
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Myocardial infarction (narrow), Dementia (broad), Embolic and thrombotic events, vessel

type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Respiratory failure (broad), COVID-19 (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Lisinopril HCTZ, Sertraline, Metoprolol, 81mg Aspirin morning and night, Famotidine, Stool softener, Fish oil, Vitamin C, vitamin D3, Garlic, Curcumin
Current Illness: N/a
Preexisting Conditions: Slight High BP, Some anxiety, Hip and knee replacements, Cancerous mole removed, Tested positive for a lyme disease : all at this time under control
Allergies: N/a
Diagnostic Lab Data: May 5, 2021: EKG - normal Chest xray - normal D-Dimer test - 2,092NG (high) Covid-19 test - negative B type Natriuretic peptide - 161 - high (normal = 0-100) PPT - normal PTINR - normal Procalcitonin - low risk Liver profile - normal High sensitivity troponin - very elevated Cardiac Monitor Data strip - no results
CDC Split Type: vsafe
Write-up: So I had the shot on March 28, 2021 and let''s see if I can remember the date, I''ll get my calendar which will help me a little bit, so it started the end of April 2021. I noticed a difference in my breathing, I had not been active and I just didn''t feel very good. On the 28th of April I was feeling very weak, feeling like a wimp, I couldn''t do anything without feeling very exhausted. Then on May 5 2021 I told my husband I just was not feeling right, I had to sit down just when getting dressed. I went to the bathroom and I felt like something was really wrong, I could not even walk around without feeling tired. On May 5 2021 I called my son who is an RN and he took my BP and heart rate, but my oxygen was 91 and then 87 again when he tested again. He said he felt I had a pulmonary embolism, they called my cardiologist. The DR told me to go to the hospital and they did an EKG and took me to an ER room to do a chest x-ray. They said there was something on my chest so they did bloodwork. He then said I had blood clots on both my lungs. Then later on that night they did ultrasounds of my legs. They found a deep vein thrombosis. They then broke the news that I was not going home, that they were going to admit me. I ended up in a monitored room for four days. They put me on oxygen and wires. 4,000 units of heparin drip w/ 2,0000 units per hour. They then switched me to Luvanox and Coumadin. They could not figure out why this happened to me. They found no infections, nothing cancerous or anything. They sent me home with blood thinners (coumadin) all the time. Then two weeks later I woke up in the middle of the night with a lot of pressure on my chest and I went to the ER again. I was never admitted, they just checked me. Then two weeks later again it happened and I went to on call, they took pictures of my heart and everything again and they could not find anything. They did a study of sleep on me and they found I have a sleep apnea problem. They are recently now working on my sleeping problem and I will be admitted and studied over night on the machines. In between all this I also went to my PCD and now that is to current, up to date is what has been happening recently.

VAERS ID:	1440574 (history)	**Vaccinated:**	2021-06-30
Form:	Version 2.0	**Onset:**	2021-07-01
Age:	21.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Cold sweat, Dizziness, Dysmenorrhoea, Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Magnesium taken infrequently, probably 3 to 4 times per month.
Current Illness: N/A
Preexisting Conditions: Headaches, suspected migraines bc it runs in the family but never tested.
Allergies: Cashews, Coolwhip, cranberries
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Woke up at 3:30 am from period cramps. Went to the bathroom as this was the start of my period and I didn?t have a pad on. After going to the bathroom I was washing my hands and became nauseous which I have never experienced on my period. I became lightheaded, cold sweats and vomited bile. I have good reason to believe the vomiting was not due to my period because I have never vomited due to my period. I took peptobismol for the nausea and ibuprofen for the pain and then went to sleep.

VAERS ID:	1440630 (history)	**Vaccinated:**	2021-06-11
Form:	Version 2.0	**Onset:**	2021-06-12
Age:	37.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-01

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Menstruation delayed, Migraine, Uterine spasm
SMQs:, Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: lyme disease
Allergies: wheat, barley, rye
Diagnostic Lab Data:
CDC Split Type:
Write-up: migraine lasting 24 hours, followed by sporadic migraines for the next several days. unexplained uterine cramping lasting several days delayed onset of next menstruation. Was expected 6/24, did not begin until 7/1

VAERS ID:	1440687 (history)	**Vaccinated:**	2021-06-30
Form:	Version 2.0	**Onset:**	2021-06-30
Age:	31.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: Lyme Disease
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: given pure 0.3 mL of undiluted dose without diluent

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VAERS ID:	1443042 (history)	**Vaccinated:**	2021-06-28
Form:	Version 2.0	**Onset:**	2021-06-30
Age:	25.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood potassium decreased, Chest pain, Dyspnoea, Echocardiogram abnormal, Ejection fraction, Electrocardiogram ST segment elevation, Hepatic steatosis, Myocarditis, Pericarditis, Pleuritic pain, Troponin I increased, Ultrasound abdomen abnormal
SMQs:, Liver related investigations, signs and symptoms (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Hypokalaemia (narrow), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: melatonin

Current Illness: none
Preexisting Conditions: autism
Allergies: NKDA
Diagnostic Lab Data: ST elevation on EKG. Trop-I 12.4, 25, 24.1, 23.8 echocardiogram EF 50-55%. K 3.4, ALT-171, AST - 74 ultrasound RUQ - moderate diffuse hepatic steatosis
CDC Split Type:
Write-up: 2 days s/p second Pfizer vaccine (6/7 and 6/28) patient presented to ED with pleuritic chest pain and difficulty breathing. Diagnosis myo / pericarditis. Transferred to MC start treatment with colchicine, lisinopril, metoprolol,

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VAERS ID:	1443146 (history)	**Vaccinated:**	2021-06-26
Form:	Version 2.0	**Onset:**	2021-07-01
Age:	37.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Influenza like illness, Pain, Pyrexia, Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Esomeprazole Magnesium, Loratidine, Albuterol inhaler
Current Illness: None
Preexisting Conditions: asthma
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: I had the normal flu like symptoms with fever and body aches for about 2.5 days after the injection. Five days after injection, I developed a huge rash/hives all over my body - arms, legs, stomach, back, buttocks, face out of nowhere.

VAERS ID:	1443562 (history)	**Vaccinated:**	2021-03-27
Form:	Version 2.0	**Onset:**	2021-05-27
Age:	66.0	**Days after vaccination:**	61
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / N/A	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Blood pressure fluctuation, Blood pressure increased, Chest X-ray, Computerised tomogram coronary artery, Computerised tomogram thorax, Diarrhoea, Diplopia, Dizziness, Dyspnoea, Echocardiogram, Electrocardiogram, Fatigue, Feeling abnormal, Magnetic resonance imaging
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Ocular motility disorders (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: tetanus shot - huge, red swollen arm - long time ago - late 80''s
Other Medications: Ibuprofen
Current Illness: no
Preexisting Conditions: no
Allergies: anaphylactic reaction to Latex and related foods - avocado; jicama; papaya; penicillin; Levothyroxine; Gel caps; reacted to the tetanus vaccine
Diagnostic Lab Data: I had all at the Hospital - had most of the test at this facility and another medical center where I had the pulmonary CT and where they found the lung stuff 19th of June - COVID test was negative
CDC Split Type: vsafe
Write-up: On May 27th, I had an episode of double vision and light headedness and my blood pressure was up. Not quite confusion but just strange. They thought it might be a mini stroke - so I had an MRI or MRA - showed vascular changes but showed no acute stroke and carotids were okay. Also did an EKG with some changes and a repeat EKG - and that one seemed like a normal EKG. I had an echocardiogram - on Tuesday; Coronary CT on Wednesday and radiologist called my primary care doctor and said there was a "broken glass" opaqueness (opacity) of left upper lobe. This Wednesday with the chest x-ray, I''m concerned - I have been short of breath and tired lately - just not feeling good. On May 28th, I started Lisinopril for blood pressure and also started aspirin. My blood pressure is still fluctuating. I''m waiting for a lung CT to be scheduled - Pulmonary function study to be schedule and that''s a couple of weeks out. I haven''t had another

episode of double vision. Fatigue and short of breath and I have had some diarrhea. I had had some weird GI stuff all winter long but it restarted (diarrhea) 2 weeks ago. I hadn''t had it for four months or so.

VAERS ID:	1446128 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	60.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B21A / 2	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Blood test, Burning sensation, Hypoaesthesia, Muscle twitching, Neuropathy peripheral, Paraesthesia, Sensory loss
SMQs:, Peripheral neuropathy (narrow), Dyskinesia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Immune-mediated/autoimmune disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: Amoxicillin
Diagnostic Lab Data: Full blood panel 5/24 was inconclusive. Checked B12,,thyroid, Lyme and many other possibilities.
CDC Split Type:
Write-up: Significant neuropathy in toes, feet and up through ankles as well as a numb patch just below knees. Along with the numbness is tingling, pins and needles, and muscle twitching, Also experiencing intermittent burning feelings in finger and decrease in overall sensation in arms, hands and fingers. A similar loss of sensation is occurring around my collar bone and along my neck. These symptom were first noticed on April 23rd (I checked my web searches to see when I first looked up neuropathy in the feet) and have only been getting progressively worse. My PCP is unsure about what is happening and is currently and it is placing it under the familiar diagnosis of idiopathic. I am currently pursuing acupuncture. Both my PCP and acupuncture provider have stated that they are seeing an uptick in this sort of symptom profile!

VAERS ID:	1446282 (history)	**Vaccinated:**	2021-07-02
Form:	Version 2.0	**Onset:**	2021-07-02
Age:	47.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Interchange of vaccine products
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none known
Current Illness: none
Preexisting Conditions: none known
Allergies: none known
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient had previous vaccine 4/5/21 J&J. He wanted Pfizer just in case J&J needed Booster

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VAERS ID:	1446568 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	38.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abortion spontaneous, Exposure during pregnancy, Placental disorder, Spontaneous haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Termination of pregnancy and risk of abortion (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unsure; patient does not fill prescriptions here. Did not receive this information prior to the patient leaving.
Current Illness: None.
Preexisting Conditions: Multiple Sclerosis
Allergies: No known allergies.
Diagnostic Lab Data: Unsure.
CDC Split Type:
Write-up: Patient reported that she miscarried ~2 weeks following her vaccine (dose #1 of Moderna). She waited for a prolonged period of time prior to receiving 2nd dose (which is when she reported this to us). Some of the exact details of timing were difficult for her to remember. However, she stated that she was in her 1st trimester and she had miscarried due to placental problems - spontaneous bleeding, leading to miscarriage.

VAERS ID:	1450284 (history)	**Vaccinated:**	2021-06-29
Form:	Version 2.0	**Onset:**	2021-06-29
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levalbuterol Tartrate, Multivitamin, Pravastatin, Aspirin, Vitamin D,

Clopidogrel Bisulfate, CoQ10, Nasalcrom, Fexofenadine
Current Illness: none
Preexisting Conditions: (J30.2) Other seasonal allergic rhinitis (J44.9) Chronic obstructive pulmonary disease, unspecified (J45.909) Unspecified asthma, uncomplicated (L65.9) Nonscarring hair loss, unspecified (I25.10) Atherosclerotic heart disease of native coronary artery without angina pectoris (E78.5) Hyperlipidemia, unspecified (L84) Corns and callosities (M85.80) Other specified disorders of bone density and structure, unspecified site Acute (E55.9) Vitamin D deficiency, unspecified (E53.8) Deficiency of other specified B group vitamins
Allergies: - Asmanex (30 Metered Doses) Moderate Respiratory Distress - Azithromycin Moderate Respiratory Distress - Clarithromycin Moderate - Ethambutol HCl Moderate Respiratory Distress - Influenza Vaccines Moderate - Rifampin Moderate Respiratory Distress - Soybean Oil Moderate - Sulfa Drugs Moderate Respiratory Distress - Penicillins Mild Hives - Eggs Moderate - Gluten Moderate Bloating/gas - Shellfish Moderate - Cat dander Moderate Respiratory Distress - Dog dander Moderate - House dust Moderate Hives - Mold (Inhaled) Mild Respiratory Distress
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Vaccine was taken was taken from a vial that had been opened and prepared 8 days prior on 6/21/2021. So the vaccine viability had already past.

VAERS ID:	1450400 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	45.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L200 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain upper, Blood test, Cough, Diarrhoea, Disturbance in attention, Headache, SARS-CoV-2 test negative, Throat clearing, Thyroid function test
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Pseudomembranous colitis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Centrum multivitamin
Current Illness:
Preexisting Conditions:

Allergies: Wheat
Diagnostic Lab Data: Blood work Thyroid test Celiac test
CDC Split Type: vsafe
Write-up: On Jan. 13th, I had stomach pain and it was hard to concentrate at work. I started getting a bad headache on the 14th when I was at work as well. I spoke to a nurse and they told me to monitor my symptoms. I felt fine on the 16th though. On the 25th, I experienced stomach pain again. I was also coughing and had a dry cough, throat clearing, and diarrhea. Later after work, I spoke to my Primary Care doctor and then I talked to my employee health provider. I was told to not return to work and then I took a Covid-19 test on the 26th. The test came back negative. I was cleared to return back to work. On Feb. 3rd, I did take additional tests at Medical Center. My dietician did state some of my symptoms could be related to high Fodmap.

VAERS ID:	1450527 (history)	**Vaccinated:**	2021-06-28
Form:	Version 2.0	**Onset:**	2021-06-28
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Menstrual disorder, Pyrexia, Vertigo
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Started my period in the evening the same day vaccine was administered. It was two weeks early. My periods are regular and last for three days with light flow. I have had heavy flow for eight days. I am still bleeding. In addition I had severe vertigo and mild fever for five days after receiving the vaccine beginning on day two and ending on day 6. I could not move my head

without significant spinning sensation. The vertigo has now subsided. I have never experienced vertigo in my life. It was debilitating. Thankfully it has subsided. My mother who is 74 also experienced vertigo after both her first and second Covid vaccination - Pfizer. She still has vertigo in the mornings three months after the second vaccine.

VAERS ID:	1453519 (history)	**Vaccinated:**	2021-07-06
Form:	Version 2.0	**Onset:**	2021-07-07
Age:	21.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Fatigue, Injection site pain, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control shot
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Slight fever, body aching especially in injection site and back, general fatigue

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VAERS ID:	1453609 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-06-24
Age:	46.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-07-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Injection site erythema, Lymph node pain, Lymphadenopathy, Pain, Pain in extremity, Pyrexia, Skin warm
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Abstains from alcohol; Smoker (7 cigarettes per day. Patient had patches but not started yet.)
Preexisting Conditions: Comments: No known allergies and no drug abuse or illicit drug usage.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210708649
Write-up: LEFT ARM LYMPH NODE SWOLLEN; ARM IS WARM TO THE TOUCH; REDNESS AT INJECTION SITE; TENDERNESS OF LYMPH NODES; FEVER; BODY ACHES; CHILLS; SORE ARM; This spontaneous report received from a patient concerned a 46 year old female. The patient''s height, and weight were not reported. The patient''s concurrent conditions included non-alcohol user, and smoker, and other pre-existing medical conditions included no known allergies and no drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1821286 expiry: UNKNOWN) dose was not reported, administered on 24-JUN-2021 for prophylactic vaccination. No concomitant medications were reported On 24-JUN-2021, the subject experienced sore arm. On 25-JUN-2021, the subject experienced body aches. On 25-JUN-2021, the subject experienced chills. On 25-JUN-2021, the subject experienced fever. On 01-JUL-2021, the subject experienced arm is warm to the touch. On 01-JUL-2021, the subject experienced tenderness of lymph nodes. On 01-JUL-2021, the subject experienced redness at injection site. On an unspecified date, the subject experienced left arm lymph node swollen. Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from body aches, chills, sore arm, and fever on 25-JUN-2021, was recovering from tenderness of lymph nodes, and left arm lymph node swollen, and had not recovered from redness at injection site, and arm is warm to the touch. This report was non-serious.

VAERS ID:	1454108 (history)	**Vaccinated:**	2021-03-25
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	68.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8727 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Blood test, Magnetic resonance imaging
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin C, Vitamin D, Multi Vitamin, Metamucil, Aspirin 81 MG
Current Illness: None
Preexisting Conditions: None
Allergies: Sulfa
Diagnostic Lab Data: Many blood tests to rule out rheumatoid arthritis, lupus, and others 5/25/21 6/2/21 6/25/21 MRI of hips 7/1/21
CDC Split Type:
Write-up: About a week later started experience extreme joint pains in hips, then went to shoulder, then to elbow and wrists

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VAERS ID:	1454851 (history)	**Vaccinated:**	2021-07-07
Form:	Version 2.0	**Onset:**	2021-07-07
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	051C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Nervousness, Pain, Peripheral coldness, Presyncope
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was very nervous about getting vaccine - she reported having rare side effects often ... she reported that about 2 minutes felt faint and dizzy and"pre-syncope ", about 10 minutes later felt legs were cold and body aches... Pt sat for 30 minutes and called a friend . .. she felt well enough to drive home with her friend following her ... the entire time patient was alert and was able to hold conversation Pt has an appointment with her doctor tomorrow morning already planned prior to receiving vaccine so she will follow up

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VAERS ID:	1457034 (history)	**Vaccinated:**	2021-03-30
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	82.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 2	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Arthralgia, Pain in extremity
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ibuprofen 800mg, Enalapril, Hydrochlorothiazide, Famotidine 40mg, Vitamin C 500mg, Vitamin D 3.
Current Illness: None.

Preexisting Conditions: None.
Allergies: Atorvastatin, Omeprazole, Meclizine, Bactrim, Vista, Insect venom, Keflex, Lidoderm, Sulfa.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Began to feel pain in both legs, used heating pads but did not work. Mostly in the upper thigh and knee area constantly. Was prescribed prednisone - did not work. Referred to an orthopedic.

VAERS ID:	1457377 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-17
Age:	74.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Atrial fibrillation, Chills, Malaise, Pyrexia, SARS-CoV-2 test negative, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Supraventricular tachyarrhythmias (narrow), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamins, CBD Oil
Current Illness:
Preexisting Conditions: Arterial fibulation (after shot), shoulder surgery, artificial hips, and stroke (5 days ago)
Allergies:
Diagnostic Lab Data: Covid Test, negative
CDC Split Type: vsafe
Write-up: A few days after shot went to ER, diagnosed with AFIB. Terrible chills, shakes, fever of 102+, generally unwell. Gave medicine but do not recall, was able to be discharged within a day. Very unusual, not history of previous AFIB, generally a very fit person.

VAERS ID:	1459696 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-26
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Joint range of motion decreased, Myalgia, Pain
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lovastatin 40 1 tab daily; lisinopril 20mg 1 tab daily
Current Illness:
Preexisting Conditions:
Allergies: Bactrim and Hydrochlorothiazide
Diagnostic Lab Data:
CDC Split Type:
Write-up: at time of 1st vaccine felt ache soreness, has not abated . limited range of motion of the shoulder.

VAERS ID:	1459807 (history)	**Vaccinated:**	2021-03-25
Form:	Version 2.0	**Onset:**	2021-03-26
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8727 / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Blood test normal, Dyspnoea, Fatigue, Magnetic resonance imaging normal
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Armor thyroid, prednisone, Eliquis, metoprolol, vitamin D, calcium
Current Illness: No
Preexisting Conditions: Takayasu arteritis
Allergies: No
Diagnostic Lab Data: MRI"s: normal; Blood panel: normal
CDC Split Type: vsafe
Write-up: I had fatigue and shortness of breath. I had shortness of breath on exertion. I was concerned because I am a lung cancer survivor, and I am already missing half a lung. I also have Takayasu arteritis which can affect any artery. I had 7 MRI"s done to make sure all my arteries are okay. I was referred to a pulmonologist and I will be seeing her on July 20th. I have had pulmonary embolism in the past and this shortness of breath is not as drastic as that. The fatigue is limiting and is now different that what it was initially. It was getting better and then reoccurred worse than before.

VAERS ID:	1459886 (history)	**Vaccinated:**	2021-06-25
Form:	Version 2.0	**Onset:**	2021-06-30
Age:	52.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0180 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Computerised tomogram head, Erythema, Facial pain, Laboratory test, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Glaucoma (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:

Other Medications: Acetaminophen-codeine 300mg-30mg/12.5ml solution takes 12.5 ml at bedtime. Gabapentin 300mg. 1 cap twice a day; Nystatin 100,000 unit/gram powder applly to skin 3 x day; furosemide 40mg daily; ProAir 90 mcg 2 puffs every 4-6 hrs as neede
Current Illness:
Preexisting Conditions: COPD; Fatty LiverDisease; obstructive sleep apnea, Cardiomyopathy; Tachycardia, Hirsutism
Allergies: Lisinopril; Wellbutrin ; Dilt-XR; morphine;
Diagnostic Lab Data: head CT scan and some laboratory tests.
CDC Split Type:
Write-up: left sided facial swelling, redness, severe pain started 06/30/2021,. Went to ER 06/03/2021 treated with Kflex QID without improvements

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VAERS ID:	1461463 (history)	**Vaccinated:**	2021-03-20
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	60.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046A21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: methotrexate, synthroid
Current Illness:
Preexisting Conditions: rheumatoid arthritis, hypothyroidism
Allergies: sulfa drugs, levaquin, dairy, wheat, walnuts, shell fish
Diagnostic Lab Data:
CDC Split Type:
Write-up: developed large red, itchy area around the injection site

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VAERS ID:	1461475 (history)	**Vaccinated:**	2021-02-21
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	58.0	**Days after vaccination:**	74
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Atrioventricular block complete, Biopsy lung, Biopsy lymph gland, Blood test, Bronchoscopy, Chest X-ray, Computerised tomogram, Electrocardiogram, Implantable defibrillator insertion, Magnetic resonance imaging, Sarcoidosis, Scan with contrast
SMQs:, Interstitial lung disease (broad), Conduction defects (narrow), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (narrow), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 5 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: Hospital stay 6/12/21 - 6/16/21, EKG, MRI with contract, chest x-rays, CT scan, blood tests Bronchoscopy with biopsies of lung tissue and lymph nodes 6/21/21
CDC Split Type:
Write-up: full heart block, sarcoidosis, ICD implant, steriod therapy

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VAERS ID:	1463134 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8730 / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Flushing
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: EXEMESTANE; CALCIUM; VITAMIN D NOS
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Breast cancer (breast cancer survivor on aromatase inhibitor); Iodine contrast media allergy (Iodine contrast dye)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021336831
Write-up: LT deltoid redness, radiating to LT side of chest; full face flushing; This is a spontaneous report from a contactable other healthcare professional, the patient. A 59-year-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot Number: ER8730), via an unspecified route of administration in the left arm on 23Mar2021 at 13:30 (at the age of 59-years-old) as a single dose for COVID-19 immunisation. Medical history included breast cancer for which she was on aromatase inhibitor. Concomitant medication included exemestane (MANUFACTURER UNKNOWN), Vitamin d (MANUFACTURER UNKNOWN) and calcium (MANUFACTURER UNKNOWN); all for unknown indication. The patient had a history of allergy to iodine contrast dye. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID-19 vaccine. On 23Mar2021 at 14:15, the patient had experienced left deltoid redness which was radiating to left side of chest and full-face flushing. The patient also reported that it lasted approximately for 90 minutes. Adverse events did not result in a visit to the doctor or other healthcare professional office/clinic visit, and emergency room/department or urgent care. The clinical outcome of the events left deltoid redness, radiating to left side of chest and full face flushing was resolved on 23Mar2021 at 15:45. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1463223 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	44.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-07-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MULTIVITAMINS [VITAMINS NOS]
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021563829
Write-up: Did get a sore arm with her 1st dose; This is a spontaneous report from a contactable consumer (patient). A 44-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Solution for injection; Lot number: EW0158) via an unspecified route of administration in left arm on 07Apr2021 at 14:00 (at the age of 44-year-old) as single dose for COVID-19 immunization. Medical history of the patient was not reported. Concomitant medication included multivitamins [besides a multivitamin patient does not take anything on a regular basis and sees the HCP once a year; states she does not get sick often and was pretty healthy, eats well, takes vitamins and has an occasional glass of wine]. Patient previously received flu vaccine for immunization and has soreness in her arm. On an unspecified date in 2021, the patient experienced a sore arm with her 1st dose, the arm soreness was for a couple of days or so and was gone. It was reported that she has no name of the flu vaccine she had a sore arm with and no lot number, expiry date or NDC to provide and states the flu shot tends to cause soreness the same day and then she is fine and the Pfizer COVID19 1st dose she was sore a couple of days but it did not prohibit her from doing anything and was just noticeable. AE"s does not require a visit to: Emergency Room, Physician Office. No Prior Vaccinations (within 4 weeks) administered. Outcome of the event was resolved on an unspecified date in 2021. Additional information has been requested.

VAERS ID:	1463392 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	42.0	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Hyperaesthesia, Pain of skin
SMQs:
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Symptoms of extreme skin pain on extremities (Hands, Feet, Knees, Face) upon being exposed to cooler temperatures. Symptoms of extreme pain upon being brushed against or scratched causing feelings of being cut on skin. Symptoms started approximately 2 weeks after receiving COVID19 Vaccination- Johnson and Johnson.

VAERS ID:	1463611 (history)	**Vaccinated:**	2021-07-11
Form:	Version 2.0	**Onset:**	2021-07-11
Age:	30.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0198 / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Dyspnoea, Generalised tonic-clonic seizure, Hyperhidrosis, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a

Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: BP 100/60 on 7/11/21 BG 87 on 7/11/21 HR 90 on 7/11/21
CDC Split Type:
Write-up: fainted, seizure (grand mal) for 30 seconds, dyspnea, sweating. came to feeling weak, drank water and started feeling better

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VAERS ID:	1464196 (history)	**Vaccinated:**	2021-01-05
Form:	Version 2.0	**Onset:**	2021-02-10
Age:	54.0	**Days after vaccination:**	36
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arrhythmia, Cardiac flutter, Cardiac monitoring, Dyspnoea, Echocardiogram, Electrocardiogram, Extrasystoles, Heart rate abnormal, Heart rate decreased
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Tachyarrhythmia terms, nonspecific (narrow), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft; multivitamins
Current Illness: None
Preexisting Conditions: None
Allergies: Sulfa drugs
Diagnostic Lab Data: EKG, ECHO, 24 hour heart monitor.
CDC Split Type: vsafe
Write-up: About a month after the vaccination, I went for a physical and the doctor mentioned I had arrhythmia. I didn''t think too much about it until later when I had more issues. A few months later, another doctor also mentioned my pulse was really low and my heart rate was erratic and to see a cardiologist. I went for a follow up for a sleep test and again my pulse was very low and my heart rate was erratic and I was sent to the ER. My symptoms, I could feel flutter in my chest and SOB and couldn''t get a full breath. In the ER they did a bunch of tests, EKG, ECHO and recommended a 24 hour heart monitor. I was discharged with a diagnosis bigeminy which is 2

extra heart beats and to follow up with PCP and cardiologist. I did do a 24 hour heart monitor and I am waiting for consult with cardiologist.

VAERS ID:	1465121 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	57.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Anxiety, Feeling abnormal, Impaired work ability, Panic attack
SMQs:, Dementia (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydromorphone, amlodipine, tamalosin, antenol, finasteride, atorvastatin.
Current Illness: None
Preexisting Conditions: Hip and knee pain from arthritis, high blood pressure, BPH.
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: About 10 days after second shot i started waking up at 4 am with extreme anxiety, brain fog and crippling panic attacks that last for hours until I would force myself out the door to go to work at around 10am which was affecting my job. This went on for a few weeks until went to the ER for treatment for the panic attacks which I was prescribed kolonipin which helped some. The ER suggested I see my personal doctor which I did. He prescribed gabapentin in exchange for kolonipin. I am still having very high anxiety but the crippling panic attacks have subsided.

VAERS ID:	1465663 (history)	**Vaccinated:**	2021-07-08
Form:	Version 2.0	**Onset:**	2021-07-08
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	272F3 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Syringe issue, Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202114
Write-up: administration of less than the recommended dose / due to a syringe malfunction the vaccine leaked during the administration / did not know how many milliliters the patient received; This case was reported by a pharmacist via call center representative and described the occurrence of accidental underdose in a 65-year-old male patient who received Herpes zoster (Shingrix) (batch number 272F3, expiry date 1st October 2022) for prophylaxis. On 8th July 2021, the patient received Shingrix. On 8th July 2021, unknown after receiving Shingrix, the patient experienced accidental underdose. On an unknown date, the outcome of the accidental underdose was unknown. Additional details were provided as follows: The age at vaccination was not reported. The pharmacist reported that the administration of less than the recommended dose of the Shingrix vaccine. The HCP claimed that due to a syringe malfunction the vaccine leaked during the administration and the reporter did not know how many milliliters the patient received, which led to accidental underdose. The vaccine was administrated on the same day of the call. No further events were reported. The reporter consented to follow up.

VAERS ID:	1466233 (history)	**Vaccinated:**	2021-07-09
Form:	Version 2.0	**Onset:**	2021-07-09
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202115
Write-up: received the first does of Shingrix on last year on 9/18/2020 / came in today (7/9/2021) with interest in getting the second dose; This case was reported by a pharmacist via call center representative and described the occurrence of drug dose administration interval too long in a 74-year-old male patient who received Herpes zoster (Shingrix) for prophylaxis. Previously administered products included Shingrix (received 1st dose on 18th September 2020). On 9th July 2021, the patient received the 2nd dose of Shingrix. On 9th July 2021, unknown after receiving Shingrix, the patient experienced drug dose administration interval too long. On an unknown date, the outcome of the drug dose administration interval too long was unknown. Additional details were provided as follows: Pharmacist reported that the patient received the first does of Shingrix on last year but came in today (day of reporting) with interest in getting the second dose, which led to lengthning of vaccination schdeule. Pharmacist asked was it okay to give the second dose of Shingrix. The reporter did not consent to follow-up.

VAERS ID:	1466626 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	46.0	**Days after vaccination:**	31
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	RA / UN

Administered by: School **Purchased by:** ?
Symptoms: Asthenia, Back pain, Fatigue, Feeling cold, Headache, Mobility decreased, Musculoskeletal chest pain, Pain, Paraesthesia, Sleep disorder
SMQs:, Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Beachbody Shakeology (Chocolate Vegan) Maca powder Vitamin D
Current Illness: I was sick with side effects from the vaccine which started about 12 hours after getting vaccinated. I was "down and out" for about 48 hours -- achy, tired, extreme headache, weakness. A few weeks later I had stabbing back/rib pain (which I think was from sleeping incorrectly). This seemed to start the tingling.
Preexisting Conditions: A few weeks after the vaccine I"ve noticed tingling in my arms and legs. It started out with my left arm and would sometimes stay isolated in my left hand. Then it started to travel up and down my left arm. After a few days I seemed to get it symmetrically (and at the same time) up and down my right arm. Then my left leg joined in. Same symptoms at the same time on the back side of my arms and legs. And then after a few days, my right leg joined in: all four limbs experience mild tingling along the backs of the arms and legs. The tingling comes and goes at the same time. Over time, the symptoms have gotten better, but they are still there. The right arm is not involved as much any more. Mostly now just the backs of the legs. However, the left arm still comes in to play when I"m laying on my stomach or swimming breast stroke, or sitting down to the computer at the desk or when washing dishes. (When my arms are at 90 degrees.) There is minimal tingling in my arms as I type this to you now, but there is tingling in the backs of both legs. A tingling -- a coolness.
Allergies: None known.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: See previous.

VAERS ID:	1467202 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	42.0	**Days after vaccination:**	15
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Migraine
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Got sick when I get the flu shot. Very sick.
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Airborn allergens

Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: I have been getting migraines since the vaccine. I get 3-5 every week and I NEVER had them before. They especially occur when pushing like going to the bathroom.

VAERS ID:	1470093 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Pain in extremity, X-ray limb
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan Potassium Atorvastatin PresserVision
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: x- rays were taken
CDC Split Type:
Write-up: Prolonged Severe pain in the left elbow and arm

VAERS ID:	1470227 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-07-11
Age:	56.0	**Days after vaccination:**	180
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011JZ0A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013620A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Herpes zoster

SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: probiotic
Current Illness: none
Preexisting Conditions: none
Allergies: amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: shingles - treated with Valacyclovir

VAERS ID:	1470567 (history)	**Vaccinated:**	2021-07-12
Form:	Version 2.0	**Onset:**	2021-07-13
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	078C21A / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cellulitis, Contusion, Erythema, Skin haemorrhage, Skin warm, Ultrasound scan
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: Tetanus. information unknown
Other Medications: Aspirin
Current Illness:
Preexisting Conditions:
Allergies: Opiates
Diagnostic Lab Data: Ultrasound of area to rule out blood clot. Was given cephalexin antibiotic for cellulitis.

CDC Split Type:
Write-up: After administration, patient bled down her arm. The bandage was replaced and pressure applied. The following day the patient reported warmth, redness and bruising and went to the Emergency Department.

VAERS ID:	1471480 (history)	**Vaccinated:**	2021-07-14
Form:	Version 2.0	**Onset:**	2021-07-14
Age:	33.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1821286 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Disorientation, Dizziness, Loss of consciousness, Musculoskeletal stiffness, Nausea
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Arthritis (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: NA
Current Illness: NA
Preexisting Conditions: NA
Allergies: Past Adverse Reaction to Chemotherapy treatment
Diagnostic Lab Data: BP taken several times for 30 min after vaccine and was 81/50
CDC Split Type:
Write-up: Several minutes after vaccines patient became light headed, he then passed out for several minutes and became very stiff. When patient came to he was disoriented (didn''t know where he was or who I was). Patient felt nauseous. Patients blood pressure was 81/50. Patient was taken to ED for further evaluation.

VAERS ID:	1474709 (history)	**Vaccinated:**	2021-05-06
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	58.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Acoustic stimulation tests, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Steroid nasal spray to treat asthma
Current Illness: None
Preexisting Conditions: Mild Adult Onset Asthma
Allergies: None
Diagnostic Lab Data: Hearing Test, on or about May15th
CDC Split Type:
Write-up: Tinnitus-on going

VAERS ID:	1478274 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-15
Age:	42.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001B21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Blood test, Fatigue, Joint swelling, Pain
SMQs:, Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lipitor, blood pressure medicine, anti depressant, colonthin, aderral,
Current Illness: none
Preexisting Conditions: blood pressure,
Allergies: none
Diagnostic Lab Data: blood tests
CDC Split Type: vsafe
Write-up: i was really tired and all my joints and ankles were really sore and swollen. My whole body achy

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VAERS ID:	1478612 (history)	**Vaccinated:**	2021-07-16
Form:	Version 2.0	**Onset:**	2021-07-16
Age:	28.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	078C21A / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Angina pectoris, Discomfort, Ear pain, Nausea, Pain, Pain in extremity, Skin tightness
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Other ischaemic heart disease (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Light-headedness, slight dizziness
Other Medications: Bio-Complete 3
Current Illness: None
Preexisting Conditions: None
Allergies: Keflex, amoxicillin
Diagnostic Lab Data: None yet
CDC Split Type:
Write-up: Sore arm, pain discomfort, pain around heart, pain and tightness behind left ear,

nausea,

VAERS ID:	1478638 (history)	**Vaccinated:**	2021-05-22
Form:	Version 2.0	**Onset:**	2021-07-01
Age:	55.0	**Days after vaccination:**	40
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Computerised tomogram head, Computerised tomogram thorax, Electrocardiogram, Pulmonary embolism
SMQs:, Embolic and thrombotic events, venous (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: CT scan of lungs and head EKG multiple blood tests
CDC Split Type:
Write-up: 2 pulmonary embolism of unknown origin

VAERS ID:	1479057 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	49.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6208 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anti-cyclic citrullinated peptide antibody positive, Blood test, Erythema, Joint swelling,

Pain, Rheumatoid arthritis
SMQs:, Anaphylactic reaction (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline
Current Illness:
Preexisting Conditions:
Allergies: Ketoconazole
Diagnostic Lab Data: Blood tests on 5/26/2021 Cyclic Citrullinated Peptide 133.9 I/mL (H)
CDC Split Type:
Write-up: Rheumatoid Arthritis started in right thumb, on 4/3/2021. Second dose of Pfizer/BioNTech (EW0151) given intramuscular, left arm on 4/10/2021. On 5/17/2021, Rheumatoid Arthritis started in left and right knee joints. All joints listed above were swollen, red and extremely painful and still ongoing as of the date of this report.

VAERS ID:	1479618 (history)	**Vaccinated:**	2021-06-01
Form:	Version 2.0	**Onset:**	2021-06-16
Age:	66.0	**Days after vaccination:**	15
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Arm our thyroid Omeprazole Trazadone
Current Illness: None
Preexisting Conditions: None
Allergies: PCN
Diagnostic Lab Data:
CDC Split Type:
Write-up: The next day left upper arm became very warm, red, swollen and painful and continued to spread to axilla.

VAERS ID:	1481703 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain, Asthenia, Body temperature, Burning sensation, Chills, Depressed level of consciousness, Dyspepsia, Erythema, Fatigue, Headache, Lethargy, Rash macular, Rash pruritic, Skin burning sensation, Vaccination site pain, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VITAMIN C [ASCORBIC ACID]; MULTIVITAMINS [VITAMINS NOS]; TURMERIC CURCUMIN [CURCUMA LONGA]
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210322; Test Name: Body temperature; Result Unstructured Data: 97.5

CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Rash that was itchy; Red; Burns (Red Bumps area on the neck); Depressed level of consciousness; Abdominal cramping; Chills; Mild Headache; Red Bumps Right Side of the Neck / front on my neck was red with a rash/Red bumpy rash covering the front of my neck; Burning sensation; Lethargic; No energy/ low energy; Sore left upper arm shot site; Felt Tired; Throwing up/Vomiting; Stomach burning; This spontaneous case was reported by a consumer and describes the occurrence of DEPRESSED LEVEL OF CONSCIOUSNESS (Depressed level of consciousness) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 002A21A and 021B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concomitant products included VITAMIN C [ASCORBIC ACID] and CURCUMA LONGA (TURMERIC CURCUMIN [CURCUMA LONGA]) for Immune disorder (NOS), MULTIVITAMINS [VITAMINS NOS] for an unknown indication. On 19-Mar-2021 at 3:30 AM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 16-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 19-Mar-2021 at 8:30 AM, the patient experienced DYSPEPSIA (Stomach burning). On 19-Mar-2021 at 8:45 AM, the patient experienced VOMITING (Throwing up/Vomiting). On 20-Mar-2021, the patient experienced LETHARGY (Lethargic), ASTHENIA (No energy/ low energy), VACCINATION SITE PAIN (Sore left upper arm shot site) and FATIGUE (Felt Tired). On 21-Mar-2021, the patient experienced RASH MACULAR (Red Bumps Right Side of the Neck / front on my neck was red with a rash/Red bumpy rash covering the front of my neck). 21-Mar-2021, the patient experienced BURNING SENSATION (Burning sensation) and HEADACHE (Mild Headache). On 22-Mar-2021, the patient experienced DEPRESSED LEVEL OF CONSCIOUSNESS (Depressed level of consciousness) (seriousness criterion medically significant), ABDOMINAL PAIN (Abdominal cramping) and CHILLS (Chills). On 26-Mar-2021, the patient experienced SKIN BURNING SENSATION (Burns (Red Bumps area on the neck)). On an unknown date, the patient experienced RASH PRURITIC (Rash that was itchy) and ERYTHEMA (Red). The patient was treated with HYDROCORTISONE at a dose of UNK dosage form and LEVOCETIRIZINE DIHYDROCHLORIDE (LEVOCETRIZINE HYDROCHLORIDE) from 23-Mar-2021 to 27-Mar-2021 for Rash, at a dose of 1 DF. On 22-Mar-2021, VOMITING (Throwing up/Vomiting) had resolved. On 23-Mar-2021, HEADACHE (Mild Headache) had resolved. On 27-Mar-2021, RASH MACULAR (Red Bumps Right Side of the Neck / front on my neck was red with a rash/Red bumpy rash covering the front of my neck), LETHARGY (Lethargic), ASTHENIA (No energy/ low energy), FATIGUE (Felt Tired) and CHILLS (Chills) had resolved. At the time of the report, DEPRESSED LEVEL OF CONSCIOUSNESS (Depressed level of consciousness), DYSPEPSIA (Stomach burning), RASH PRURITIC (Rash that was itchy), ERYTHEMA (Red), SKIN BURNING SENSATION (Burns (Red Bumps area on the neck)), BURNING SENSATION (Burning sensation), ABDOMINAL PAIN (Abdominal cramping) and VACCINATION SITE PAIN (Sore left upper arm shot site) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 22-Mar-2021, Body temperature: 97.5 (normal) 97.5. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosing remained unchanged. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Based on the current available information and temporal association between the use of the product and the events, a causal relationship cannot be excluded. This case was linked to MOD-2021-255837 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 13-Jul-2021: New events depressed level of consciousness, dyspepsia, rash pruritic, erythema, lethargy, asthenia, burning sensation, abdominal pain, vaccination site pain, fatigue and chills were added. Treatment medication and concomitant medications were added. Action taken was updated.; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the events, a

causal relationship cannot be excluded.

VAERS ID:	1481986 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8727 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Body temperature, Chills
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METFORMIN; Januvia; ROSUVASTATIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Type 2 diabetes mellitus
Allergies:
Diagnostic Lab Data: Test Date: 20210324; Test Name: Body Temperature; Result Unstructured Data: Test Result:75 Units:[degF]
CDC Split Type: USPFIZER INC2021325729
Write-up: Chills at 75 degrees; This is a spontaneous report from a contactable consumer, the patient. A 67-year-old male patient received second dose of BNT162b2 (PFIZER BIONTECH COVID-19 mRNA COVID-19 VACCINE; Lot number: ER8727), via an unspecified route of administration in left arm on 24Mar2021 at 07:00 (at the age of 67-year-old) as a single dose for COVID-19 immunisation. Medical history included type 2 diabetes. There were no known allergies. The concomitant medications included sitagliptin phosphate (JANUVIA), metformin (MANUFACTURER UNKNOWN) and rosuvastatin (MANUFACTURER UNKNOWN) for an unknown indication. The patient previously received first dose of BNT162b2 (PFIZER BIONTECH COVID-19 mRNA COVID-19 VACCINE; Lot number: UNKNOWN), via an unspecified route of administration on an unknown date as a single dose for COVID-19 immunisation. The patient had not received any other vaccines within 4 weeks prior to COVID-19 vaccine. The patient was not diagnosed with COVID-19 prior to vaccination. The patient was not tested for COVID-19 since receiving the vaccine. On 24Mar2021 at 18:00, the patient experienced chills at 75 degrees. The patient had not received any treatment for the event chills. The events did not result in doctor or other healthcare professional office/clinic visit, and emergency room/department or urgent care.

The clinical outcome of the event chills was unknown at the time of the report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1484433 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026AZ1A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Electroencephalogram, Hypoaesthesia, Magnetic resonance imaging head, Paraesthesia, Tremor
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril Pravistin
Current Illness: NONE
Preexisting Conditions: NONE
Allergies: NONE
Diagnostic Lab Data: EEG, tested brain waves MRI, tested signs of stroke
CDC Split Type:
Write-up: Patient stated that about 6 hours after getting her 2nd dose of her Moderna vaccine, she started to feel a tingling, shaking feeling in the arm where she received her vaccine, then her arm goes numb for about 2-3 minutes. Patient also stated that her legs start to shake, she will get dizzy. Patient has been to doctor to for Adverse Event and wasn''t prescribed any medication. Patient stated that this happens at least 6-8 times a day, she''s only had 2 days since she was vaccinated that this hasn''t happened.

VAERS ID:	1484747 (history)	**Vaccinated:**	2021-01-12
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	25.0	**Days after vaccination:**	79
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 2	UN / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Abdominal pain, Blood electrolytes, Loss of personal independence in daily activities, Nausea, Ultrasound abdomen normal
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: Mild redness on injection site for flu vaccine.
Other Medications: Ibuprofen.
Current Illness: None.
Preexisting Conditions: Psoriasis.
Allergies: Shellfish.
Diagnostic Lab Data: Ultrasound to right lower quadrant and kidney and didn''t see anything for appendicitis. I still have had the pain. Bloodwork for electrolyte panel was done.
CDC Split Type: vsafe
Write-up: So the evening before, my friends and I had a gathering, the next AM, I was having a lot cramping right lower quadrant, and feel my abdomen pressing on it worse. I was hoping it would go away. I was feeling nausea, I laid in bad and didn''t go to work that day. I didn''t get better after a few days. Normal bowel movements. I thought I among have an appendicitis.

VAERS ID:	1485071 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	68.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	UNKNOWN / 2	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Decreased appetite, Epistaxis, Fatigue, Pyrexia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Ecxema; herpes simplex 1; ammocycillin
Allergies: Anti inflammatory; benadryl ; ammocycyllin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mild nose bleed on third day ; lack of appetite chills and fever and extreme fatigue

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VAERS ID:	1485081 (history)	**Vaccinated:**	2021-07-15
Form:	Version 2.0	**Onset:**	2021-07-15
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0198 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Cyanosis, Feeling cold, Nausea, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: ? At approximately 6:50PM vaccine was administered. ? Within 10 minutes of the dose being administered, patient began vomiting. ? At approximately 7:03PM, RN attempted to assess patients pulse. RN determined pulse to be approximately 100 BPM but was difficult to be confident as the pulse was indistinct. Another RN also attempted to collect a pulse and was not confident in a reading. Oxygenation and heart rate was attempted to be collected using a pulse oximeter. A reading could not be determined. Additionally, a temperature could not be collected using an infrared thermometer. Upon observation, the patient appeared pale and diaphoretic. He did not present or report difficulty breathing at any time. Patients skin was cool to the touch. Patient reported to his parents that he felt nauseous and cold. ? At approximately 7:08PM patient was offered juice. ? At approximately 7:10PM RN observed that nail bed began to become discolored, slightly blue. RN requested call 911. ? EMS onsite by 7:15PM. EMS vitals included, o BP 131/88 o HR 103 o Resp. 24 o O2 Sat 98% o Temp 98.4 ? Family declined glucose screen and transport to emergency department as patietn began to report feeling better. Patients color improved. ? EMS, family, and staff left scene at approximately 7:50PM. ? RN connected with patients father on 7/16/21. Father reported that patient was doing much better, slept through the night with no issues. Patient was still sleep when father left for work that morning, however, father looked in on him. Per fathher, his color appeared good and he was sleeping well. Father wondered what gauge needle was used for the procedure. He stated he thought is was long and perhaps a 1 ? ? size. RN assured it was a 1? needle as the type of set-up used was a complete set-up with a standard 1? needle.

VAERS ID:	1487479 (history)	**Vaccinated:**	2021-07-20
Form:	Version 2.0	**Onset:**	2021-07-20
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1816022 / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hyperhidrosis, Hypotonia, Loss of consciousness, Pallor
SMQs:, Torsade de pointes/QT prolongation (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (narrow), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? No
Previous Vaccinations:
Other Medications: Norlyd; Sertraline; Albuterol inhaler
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Pulse was monitored throughout. Paramedics arrived and measured blood pressure.
CDC Split Type:
Write-up: Patient walked to waiting area and sat down and then appeared to lose consciousness, and slump over on the table beside her. Patient appeared pale and was perspiring from her face. After about a minute she regained consciousness and was responding vocally.

VAERS ID:	1490034 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-06-06
Age:	33.0	**Days after vaccination:**	48
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 1	RA / OT

Administered by: Other **Purchased by:** ?
Symptoms: Emotional disorder, Feeling abnormal, Heavy menstrual bleeding, Illness, Magnetic resonance imaging, Malaise, Muscle twitching, Seizure
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Dementia (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VIENVA; ONE A DAY [MINERALS NOS;VITAMINS NOS]; COLLAGEN
Current Illness: Sulfonamide allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 2021; Test Name: MRI; Test Result: Negative ; Result Unstructured Data: Negative
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Sick for the two days; Had period the following week and was extremely emotional and had a heavy period; Felt awful the rest of the day; Extremely emotional; Seizure; Not feeling well;

Twitching my hands.; This spontaneous case was reported by a consumer and describes the occurrence of SEIZURE (Seizure) in a 33-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 038c21a and 019b21a) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Sulfonamide allergy. Concomitant products included ETHINYLESTRADIOL, LEVONORGESTREL (VIENVA) from 15-Mar-2021 to an unknown date for Birth control, MINERALS NOS, VITAMINS NOS (ONE A DAY [MINERALS NOS;VITAMINS NOS]) from 01-May-2015 to an unknown date and COLLAGEN from 15-Mar-2021 to an unknown date for an unknown indication. On 19-Apr-2021 at 3:00 PM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-May-2021 at 3:00 PM, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 06-Jun-2021, the patient experienced MALAISE (Not feeling well) and MUSCLE TWITCHING (Twitching my hands.). On 06-Jun-2021 at 2:30 PM, the patient experienced SEIZURE (Seizure) (seriousness criterion medically significant). On an unknown date, the patient experienced ILLNESS (Sick for the two days), HEAVY MENSTRUAL BLEEDING (Had period the following week and was extremely emotional and had a heavy period), FEELING ABNORMAL (Felt awful the rest of the day) and EMOTIONAL DISORDER (Extremely emotional). At the time of the report, SEIZURE (Seizure), ILLNESS (Sick for the two days), HEAVY MENSTRUAL BLEEDING (Had period the following week and was extremely emotional and had a heavy period), MALAISE (Not feeling well), MUSCLE TWITCHING (Twitching my hands.), FEELING ABNORMAL (Felt awful the rest of the day) and EMOTIONAL DISORDER (Extremely emotional) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Magnetic resonance imaging: negative (Negative) Negative. Company Comment: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Very limited information regarding the event has been provided at this time. Most recent FOLLOW-UP information incorporated above includes: On 16-Jul-2021: Follow Up document was received and had significant information. Added Lab data. On 18-Jul-2021: Follow-up document was received and had significant information. Added vaccine facility, patient demographics, medical history, concomitant medications, event start date. Added new events like sick, heavy period, not feeling well, hand twitching, emotional.; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Very limited information regarding the event has been provided at this time.

VAERS ID:	1490364 (history)	**Vaccinated:**	2021-07-16
Form:	Version 2.0	**Onset:**	2021-07-16
Age:	1.08	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	7HJ74 / 1	RL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	T030479 / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	T010298 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: n/a repeat mmrv at 4-6 years. Will get MMR II at next well child exam.
CDC Split Type:
Write-up: MMR II should have been given instead of proquad. Pt also received varivax this day.

VAERS ID:	1490437 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	69.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Blood thyroid stimulating hormone decreased, Chills, Hypothyroidism, Musculoskeletal discomfort, Pyrexia, Tenderness, Thyroiditis subacute
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypothyroidism (narrow), Hyperthyroidism (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: cod liver oil, multivitamin
Current Illness: None
Preexisting Conditions: None
Allergies: None known
Diagnostic Lab Data: Thyroid tests showed low TSH when had been normal a few months before. Now mildly hypothyroid and normal on Levothyroxine 50 mcg/d.
CDC Split Type:
Write-up: Patient had chills, fever up to 101, tender neck and found to have viral thyroiditis.

VAERS ID:	1493044 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	68.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Herpes zoster, Pain, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: IBUPROFEN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Obesity; Shingles (patient was diagnosed with shingles in November 2020)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021366521
Write-up: Itching; Pain; Shingles; This is a spontaneous report from a contactable consumer, the patient. A 68-years-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: en6205) via an unspecified route of administration in the arm left on 19Mar2021 at 09:00 (at the age of 68-years-old) as a single dose for COVID-19 immunisation. Medical history included shingles in Nov2020 and obesity. Concomitant medications included ibuprofen (MANUFACTURER UNKNOWN) from unknown date for unknown indication. Patient had no known allergies to medications, food, or other products.

Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 24Mar2021 after receiving vaccine, the patient had shingles pain and itching. The patient did not received any treatment for reported events. The events did not result in doctor or other healthcare professional office/clinic visit, and emergency room/department or urgent care. The clinical outcome of the events shingles, itching and pain was not recovered. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1493606 (history)	**Vaccinated:**	2021-05-26
Form:	Version 2.0	**Onset:**	2021-06-07
Age:	52.0	**Days after vaccination:**	12
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	036CZ1A / 2	UN / UN

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Blood test, Computerised tomogram, Hypoaesthesia, Lumbar puncture, Magnetic resonance imaging, Movement disorder, Myelitis transverse, Nerve compression, Paraesthesia, Paralysis, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Peripheral neuropathy (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Accidents and injuries (broad), Cardiomyopathy (broad), Demyelination (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 20 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: METPHORMINE GLIPIZIDE ROSUVASTATIN LOSINOPRIL
Current Illness: NONE
Preexisting Conditions: TYPE 2 DIABETES HIGH CHLORESTROL HIGH BLOOD PRESSURE
Allergies: NONE
Diagnostic Lab Data: BLOOD TESTS MRI CT SCANS LUMBAR PUNCTURE
CDC Split Type:
Write-up: 6/7/2021 DAY 12 POST VACCINE, BOTH ARMS FELT TINGLY AND NUMB ON AND OFF. 6/12/2021 WENT TO URGENT CARE IN THE MORNING WITH VERY SORE BACK. SENT TO ER. TREATED WITH MUSCLE RELAXER FOR PINCH NERVE IN NECK. A FEW HOURS

LATER, HE SUDDENLY COLLAPSED AT HOME UNABLE TO MOVE. TRANSFERED TO ER VIA AMBULANCE. IN ER ALL NIGHT. TRANSFERED 6/13 WHEN AMBULANCE WAS AVAILABLE. NOW HE IS COMPLETELY PARALYZED FROM HIS NECK TO HIS TOES. AFTER MANY TESTS AND EXAMS, HE WAS DIAGNOSED WITH TRANSVERSE MYELITIS. HE REMAINED AT MEDICAL CENTER FOR 3 WEEKS. THEN TRANSFERED TO WHERE IS REMAINS.

VAERS ID:	1497708 (history)	**Vaccinated:**	2021-07-22
Form:	Version 2.0	**Onset:**	2021-07-22
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0179 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Bronchospasm, Cough, Dizziness, Dyspnoea, Flushing, Hyperhidrosis
SMQs:, Anaphylactic reaction (narrow), Asthma/bronchospasm (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Systemic: Allergic: Difficulty Breathing-Mild, Systemic: Dizziness / Lightheadness-Mild, Systemic: Flushed / Sweating-Mild, Additional Details: shot 1t 1256pm, pt began coughing 105pm, had sweating and extrem cough/brionchospasms, benadryl and water 106pm, called 911, emt came 125pm and cleared 145 pm

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VAERS ID:	1498219 (history)	**Vaccinated:**	2021-05-24
Form:	Version 2.0	**Onset:**	2021-06-15
Age:	34.0	**Days after vaccination:**	22
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin C, vitamin D, Omega 3 fish oil
Current Illness:
Preexisting Conditions: Chronic, undiagnosed respiratory issues following a respiratory infection in 2016
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I have discomfort and itching in the nerves of my hands & feet. See "neuropathic itching" - an itching sensation not on the surface of the skin that is remedied by scratching, but a sensation of tickling/itching deeper in the body. This is happening at many sites on my hands and feet. I''ve never had this sensation before. I talked my healthcare provider about this in the context of a visit that was mainly addressing a different issue. She recommended Benadryl for a possible allergic reaction.

VAERS ID:	1498883 (history)	**Vaccinated:**	2021-06-03
Form:	Version 2.0	**Onset:**	2021-06-07
Age:	62.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	203A21A / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood test, Diarrhoea, Echocardiogram, Fatigue, Myalgia, Respiratory disorder
SMQs:, Rhabdomyolysis/myopathy (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Noninfectious diarrhoea (narrow), Respiratory failure (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: insuline umalog losartan
Current Illness: no
Preexisting Conditions: diabetic
Allergies: codeine
Diagnostic Lab Data: Echo Cardiogram Blood work
CDC Split Type:
Write-up: Raspatory issues Muscle pain fatigue Tested For congestive heart failure Severe diaheara

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VAERS ID:	1500755 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-29
Age:	44.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Alanine aminotransferase normal, Anion gap, Aspartate aminotransferase normal, Basophil count decreased, Basophil percentage, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin normal, Blood calcium decreased, Blood chloride increased, Blood cholesterol normal, Blood creatine phosphokinase normal, Blood creatinine normal, Blood folate normal, Blood glucose normal, Blood immunoglobulin G normal, Blood lactate dehydrogenase increased, Blood magnesium increased, Blood osmolarity decreased, Blood potassium normal, Blood sodium normal, Blood thyroid stimulating hormone normal, Blood triglycerides normal, Blood urea nitrogen/creatinine ratio, Blood urea normal, Borrelia test positive, C-reactive protein decreased, Carbon dioxide normal, Eosinophil count decreased, Eosinophil percentage, Fatigue, Feeling cold, Gamma-glutamyltransferase normal, Glomerular filtration rate normal, Glycosylated haemoglobin normal, Haematocrit normal, Haemoglobin normal, High density lipoprotein decreased, Hypoaesthesia, Immature granulocyte count, LDL/HDL ratio, Low density lipoprotein normal, Lymphocyte count normal, Lymphocyte percentage, Mean cell

haemoglobin concentration normal, Mean cell haemoglobin increased, Mean cell volume increased, Mean platelet volume normal, Monocyte count decreased, Monocyte percentage increased, Muscular weakness, Neutrophil count normal, Neutrophil percentage decreased, Pain, Pain in extremity, Platelet count normal, Protein total normal, Red blood cell count decreased, Red blood cell nucleated morphology, Red blood cell sedimentation rate normal, Red cell distribution width normal, Thyroxine free normal, Very low density lipoprotein normal, Vitamin B12 normal, White blood cell count normal
SMQs:, Rhabdomyolysis/myopathy (broad), Agranulocytosis (broad), Dyslipidaemia (narrow), Haematopoietic erythropenia (narrow), Haematopoietic leukopenia (narrow), Peripheral neuropathy (broad), Haemorrhage laboratory terms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hyponatraemia/SIADH (broad), Lipodystrophy (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: Vencomicin
Diagnostic Lab Data: 4/30/21 Lyme IgG Negative 1 Blood Lab Lyme IgM Presumptive Pos 2 Blood Lab WBC 6.0 x10(3)/mcL (Normal is 4.5-11.0 x10(3)/mcL) Blood Lab RBC 4.61 x10(6)/mcL (Normal is 4.50-5.90 x10(6)/mcL) Blood Lab Hgb 14.5 gm/dL (Normal is 13.9-16.3 gm/dL) Blood Lab Hct 44.8 % (Normal is 41.0-53.0 %) Blood Lab MCV 97 fL (Normal is 80-100 fL) Blood Lab MCH 31.5 pg (Normal is 26.0-34.0 pg) Blood Lab MCHC 32.4 gm/dL (Normal is 31.0-37.0 gm/dL) Blood Lab RDW 12.4 % (Normal is 11.5-14.5 %) Blood Lab Platelet 156 x10(3)/mcL (Normal is 150-350 x10(3)/mcL) Blood Lab MPV 10.1 fL (Normal is 9.2-12.7 fL) Blood Lab NRBC % 0.0 % (Normal is 0.0-0.2 %) Blood Lab Neutrophil Auto 49.5 % (Normal is 31.0-76.0 %) Blood Lab Lymphocyte Auto 37.0 % (Normal is 24.0-44.0 %) Blood Lab Monocyte Auto 9.4 % (Normal is 2.0-11.0 %) Blood Lab Eosinophil Auto 2.8 % (Normal is 1.0-4.0 %) Blood Lab Basophil Auto 1.0 % (Normal is 0.0-2.0 %) Blood Lab Immature Granulocyte Auto 0 % Blood Lab Neutrophil Absolute 2.95 x10(3)/mcL (Normal is 1.50-7.80 x10(3)/mcL) Blood Lab Lymphocyte Absolute 2.21 x10(3)/mcL (Normal is 1.10-4.80 x10(3)/mcL) Blood Lab Monocyte Absolute 0.56 x10(3)/mcL Blood Lab Eosinophil Absolute 0.17 x10(3)/mcL Blood Lab Basophil Absolute 0.06 x10(3)/mcL Blood Lab Imm Gran Absolute 0.02 /mcL Blood Lab Glucose Level 97 mg/dL (Normal is 74-106 mg/dL) Blood Lab BUN 13 mg/dL (Normal is 7-18 mg/dL) Blood Lab Creatinine 0.8 mg/dL (Normal is 0.6-1.3 mg/dL) Blood Lab Sodium Level 142 mmol/L (Normal is 136-145 mmol/L) Blood Lab Potassium Level 3.8 mmol/L (Normal is 3.5-5.1 mmol/L) Blood Lab Chloride 111 mmol/L (Normal is 98-107 mmol/L) Blood Lab CO2 29 mmol/L (Normal is 21-32 mmol/L) Blood Lab Calcium Level 8.4 mg/dL (Normal is 8.5-10.1 mg/dL) Blood Lab Magnesium 2.3 mg/dL (Normal is 1.6-2.3 mg/dL) Blood Lab Total Protein 6.9 gm/dL (Normal is 6.4-8.2 gm/dL) Blood Lab Albumin Level 3.5 gm/dL (Normal is 3.4-5.0 gm/dL) Blood Lab Bili Total 0.93 mg/dL (Normal is 0.20-1.00 mg/dL) Blood Lab

ALT 24 IU/L (Normal is 13-61 IU/L) Blood Lab AST 16 IU/L (Normal is 15-37 IU/L) Blood Lab Alk Phos 45 unit/L (Normal is 45-117 unit/L) Blood Lab BUN/Creat Ratio 16 Blood Lab Osmol Calculated 283 mOsm/kg Blood Lab AGAP 6 Blood Lab A/G Ratio 1.0 Blood Lab eGFR AA $g60 mL/min/1.73 m2 Blood Lab eGFR NAA $g60 mL/min/1.73 m2 Blood Lab Total CK 123 IU/L (Normal is 39-308 IU/L) Blood Lab Chol 177 mg/dL Blood Lab Trig 103 mg/dL Blood Lab HDL 42 mg/dL Blood Lab LDL 114 mg/dL Blood Lab VLDL 21 mg/dL Blood Lab Chol/Trig 1.70 mg/dL Blood Lab Ldl/Hdl 2.7 mg/dL Blood Lab Hgb A1c 5.1 % (Normal is 4.2-5.6 %) Blood Lab T4 Free 0.97 ng/dL (Normal is 0.76-1.46 ng/dL) Blood Lab TSH 2.790 mcIU/mL (Normal is 0.360-3.740 mcIU/mL) Blood Lab 5/27/21 GGT 24 IU/L (Normal is 5-85 IU/L) Blood Lab LDH 219 IU/L (Normal is 87-241 IU/L) Blood Lab Folate Level $g20.0 ng/mL (Normal is 3.1-17.5 ng/mL) Blood Lab Vitamin B12 Level 303 pg/mL (Normal is 193-986 pg/mL) Blood Lab Lyme IgG Negative 1 Blood Lab Lyme IgM Presumptive Pos 2 Blood Lab 7/1/21 Sed Rate 2 mm/hr (Normal is 0-15 mm/hr) Blood Lab CRP 0.37 mg/dL (Normal is 0.00-0.29 mg/dL) Blood Lab
CDC Split Type:
Write-up: Fatigue, Muscle weakness, and soreness primarily in arms. Constant Numbness in arms, numbness in rest of body, washing feeling of numbness (Ice cold) sensation through body, when getting up from a resting state.

VAERS ID:	1501205 (history)	**Vaccinated:**	2021-07-24
Form:	Version 2.0	**Onset:**	2021-07-24
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	054C21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was administered their 2nd dose of Moderna from a vial that had been in the refrigerator for 31 days. Vial did not undergo any temp excursions but was technically expired since it was past day 30 of refrigeration. I called Moderna today, 7/25/21 to inquire about next

steps. Per current information available, I was informed that there is no recommendation in terms of whether or not to administer another dose, it is based on healthcare provider judgement. More than 2 doses have not been studied at this time. We will reach out to pt"s MD to get their opinion as well. Case has been sent to Moderna safety team and they will let us know if they have any additional info to provide.

VAERS ID:	1501536 (history)	**Vaccinated:**	2021-07-25
Form:	Version 2.0	**Onset:**	2021-07-25
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	091D21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chest discomfort, Chest pain, Discomfort, Dysstasia, Exposure during pregnancy, Fall, Feeling abnormal, Laboratory test, Respiration abnormal, Tremor, Uterine contractions during pregnancy
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Dementia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Normal pregnancy conditions and outcomes (narrow), Respiratory failure (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Unithroid 75 mcg Omeprazole OTC dose Prenatal Vitamin (OLLY)
Current Illness: Mild cough 5 days prior, no other symptoms. Healthy at time of appointment for several days.
Preexisting Conditions: Hashimoto"s Thyroidism Past history of thyroid cancer Celiac Disease Migraines with Aura
Allergies: Gluten (celiac disease) Mango
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pregnant: approximately 37 wks 3 days Due Date: August 11th Injection given. Approximately 15-30 seconds passed. Feeling that something was wrong, lasted only a second before I felt like my breathing was changing. Felt a pressure on all sides of me, heaviness. Each breath became harder to take. Called for help. Tried to stand but could not, fell to floor. Very

difficult to get in air at all. Crawled into room with technician who went for emergency supplies. Could not breath. Technician tried to administer one epi-pen, which failed to work. Administered a second. Within 5-10 seconds breathing began to improve. I began to shake uncontrollably. Chest pain /pressure started in center of chest. Unable to move from side of sit up without breathing suffering. I was taken by emergency services to the nearest hospital to make sure breathing/oxygen levels were stable. Taken to Hospital. Contractions started after about 15-20 minutes in the ambulance. The ER ran tests/labwork. I"m unaware of what they are. Once I was deemed stable for transfer, with contractions continuing, I was was transferred to Medical Center to be monitored at Labor and Delivery for potential early labor. I was discharged that evening when labor did not progress.

VAERS ID:	1501701 (history)	**Vaccinated:**	2021-05-20
Form:	Version 2.0	**Onset:**	2021-05-22
Age:	49.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Abdominal pain, Abdominal pain upper, Computerised tomogram, Diverticulitis, Endoscopy, Gastrointestinal inflammation, Gastrointestinal oedema, Hepatomegaly, Ovarian enlargement, Palpitations, Ultrasound pelvis
SMQs:, Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (broad), Angioedema (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific inflammation (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Noninfectious diarrhoea (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin d vitamin c
Current Illness: Lyme and Bartonella
Preexisting Conditions: Asthma
Allergies: sulfur, penicillin, dilauded, morphine
Diagnostic Lab Data: CT Scans Endoscopy Pelvic Ultrasound
CDC Split Type:

Write-up: Swelling of intestines (leading to severe diverticulitis-never had before) Swelling of ovary (5x) Swellng of liver Swelling of mesentery Spleen pain Stomach pain Heart palpitations Continued stomach and intestine issues

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VAERS ID:	1501780 (history)	**Vaccinated:**	2021-07-22
Form:	Version 2.0	**Onset:**	2021-07-23
Age:	52.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	051C21A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain upper, Arthralgia, Asthenia, Back pain, Decreased appetite, Disturbance in attention, Fatigue, Feeling abnormal, Headache, Pain, Photophobia, Sleep disorder
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Depression (excl suicide and self injury) (broad), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None so far
CDC Split Type:
Write-up: Approx 17hrs after receiving shot I started feeling a mild headache and trouble concentrating. I felt physically weaker and mild stomach ache with my eyes sensitive to light. The following morning I felt almost back to normal. The following evening 2 days after receiving shot I felt a lot of Upper back and shoulder pain. I felt like throwing up but did not. I only slept 3 hours that night and was physically soar. I ate only a can of chicken noodle soup and drank a can of ginger ale Sunday 7/25/21. I slept well last night but still feel tired and a little brain fog. I ate a good breakfast this AM and believe now three days after my second shot I will likely be almost back to normal.

VAERS ID:	1502301 (history)	**Vaccinated:**	2021-07-26
Form:	Version 2.0	**Onset:**	2021-07-26
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	054C21A / UNK	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt filled out intake form and denied that he had been vaccinated. When vaccination entered in medical record pt had already received Moderna 2 doses. Pt would not answer phone or return calls to discuss further.

VAERS ID:	1505017 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	41.0	**Days after vaccination:**	51
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Computerised tomogram, Deep vein thrombosis, Pulmonary embolism, Thrombosis, Ultrasound Doppler
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 2021; Test Name: CT scan; Result Unstructured Data: CT scan of his lungs. He was diagnosed as having Deep Vein Thrombosis (DVT); Test Date: 2021; Test Name: ultrasound; Result Unstructured Data: An ultrasound of his heart and legs. He was diagnosed as having Deep Vein Thrombosis (DVT)
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: a month and a half after receiving the vaccine, I developed blood clots in legs; I was diagnosed with DVT; it travelled to the lungs; This spontaneous case was reported by a consumer and describes the occurrence of THROMBOSIS (a month and a half after receiving the vaccine, I developed blood clots in legs), DEEP VEIN THROMBOSIS (I was diagnosed with DVT) and PULMONARY EMBOLISM (it travelled to the lungs) in a 41-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 031L20A and 026L20A) for COVID-19 vaccination. No Medical History information was reported. On 09-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 06-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. In March 2021, the patient experienced THROMBOSIS (a month and a half after receiving the vaccine, I developed blood clots in legs) (seriousness criteria hospitalization and medically significant), DEEP VEIN THROMBOSIS (I was diagnosed with DVT) (seriousness criteria hospitalization and medically significant) and PULMONARY EMBOLISM (it travelled to the lungs) (seriousness criteria hospitalization and medically significant). The patient was treated with APIXABAN (ELIQUIS) in March 2021 for Deep vein thrombosis, at a dose of UNK dosage form. At the time of the report, THROMBOSIS (a month and a half after receiving the vaccine, I developed blood clots in legs), DEEP VEIN THROMBOSIS (I was diagnosed with DVT) and PULMONARY EMBOLISM (it travelled to the lungs) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Computerised tomogram: he was diagnosed as having deep vein thrombosis (abnormal) CT scan of his lungs. He was diagnosed as having Deep Vein Thrombosis (DVT). In 2021, Ultrasound Doppler: he was diagnosed as having deep vein thrombosis (abnormal) An ultrasound of his heart and legs. He was diagnosed as having Deep Vein Thrombosis (DVT). Patient reports having to be hospitalized overnight, one month after vaccination. He stated that he was previously a healthy male with no underlying health conditions. Concomitant medications were not provided. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

VAERS ID:	1505732 (history)	**Vaccinated:**	2021-07-23
Form:	Version 2.0	**Onset:**	2021-07-23
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA6780 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fall, Head injury, Loss of consciousness, Nausea
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient describes feeling extremely nauseous and fell unconscious and hit her body on a table when she passed out.

VAERS ID:	1505814 (history)	**Vaccinated:**	2021-07-26
Form:	Version 2.0	**Onset:**	2021-07-27
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril, escitalopram
Current Illness:
Preexisting Conditions: hypertension
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache, body aches, chills, nausea, fever

VAERS ID:	1508471 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	24.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VITAMIN D3; MAGNESIUM
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021480183
Write-up: Extreme dizziness; This is a spontaneous report from a contactable consumer, the patient. A 24-year-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0172) via an unspecified route of administration in the arm left on 24Apr2021 at 18:30 as a single dose(at the age of 24-years-old) for COVID-19 immunisation. Concomitant medications included cholecalciferol (VITAMIN D3) from unknown date for unknown indication, magnesium supplement (MANUFACURER UNKNOWN) from unknown date for unknown indication and multivitamin (MANUFACURER UNKNOWN) from unknown date for unknown indication. The patient previously took cefdinir. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 28Apr2021 at 06:00, the patient experienced extreme dizziness. Therapeutic measures taken were not reported. The clinical outcome of the event extreme dizziness was not resolved at the time of the report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1508514 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-25
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 2	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature, Chills, Cough, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LISINOPRIL; BAYER BACK & BODY PAIN; ASPRIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Environmental allergy; Sinus infection (Chronic sinus infections); Upper respiratory disorder (chronic upper respiratory issues)

Allergies:
Diagnostic Lab Data: Test Name: Body temperature; Result Unstructured Data: Test Result:100.8; Comments: slight increase in temp (no higher than 100.8) for 24 hours
CDC Split Type: USPFIZER INC2021480864
Write-up: loose cough; chills; slight increase in temp (no higher than 100.8) for 24 hours; This is a spontaneous report from a contactable consumer, the patient. A 61-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: ER8736) via an unspecified route of administration in the arm left on 24Apr2021 at 11:30 (at the age of 61-year-old) as a single dose for COVID-19 immunisation. Medical history included environmental allergy, sinus infection (Chronic sinus infections) and upper respiratory disorder (chronic upper respiratory issues). Concomitant medications included lisinopril (MANUFACTURER UNKNOWN), acetylsalicylic acid, caffeine (BAYER BACK & BODY PAIN) and acetylsalicylic acid (ASPRIN) from unknown dates taken for unknown indications. The patient previously took erythromycin (MANUFACTURER UNKNOWN) for unknown indication on unknown date. The patient previously took first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: ER2613) via an unspecified route of administration in the arm left on 03Apr2021 at 13:45 (at the age of 61-year-old) as a single dose for COVID-19 immunisation. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the COVID vaccine. On 25Apr2021 at 07:30, the patient experienced incredible chills, slight increase in temp (no higher than 100.8) for 24 hours, and a cough. It had been 5 days and the patient still had a loose cough that the patient was concerned about and the patient would like to talk to someone before making an appointment with her physician to discuss a course of treatment and need to know about medications that her physician normally prescribes for upper respiratory problems vs. vaccine ingredients. The clinical outcome of the event loose cough was not recovered at the time of this report. The clinical outcome of the event slight increase in temp (no higher than 100.8) for 24 hours and chills was unknown at the time of this report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1508526 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	38.0	**Days after vaccination:**	22
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FR8737 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Pyrexia, Vaccination site pain
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METFORMIN; ATORVASTATIN; ASPRIN; GLIMEPIRIDE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Cholesterol high; Diabetes
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021481194
Write-up: Headache; Feverish; Pain in injection side after one day of vaccine; This is a spontaneous report from a contactable consumer, the patient. A 38-year-old male patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: FR8737) via an unspecified route of administration in the arm left on 07Apr2021 at 12:00 (at the age of 38-years-old) as a single dose for COVID-19 immunisation. Medical history included diabetes and cholesterol high. Concomitant medications included metformin hydrochloride 1000 (METFORMIN), atorvastatin 40 (MANUFACTURER UNKNOWN), acetylsalicylic acid 81 (ASPRIN) and glimepiride 4 (MANUFACTURER UNKNOWN). Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 29Apr2021 at 08:00, the patient experienced headache, feverish, pain in injection side after one day of vaccine. The clinical outcome of the event headache, feverish, vaccination site pain was not resolved at the time of this report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1508575 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-24
Age:	35.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0151 / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Menstruation irregular
SMQs:, Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021488044
Write-up: menstrual cycle changed; This is a spontaneous report from a contactable consumer, the patient. A 35-year-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: ew0151), via an unspecified route of administration in the left arm on 22Apr2021 at 10:00 (at the age of 35-year-old), as a single dose for COVID-19 immunisation. Medical history was reported as none. Concomitant medication was not reported. The patient did not have any history of past drug therapy. The patient did not receive any other vaccines within four weeks prior to the vaccination. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. On 24Apr2021 at 07:00, the patient believed that the vaccine changed menstrual cycle. The patients period began about a week earlier than expected, about 24 days after previous period ended. The patient did not experience any other additional symptoms. The clinical outcome of the event menstrual cycle changed was unknown. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1508638 (history)	**Vaccinated:**	2021-05-19
Form:	Version 2.0	**Onset:**	2021-05-19
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0186 / 1	LA / OT

Administered by: Other **Purchased by:** ?
Symptoms: Anxiety, Dizziness, Feeling abnormal, Mood altered, Pain in extremity, Tenderness
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021574922
Write-up: feeling a little bit off; she moves it is when it hurts, it''s tender.; she doesn''t know how to explain, its an odd feeling; getting a little bit panicky; lightheaded; arm tenderness; This is a spontaneous report from a contactable consumer or other non-health care professional (Patient). A 66-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot Number: EW0186 and expiration date was not reported), first dose via intramuscular route of administration, administered in arm left on 19May2021 11:00 (at the age of 66 year old) as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 19May2021 16:00 patient experienced arm tenderness. On 20May2021 the patient experienced lightheaded, feeling a little bit off and patient stated that she moves it is when it hurts, it''s tender and she doesn''t know how to explain, its an odd feeling, getting a little bit panicky. Patient enquired with the first shot, since she did not experience severe allergic reactions/side effect she should be ok with the second dose. The outcome of the events arm tenderness, feeling a little bit off, she moves it is when it hurts, its tender were not recovered. The outcome of other events were unknown. Follow-up attempts are completed. No further information is expected.

VAERS ID:	1509569 (history)	**Vaccinated:**	2021-07-24
Form:	Version 2.0	**Onset:**	2021-07-26
Age:	53.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0182 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Lymph node pain, Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CARTIA XT 180 mg ER Multivitamin Fish Oil
Current Illness: None that aware of.
Preexisting Conditions: Essential HTN, hyperlipidemia
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chills began on 7/25 afternoon, then on 7/26/21 in the AM he awoke with swollen lymph node in L underarm the "size of a tennis ball" and tenderness

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VAERS ID:	1512000 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	56.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 2	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Migraine, Vertigo
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Migraine; Penicillin allergy (known allergies Penicillin); Seizures
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021893492
Write-up: Massive increase in migraines from 6 a year to 3-6 a week. Also dizzy all the time and struggling with vertigo (neither were present before); Massive increase in migraines from 6 a year to 3-6 a week. Also dizzy all the time and struggling with vertigo (neither were present before); Massive increase in migraines from 6 a year to 3-6 a week. Also dizzy all the time and struggling with vertigo (neither were present before); This is a spontaneous report from a contactable

consumer (patient). A 56-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) dose 2 via an unspecified route of administration, administered in right arm on 09Apr2021 13:00 (at the age of 56-year-old) (Batch/Lot Number: EW0158) as dose 2, single for covid-19 immunisation. Medical history included migraines, Seizure Disorder, and Penicillin Allergy. The patient was not pregnant. Concomitant medications were not reported but patient had other medications in two weeks. The patient had no other vaccine in four weeks. The patient received first dose of bnt162b2 for covid-19 immunisation on 19Mar2021 (at the age of 56-year-old). On 23Apr2021, the patient experienced massive increase in migraines from 6 a year to 3-6 a week and also was dizzy all the time and struggling with vertigo (neither were present before). The events resulted in doctor or other healthcare professional office/clinic visit, and disability or permanent damage. There were no therapy for the events. The patient had no covid prior vaccination and patient was not covid tested post vaccination. Outcome of events was not recovered.

VAERS ID:	1514436 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-07-27
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-07-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	203A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Body temperature, Muscle spasms, Nausea, Oropharyngeal pain, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Knee ligament repair; Comments: No known allergies.
Allergies:
Diagnostic Lab Data: Test Date: 20210727; Test Name: Body temperature; Result Unstructured Data: 100.5 F; Comments: About 12 hours after vaccination
CDC Split Type: USJNJFOC20210760587
Write-up: SORE THROAT; LEFT SIDE OF BODY WAS SORE AND ACHY (UNDER THE ARM, BREAST AND BACK); MUSCLE SPASM ON THE BACK OF RIBCAGE AND KNEE; FEVER;

NAUSEA; This spontaneous report received from a parent concerned an 18 year old female. The patient''s weight was 120 pounds, and height was 62 inches. The patient''s past medical history included anterior cruciate ligament surgery of the knee, and other pre-existing medical conditions included no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 203A21A and expiry: Unknown) dose was not reported, administered on 26-JUL-2021 15:30 for prophylactic vaccination. No concomitant medications were reported. On 27-JUL-2021, the subject experienced sore throat. On 27-JUL-2021, the subject experienced left side of body was sore and achy (under the arm, breast and back). On 27-JUL-2021, the subject experienced muscle spasm on the back of ribcage and knee. On 27-JUL-2021, the subject experienced fever. On 27-JUL-2021, the subject experienced nausea. Laboratory data included: Body temperature (NR: not provided) 100.5 F. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from fever, and the outcome of sore throat, nausea, left side of body was sore and achy (under the arm, breast and back) and muscle spasm on the back of ribcage and knee was not reported. This report was non-serious.

VAERS ID:	1514481 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-07-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Myocarditis
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202100917570
Write-up: Myocarditis; This is a spontaneous report from a contactable physician through a Pfizer

sales representative. A patient of an unspecified age and gender received BNT162B2 (Pfizer-Biontech Covid-19 Vaccine) at single dose, on an unspecified date, for COVID-19 immunisation. Relevant medical history and concomitant medications were unknown. On an unspecified date, after the vaccination the patient experienced myocarditis. Treatment was received. Clinical outcome of the adverse event was unknown at time of this report. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Sender''s Comments: Based on the current available limited information and the plausible drug-event association, a possible contributory role of the suspect product BNT162B2 to the development of the event cannot be fully excluded.

VAERS ID:	1514583 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Axillary pain, Fatigue, Lymph node pain, Lymphadenopathy, Vaccination site swelling
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin d; LEVOXYL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hashimoto''s disease (Hashimotos)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021383356
Write-up: Extremly fatigued; Right arm also feels swollen where injected.; Swollen right armpit with lumps. Not sure if they are swollen lymph nodes. Very tender and sore.; Swollen right armpit with lumps. Not sure if they are swollen lymph nodes. Very tender and sore.; Swollen right armpit with lumps. Not sure if they are swollen lymph nodes. Very tender and sore.; This is a

spontaneous report from a contactable consumer, the patient. A 48-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration in the arm right on 05Apr2021 at 12:00 (at the age of 48-year-old) as a single dose for COVID-19 immunisation. Medical history included Hashimoto''s disease. Concomitant medications included vitamin d (MANUFACTURER UNKNOWN) and levothyroxine sodium (LEVOXYL); both from unknown date for unknown indication. The patient previously received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration in the arm right on 22Mar2021 at 12:00 (at the age of 48-year-old) as a single dose for COVID-19 immunisation and took Codeine and Vicodin; both on unknown date for unspecified indication and experienced drug allergy Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 05Apr2021 at 15:00 within three hours of vaccination, the patient experienced swollen right armpit with lumps and not sure if they are swollen lymph nodes, very tender and sore, right arm also feels swollen where injected and extremely fatigued. The events did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. The patient did not receive any treatment for the reported events. The clinical outcome of the events swollen lymph node, lymph node tenderness, armpit pain, fatigue and vaccination site swelling were not recovered. No follow-up attempts are needed; information about lot/batch number cannot be obtained.

VAERS ID:	1514613 (history)	**Vaccinated:**	2021-03-30
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	64.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Myalgia, Pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HYDROCHLOROTHIAZIDE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high (High blood

pressure)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021388279
Write-up: Joint pain in my shoulder and upper arm; Joint pain in my shoulder and upperarm; Joint pain in my shoulder and upperarm making it difficult to raise my armto put my arm in the sleeve of a t-shirt.Any movement out to the side ispainful.; Burning sensation when press along the deltoid muscle; This is a spontaneous report from a non-contactable consumer, the patient. A 64-year-old female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: ER8734) via an unspecified route of administration in the arm left on 30Mar2021 at 11:30 (at the age of 64-years-old) as a single dose for COVID-19 immunisation. Medical history included blood pressure high. Concomitant medications included hydrochlorothiazide (MANUFACTURER UNKNOWN) for unknown indication from an unknown date. The patient had no known allergies to medications, food or other products. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the COVID-19 vaccine. On 04Apr2021, the patient experienced joint pain in shoulder and upper arm making it difficult to raise arm to put the arm in the sleeve of a T-shirt. Any movement out to the side was painful. The patient experienced burning sensation when press along the deltoid muscle. The events did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. No therapeutic measures were taken as a result of the events. The clinical outcome of the events pain in joint involving the shoulder region, pain in arm, pain upon movement and muscle burning sensation were not recovered at the time of this report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1515080 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	44.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-07-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EWO172 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Antibody test normal, Antinuclear antibody, Arthralgia, C-reactive protein normal, Differential white blood cell count normal, Ehrlichia test, Fatigue, Feeling abnormal, Full blood count normal, Joint swelling, Metabolic function test, Red blood cell sedimentation rate normal, Rheumatoid factor negative, Vitamin D
SMQs:, Dementia (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: asthma
Allergies: Medications: none Food: hayfever type allergies to avocados, bananas, some tree nuts
Diagnostic Lab Data: 07/12/2021 C-REACTIVE PROTEIN Received - Normal 07/12/2021 COMPREHENSIVE METABOLIC PANEL (CMP) Received - Normal 07/12/2021 CBC (INCLUDES DIFF/PLT) Received - Normal 07/12/2021 ANA MULTIPLEX W/REFLEX 11 AB CASCADE Received - Normal 07/12/2021 SED RATE BY MODIFIED WESTERGREN Received - Normal 07/12/2021 TICK BORNE DISEASE, ANTIBODY PANEL Received - Negative 07/12/2021 RHEUMATOID FACTOR Received - Normal 07/12/2021 VITAMIN D,25-OH,TOTAL,IA Received - Normal
CDC Split Type:
Write-up: Brain fog, chronic fatigue, moderate to severe joint pain, joint swelling, chronic fatigue, atypical exercise response (exercise induces excess fatigue)

VAERS ID:	1518231 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-07-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Dyspnoea, Fatigue, Headache, Palpitations
SMQs:, Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021476717
Write-up: heart palpitations; shortness of breath; headaches; fatigue; This is a spontaneous report from a contactable consumer or other non hcp (Patient) from a Pfizer sponsored program regulatory authority. A patient of unspecified age and gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation solution for injection, batch/lot number was not reported) via an unspecified route of administration on an unspecified date as dose 2, single dose for covid-19 immunization. The patient medical history and concomitant medications were not reported. The patient previously received first dose bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) on an unspecified date, as single dose for COVID-19 immunization. It was reported by the patient that it has been over two weeks since his/her second dose of the Covid 19 vaccination and from an unspecified date he/she continued to have heart palpitations, headaches and fatigue as well as shortness of breath. Patient was concerned that these side effects are lasting so long and wanted advise. The outcome of all the events was not recovered. No follow-up attempts are needed. information about lot/batch number cannot be obtained.

VAERS ID:	1519577 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	46.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040821A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Anxiety, Aphasia, Asthenia, Cognitive disorder, Cognitive test, Confusional state, Depression, Executive dysfunction, Fatigue, Feeling abnormal, Magnetic resonance imaging normal, Memory impairment, Scan with contrast normal
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Depression (excl suicide and self injury) (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan Methylphenidate Guanfacine Atorvastatin
Current Illness: N/A

Preexisting Conditions: Coronary Disease, Hypertension
Allergies: None
Diagnostic Lab Data: MRI w/Contrast - clear. 5/21/21 MOCA of 28/30, patient with high cognitive reserves is diminished and easily fatigue by cognitive switching.
CDC Split Type:
Write-up: Increased Confusion, Increased Brain Fog, Decreased Short Term Memory and other executive function. Aphasia Debilitating Fatigue, Anxiety. Depressive features. Differential diagnosis includes Psuedodementia or Frontal Lobe Dementia.

VAERS ID:	1520020 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-06-17
Age:	63.0	**Days after vaccination:**	99
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022M20A / 1	AR / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007B21A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain, Asthenia, Body temperature increased, Computerised tomogram, Dizziness, Gastrointestinal tube insertion, Heart rate increased, Intestinal resection, Oxygen saturation decreased, Sepsis, Small intestinal obstruction, Vomiting, White blood cell count increased
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal obstruction (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Sepsis (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 6 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: metformin, rosuvastatin, aspirin, Eye Promise Restore
Current Illness: None

Preexisting Conditions: Diabetes
Allergies: simvastatin
Diagnostic Lab Data: CAT scan, WBC elevated
CDC Split Type:
Write-up: Abdominal pain, vomiting, weakness, felt like passing out (symptoms) ER & hospitalization NG tube inserted Patient became septic w/elevated temperature, oxygen level dropped, elevated heart rate & increased abdominal pain Surgery for small intestinal obstruction

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VAERS ID:	1520218 (history)	**Vaccinated:**	2021-07-31
Form:	Version 2.0	**Onset:**	2021-07-31
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA7484 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Not Applicable. No symptoms reported
CDC Split Type:
Write-up: Patient came to pharmacy with father to receive the first Covid vaccine from Pfizer. Father reported that the patient''s DOB at the time of service and the patient was given the vaccine as directed follow the CDC guidance. Upon billing the patient, a search was conducted to find the patient most current insurance in which her insurance rejected the claim reporting the patient''s registered DOB as on their records. When following up with the patient''s father to reconfirm the date of birth, the parents were not able to be reached and have not made a return call.

VAERS ID:	1522929 (history)	**Vaccinated:**	2021-04-17
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	39.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0169 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain, Arthralgia, Cholelithiasis, Dyspnoea, Fatigue, Full blood count, Gait inability, Headache, Inflammation, Lipase, Metabolic function test, Ultrasound abdomen, Ultrasound biliary tract, Urine analysis, Weight decreased
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dystonia (broad), Acute central respiratory depression (broad), Gallbladder related disorders (narrow), Gallstone related disorders (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: L -Theanine 200 mg/day
Current Illness: None
Preexisting Conditions: Ehlers Danlos- Hypermobility Celiac
Allergies: Gluten Free/Celiac
Diagnostic Lab Data: Ultra sound of Gallbladder 5/6/21 ER Visit 7/13: ultrasound of gallbladder Jul 13, 2021 Lab POCT URINE DIPSTICK, CLINITEK Jul 13, 2021 Imaging US ABDOMEN LIMITED Jul 13, 2021 Lab COMPLETE BLOOD COUNT AND DIFFERENTIAL Jul 13, 2021 Lab COMPREHENSIVE METABOLIC PANEL (CMP) Jul 13, 2021 Lab LIPASE Jul 13, 2021
CDC Split Type:
Write-up: After the vaccine, I felt tired as I expected. Around 8:00 that night I got a very bad headache and went to bed. I woke up at 2:00am to horrid abdominal pain. It lasted about 3 hours and during that time, I could not walk or catch my breath. I figured it was a one time reaction. After that night, I had multiple times where I would double over and not be able to walk or talk. In the first week after the shot I lost 11 pounds. I continued to have daily headaches for 6 weeks after. 2 years ago my dr''s found that I had a gallstone after some imaging done of my kidneys. It had never bothered me, until hours after getting the vaccine. My doctors felt the shot brough on inflammation which triggered an underlying issue (gallstones). With a low fat diet, acupuncture and time my gallbladder attacks happened less frequently until 7/13. I had a horrid gallbladder

attack and it landed me in the Emergency Room. I have a surgical consult scheduled for 8/10 to have my gallbladder removed. I am down to 104 pounds. My joints are all very sore from my strict diet and Ehlers Danlos.

VAERS ID:	1523137 (history)	**Vaccinated:**	2020-12-22
Form:	Version 2.0	**Onset:**	2020-12-23
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	UN / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthma, Bronchoscopy abnormal, Computerised tomogram head, Computerised tomogram thorax abnormal, Condition aggravated, Cough, Differential white blood cell count, Dyspnoea, Eosinophil percentage increased, Eosinophilic pneumonia chronic, Full blood count, Lung opacity, Pneumothorax
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Interstitial lung disease (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: influenza vaccine 2020
Other Medications: ascorbic acid, calcium/magnesium/zinc, cholecalciferol, gabapentin, levalbuterol, loratadine, turmeric, vitamin B complex
Current Illness: mild persistent eosinophilic asthma
Preexisting Conditions: latent TB
Allergies: doxycycline (nausea), levofloxacin (syncope), influenza vaccine (arm swelling)
Diagnostic Lab Data: CBC with differential (5/20/21), CT chest (6/10/21), bronchoscopy (7/16/21), CT sinuses (7/30/21)
CDC Split Type:
Write-up: Patient"s asthma worsened after vaccination - increased cough and dyspnea. CT chest in June showed multifocal pulmonary opacities. Bronchoscopy with lingula collapse and 44% eosinophils consistent with chronic eosinophilic pneumonia, now on prednisone.

VAERS ID:	1523318 (history)	**Vaccinated:**	2021-01-26
Form:	Version 2.0	**Onset:**	2021-02-05
Age:	43.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood pressure increased, Cardiac monitoring, Dyspnoea, Palpitations
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Hypertension (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: I started having what I would describe air hunger, not SOB, I felt like did not feel right when I took breaths. There was something going wrong with my breathing. I started to have a lot of heart palpitations, I felt like my heart was having an extra beat, pounding and it would come and go for several months this was going on. I wore Z-patch a cardiac monitor. My blood pressure was elevated when I went to doctor''s office and I do not know what caused this if it was due to the air hunger symptoms. The palpitations have gone away but the air hunger thing has improved but occasionally I still have it, and I don''t feel right unless I take a deep breath. I do not have lot# to provide.

VAERS ID:	1526006 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	45.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007B21A / 2	LA / SYR

Administered by: Military **Purchased by:** ?
Symptoms: Balance disorder, Condition aggravated, Migraine, Vertigo
SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: topiramate, naproxen sodium, omeprazol, montukelaast, cetirizine, hydroxyzine
Current Illness: None
Preexisting Conditions: Migraines, vertigo
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Increase in migraine intensity and frequency almost immediately after the injection. Soon thereafter an increase in vertigo episodes that have yet to decrease. Balance has also been bad and not gotten much better.

VAERS ID:	1526241 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	37.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dysmenorrhoea, Fatigue, Impaired driving ability, Thyroid function test abnormal
SMQs:, Hypothyroidism (broad), Hyperthyroidism (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu shot; happened long time ago, allergic reaction gave me a terrible rash and my stomach hurt and my throat hurt a lot.

Other Medications: Levothyroxine, Cytonel
Current Illness:
Preexisting Conditions: Thyroid, psoriasis, Haschimoto" s disease
Allergies: Propolis, Cobalt, chemicals in cleaning products, stuff in car fluids, intolerances to gluten, soy, peanuts and diary, Thimerosal
Diagnostic Lab Data: lab work to be scheduled next week
CDC Split Type: vsafe
Write-up: My cramps have been progressively worsen in may 2021. I started to get cramps during my periods. I never ever had cramps. Since I gotten my period, my cramps have gotten worse and I physically can not do anything. This is completely new to me. I feel like I am being stabbed inside and I also have extreme exhaustion during the middle of the day. This is an every day thing with my extremely exhaustion. It is very hard for me to stay awake and it makes me nervous to drive and I have to catch myself from falling asleep at the wheel. My thyroid hormones were normal before the vaccine and now my numbers in my thyroid are off and I am working on this with my doctor to manage it. I will be going to get blood work next week with Dr.

VAERS ID:	1528389 (history)	**Vaccinated:**	2021-08-03
Form:	Version 2.0	**Onset:**	2021-08-03
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0180 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Incorrect dose administered, Product preparation error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ACETAMINOPHEN 325MG , Start: 08-03-2021, Stop: 08-06-2021 CITALOPRAM 20MG , Start: 07-23-2021, Stop: 08-21-2021 DOCUSATE SOD 100MG , Start: 07-29-2021, Stop: 08-28-2021 HYDROXYZINE HCL 25MG , Start: 07-23-2021, Stop: 08-21
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: Ceclor and PCN
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient was given Pfizer vaccine without diluting. Was also given 0.5ml verses the

0.3ml ordered.

VAERS ID:	1528733 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-06-27
Age:	57.0	**Days after vaccination:**	62
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	044B21A / 2	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Blood test, Cardiomyopathy, Catheterisation cardiac, Condition aggravated, Echocardiogram, Electrocardiogram, Myocardial infarction
SMQs:, Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Cardiomyopathy (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Baclofen, gabapentin, Keppra, propranolol, Clonazapam, multivitamin, vitamin D, Herbals: TravaCor, Pure memory pro
Current Illness: Injury recovery severe MVA12/2017 including spleen removal, lacerated liver, collapsed lung, TBI,
Preexisting Conditions: See above including neurological damage REPORTING EVENT on 6/27/01 - Takotsubo Cardiomyopathy
Allergies: Demerol, Xanax, hctz, metoprolol
Diagnostic Lab Data: 6/27/21: EKG, bloodwork, indicated heart attack 6/29 catheterization with dye resulted in takotsubo cardiomyopathy diagnPsi?s and echocardiogram
CDC Split Type:
Write-up: Takotsubo Cardiomyopathy on 06/27/2021 Hospitalized and released 07/01/2021 Active, healthy, never had any prior heart issues. Happened the morning after a bike ride.

VAERS ID:	1529017 (history)	**Vaccinated:**	2021-02-04
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	53.0	**Days after vaccination:**	86
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030620A / UNK	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Condition aggravated, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Mild tinnitus
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Increased tinnitus. Additional pitch of ringing, increased ?volume?, and more often.

VAERS ID:	1529091 (history)	**Vaccinated:**	2021-08-05
Form:	Version 2.0	**Onset:**	2021-08-05
Age:	24.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	206A21A / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Cold sweat, Dizziness, Feeling abnormal, Hyperhidrosis, Pallor, Paraesthesia, Vomiting
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations: had some aniexty feeling after vaccine in highschool over 6 years ago.
Other Medications: Uses marojuana on a regular basis
Current Illness: none
Preexisting Conditions: Aniexty and depression
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Ten minutes after receive vaccine patient stated he feeling off then began to feel sweaty, nauseated, and the vomited x1, had some tingling in fingers and became pale. Vitals taken at 12:37 Bp 100/60 p 80 respiration 24 oz sat 99. Pt was calmy to the touch but remained coherent. felt slightly faint but refused to lay on cot. Gave well cloth and by 12:50 color was returning BP was 110/70 p 76 and os sat 99. Tingling was dissipating from fingers. Color was returning to face and body and less clammy. Remained being observed until 1:10 total of 50+ minutes. Bp 112/72 p 72. o2 sat 99. Escorted to car with driver. told to relax this afternoon and if any further symptoms arise call MD or go to ER.

VAERS ID:	1531583 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-07-22
Age:	42.0	**Days after vaccination:**	105
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Deep vein thrombosis, Ultrasound Doppler abnormal
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: lisinopril
Current Illness: no
Preexisting Conditions: hypertension, PVC, asthma
Allergies: no
Diagnostic Lab Data: ultrasound 8/3/21
CDC Split Type:
Write-up: DVT of right leg

VAERS ID: 1531712 (history)		**Vaccinated:**	2021-08-04
Form:	Version 2.0	**Onset:**	2021-08-05
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	58160-0823-11 / UNK	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Disorientation, Eye irritation, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Corneal disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: zaleplon 10 mg, propranolol 80 mg, topiramate 37 mg fish oil, zinc, vit C, Calcium/magnesium/zinc, D3-K2, CBD 20 mg, claritin
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: severe body aches, fever of +3-4 degrees above normal temp, chills, headache, burning eyes, disorientation. This lasted for about 12-14 hours.

VAERS ID: 1534374 (history)		**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 2	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Pain in extremity, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021400913
Write-up: left face cheek got tingly feeling; Left hand, left foot got tingly feeling; Very sore and throbbing arm where vaccine was/ forearm and top of hand had pain off and on all day; This is a spontaneous report from a contactable consumer, the patient. A 56-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: ER8737) via an unspecified route of administration in the left arm on 06Apr2021 at 09:45 (at the age of 56-year-old) as a single dose for COVID-19 immunisation. Medical history and concomitant medications were not reported. The patient previously took the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot number: EN6204) via an unspecified route of administration in the left arm on 16Mar2021 at 09:30 (at the age of 56-year-old) as a single dose for COVID-19 immunisation. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 06Apr2021 at 11:45, 2 hours after the vaccination, the patient left hand and left foot and left face cheek got a tingly feeling. Face tingling went away about 7 hours later. Hand and foot tingly next day. On the same day, the patient also experienced a very sore and throbbing arm where the vaccine was and the patient forearm and top of hand had pain off and on all day. The vaccine was taken on tuesday morning and by friday was pretty much gone. Just a little sore arm. Therapeutic measures were not taken as a result of the events. The events did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. The clinical outcome of the event face tingling resolved on 06Apr2021, after the duration of 7 hours. The clinical outcome of the event left hand and left foot tingly feeling was resolved on 07Apr2021. The clinical outcome of the event very sore and throbbing arm where the vaccine was/ forearm and top of hand had pain off and on all day was resolving at the time of the report. No follow-up attempts are needed. No further information is expected.

VAERS ID: 1534695 (history)		**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-07-09
Age:	68.0	**Days after vaccination:**	73
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test normal, Dizziness, Electrocardiogram normal, Feeling abnormal, Nausea, Vertigo
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine; Atorvastatin
Current Illness:
Preexisting Conditions:
Allergies: Noroxin; Shrimp; Corn Intolerance
Diagnostic Lab Data: Blood Work, EKG
CDC Split Type: vsafe
Write-up: Six weeks after the second dose I was driving on a long trip. When I got out of the car, I felt really dizzy. I was dizzy for days and it was not improved. It was intermittent during the day and came on with movement. It was like feeling fuzzy headed. Sometimes it happened during the night. I went to the Emergency room and all testing was negative. I was given some nausea medicine. I still have some Vertigo after three weeks. It is a little better because I avoid those movement that make it worse.

VAERS ID: 1534900 (history)		**Vaccinated:**	2021-08-06
Form:	Version 2.0	**Onset:**	2021-08-06
Age:	22.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	FA7484 / 2	LA / IM

PFIZER/BIONTECH		

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hypoaesthesia, Limb discomfort, Musculoskeletal discomfort, Pain of skin
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: previous reaction to first dose of covid vaccine (arm pain, unable to move arm)
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported feeling tightness/numbness in arm after injection. Upon observation, she said she also felt it in her back. Injection was correctly placed into the delt (made the "c" with my hand). I made sure she was having no numbness, she could feel me touching her. No bruising or redness. Patient did divulge that she had severe pain with first pfizer dose as well (had trouble moving arm for a few days). Followed up with patient on 8/7, she said the numbness was okay but that she was having "pain in her skin everywhere". She described it as feeling like the flu, when I pressed her she said it was not muscular but the skin itself. Injection site is also sore again, she is unable to lift arm. Reported normal adverse reactions such as malaise and fever. She said icing the injection site helps. She is alternating ibuprofen and acetaminophen but doesn''t feel it''s helping. Advised patient to continue analgesics and icing and to check in with physician if continues.

VAERS ID:	1535528 (history)	**Vaccinated:**	2021-06-23
Form:	Version 2.0	**Onset:**	2021-07-14
Age:	32.0	**Days after vaccination:**	21
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Herpes zoster, Pain, Pruritus, Rash, Skin sensitisation
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Developed terrible itchiness, then significant sensitivity, then pain and rashes on the right thigh. This was diagnosed as shingles, which has lasted several weeks and is still continuing. Treatment has included a course of Prednisone.

VAERS ID:	1535932 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	82.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / IM

Administered by: Other **Purchased by:** ?
Symptoms: Bell's palsy, Blood test, Hemiplegia
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Actemra infusion every 4 weeks, Prolia injections every 6 mos, methotrexate 2.5mg weekly, folic acid 1mg daily, calcium carbonate 600mg twice a day, vitamin D 3000units daily, duloxetine 20mg daily, carvedilol 3.125mg twice daily, omeprazol
Current Illness: No acute illnesses
Preexisting Conditions: Rheumatoid arthritis (generalized), Hypertension, Heart failure with reduced EF, Chronic pain, osteoporosis, chronic vaginitis
Allergies: no true medications allergies, just intolerances. Aspirin caused gastric ulcer,

chlorthalidone caused hyponatremia, amlodipine caused edema, mirtazipine caused confusion
Diagnostic Lab Data: Blood work was done in the ER on 4/12/21, but no imaging, as the diagnosis was clear clinically on exam.
CDC Split Type:
Write-up: Patient received her second Moderna vaccine on 3/18/21 and then her monthly Actemra infusion for her RA on 4/1/21. The weekend after (4/3-4/4/21) her Actemra infusion (which incidently she has been doing for 3 years monthly without side effects), she developed right-sided Bell''s Palsy. When it did not improve, she went to the ER at the local hospital on 4/12/21 and the diagnosis was confirmed and she was started on Valtrex even though the symptoms had been present over 5 days. I last saw patient in follow-up on 7/23/21 and while she has had some improvement, she still cannot smile on the right or fully close her eye on the right side.

VAERS ID:	1537585 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-31
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Erythema, Hyperhidrosis, Influenza like illness, Lethargy, Pruritus, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 6-MERCAPTOPURINE MONOHYDRATE
Current Illness: Crohn''s
Preexisting Conditions: Medical History/Concurrent Conditions: Cold; Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: CHRON''S DISEASE, Start Date: 20000101, Continue: true
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: flu like symptoms; lethargy; Sweats; Chills; Fever but no temperature; red, itching arm; itching arm; This spontaneous case was reported by a pharmacist (subsequently medically confirmed) and describes the occurrence of HYPERHIDROSIS (Sweats), CHILLS (Chills),

PYREXIA (Fever but no temperature), ERYTHEMA (red, itching arm) and PRURITUS (itching arm) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 026L20A and 013L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Cold on 15-Dec-2020. Concurrent medical conditions included CHRON''S DISEASE since 01-Jan-2000 and Crohn''s since 01-Jan-2000. Concomitant products included 6-MERCAPTOPURINE MONOHYDRATE for Crohn''s disease. On 30-Dec-2020, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Jan-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 31-Dec-2020, the patient experienced PYREXIA (Fever but no temperature), ERYTHEMA (red, itching arm) and PRURITUS (itching arm). On 01-Jan-2021, the patient experienced HYPERHIDROSIS (Sweats), CHILLS (Chills) and LETHARGY (lethargy). On 27-Jan-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced INFLUENZA LIKE ILLNESS (flu like symptoms). The patient was treated with DIPHENHYDRAMINE for Itching, at an unspecified dose and frequency. On 04-Jan-2021, ERYTHEMA (red, itching arm) and PRURITUS (itching arm) had resolved. On 07-Jan-2021, HYPERHIDROSIS (Sweats), CHILLS (Chills) and LETHARGY (lethargy) had resolved. On 27-Jan-2021, INFLUENZA LIKE ILLNESS (flu like symptoms) had resolved. At the time of the report, PYREXIA (Fever but no temperature) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Most recent FOLLOW-UP information incorporated above includes: On 24-Mar-2021: the follow up was received at 24-3-21 in general tab the reporter address and fax number was updated, patients height weight race and patient''s current history Crohn''s disease, historical condition lingering cold symptoms was updated. the Concomitant medicine 6-MERCAPTOPURINE was updated, in events outcome was updated from unknown to recovered and resolved,events like severe redness and itching at site of injection and alternating severe sweats and chills and lethargy this events was recovered and resolved On 07-Apr-2021: No specific follow-up information recorded.; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.

VAERS ID:	1540018 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-08-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202116
Write-up: vaccines / been exposed to temperatures in the 50s Farenheit degrees / up to 30 patients could have received vaccines exposed to that temperature excursion; This case was reported by a nurse via call center representative and described the occurrence of incorrect storage of drug in an unknown number of patients who received HAV (Havrix) for prophylaxis. Co-suspect products included HBV (Engerix B) for prophylaxis and DTPa (Reduced antigen) (Boostrix) for prophylaxis. On an unknown date, the patient received Havrix, Engerix B and Boostrix. On an unknown date, unknown after receiving Havrix, Engerix B and Boostrix, the patient experienced incorrect storage of drug. On an unknown date, the outcome of the incorrect storage of drug was unknown. Additional details were provided as follows: The age at vaccination was not applicable for this report. A nurse practitioner reported that the system that monitored the temperature of the refrigerator that stored Havrix, Engerix-B and Boostrix had a glitch. The provider did not had data for May-June and July 2021 but suspects the vaccines might have exposed to temperatures in the 50s degree F (as reported). The nurse practitioner mentioned that an average of 08 to 10 patients were vaccinated per month in the facility and thus, her calculation was that up to 30 patients could have received vaccines exposed to that temperature excursion. No more information was available at the time of reporting. The reporter consented to follow up.

VAERS ID:	1540895 (history)	**Vaccinated:**	2021-08-09
Form:	Version 2.0	**Onset:**	2021-08-09
Age:	82.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	CR8692 / N/A	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	X2XJ7 / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I pulled vaccine, confirmed it was the correct vaccine with provider, checked date and administered it to patient. I went to document it and it popped up that it had expired the day before. Re-checked date and it had expired on 8/8/21 and I gave it on 8/9/21. I immediately called my 2 supervisors and the provider to report it. My supervisor contacted the state and they recommended the pt. come in for another Tdap. The supervisor called the patient and then patient is scheduled for a repeat Tdap tomorrow 8/11/21.

VAERS ID:	1541137 (history)	**Vaccinated:**	2021-08-10
Form:	Version 2.0	**Onset:**	2021-08-10
Age:	19.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3180 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Fall, Loss of consciousness, Malaise, Nausea, Pallor, Yellow skin
SMQs:, Torsade de pointes/QT prolongation (broad), Cholestasis and jaundice of hepatic origin (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? No
Previous Vaccinations:
Other Medications: CBD oil
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none taken at the store
CDC Split Type:
Write-up: After patient finished 15 minute observation time he did his grocery shopping. He said he was out in parking lot (90+ degrees) feeling nauseous. He sat in car and felt better then again did not feel well. His girlfriend helped him back into the store. He came to the pharmacy yellowish in palor. I asked if he was ok then while I came around the counter he began to pass out. He fell back a customer prevented him from hitting his head. I approached him and checked his status. He opened his eyes and was breathing ok. He said he needed an Epi-Pen. I asked a customer to call 911, my tech stayed with him while a retrieved the Epi-Pens. When I returned he was still resting comfortably, realizing he breathing was regular and there were no signs of anaphylactic reactions, i did not give the EPI-Pen. He stayed laying flat describing how he felt, breathing well but feeling light headed. The First responder arrived and took over. After reviewing his vitals they opted to take him to the hospital.

VAERS ID:	1542091 (history)	**Vaccinated:**	2021-08-09
Form:	Version 2.0	**Onset:**	2021-08-10
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Pain, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Moderna/covid
Other Medications: Hydrochlorothorize50mg, multi vitamin over the counter daily
Current Illness: None
Preexisting Conditions: Na
Allergies: None known
Diagnostic Lab Data:

CDC Split Type:
Write-up: Mild headache at first, sore arm but day after (like 30 hours after shot) Chills, fever, body aches

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VAERS ID:	1543669 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-01-13
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Maternal exposure during pregnancy, Pregnancy test, Vaccination site pain
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergy (Seasonal Allergies); Gestational diabetes (Maternal medical history includes gestational diabetes)
Allergies:
Diagnostic Lab Data: Test Date: 20210204; Test Name: Pregnancy test; Test Result: Positive
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Pregnant; Soreness in arm; This spontaneous prospective pregnancy case was reported by a patient and describes the occurrence of MATERNAL EXPOSURE DURING PREGNANCY (Pregnant) and VACCINATION SITE PAIN (Soreness in arm) in a 34-year-old female patient (gravida 2, para 1) who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 039K20A and 013M20A) for COVID-19 vaccination. The patient"s past medical history included Gestational diabetes (Maternal medical history includes gestational diabetes) in April 2017. Concurrent medical conditions included Allergy (Seasonal Allergies). On 13-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 10-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. The patient"s last menstrual period was on 03-Jan-2021 and the estimated date of delivery was 10-Oct-2021. On 13-Jan-2021, the patient experienced VACCINATION SITE PAIN (Soreness in arm). On 04-Feb-2021, the patient experienced MATERNAL EXPOSURE DURING PREGNANCY (Pregnant). The patient received mRNA-1273 (Moderna COVID-19 Vaccine) beginning around the first week of the pregnancy. On

14-Jan-2021, VACCINATION SITE PAIN (Soreness in arm) had resolved. On 04-Feb-2021, MATERNAL EXPOSURE DURING PREGNANCY (Pregnant) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 04-Feb-2021, Pregnancy test: positive Positive. Patient previously had live full term child birth. The patient''s estimated date of conception was 17-JAN-2021 No concomitant medications were reported. No treatment information was provided/

VAERS ID:	1544128 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2020-12-30
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abnormal loss of weight, Decreased appetite, Vomiting
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Vomiting; Not able to eat; Lost 18 pounds; A spontaneous report (United States) was received from a Nurse concerning a 42-year-old, Female patient who received Moderna''s COVID-19 vaccine (mRNA-1273) and experienced vomiting, Not able to eat, and Lost 18 pounds. The patient''s medical history was not provided. No relevant concomitant medications were reported. On 30 Dec 2020, the patient received their first of two planned doses of mRNA-1273 (Lot number: 026L20A) intramuscularly, in left arm for prophylaxis of COVID-19 infection. On 30 Dec 2020, two hours after taking the vaccine, the patient started vomiting, she was not able to eat and lost 18 pounds. The patient was treated with Zofran (Ondansetron) in order to be able to keep fluids down, but almost had to be hospitalized for these symptoms. Patient is schedule to get the second dose tomorrow and wanted to know if it would be safe. Action taken with mRNA-1273 in response to the events was not reported. The outcome of the events vomiting, Not able to eat, and Lost 18 pounds were recovered on 11-JAN-2021.; Reporter''s Comments: Based on the current available information and temporal association between the use of the product and the start date of the

event, a causal relationship cannot be excluded. Further information has been requested.

VAERS ID:	1547450 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	75.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Back pain, Herpes zoster, Nerve injury
SMQs:, Retroperitoneal fibrosis (broad), Accidents and injuries (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CELEBREX
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: severe pain in back; nerve damage; shingles; This spontaneous case was reported by a consumer and describes the occurrence of HERPES ZOSTER (shingles), BACK PAIN (severe pain in back) and NERVE INJURY (nerve damage) in a 75-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 012M20A) for COVID-19 vaccination. Concomitant products included CELECOXIB (CELEBREX) for an unknown indication. On 27-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 28-Jan-2021, the patient experienced HERPES ZOSTER (shingles). On 17-Feb-2021, the patient experienced BACK PAIN (severe pain in back) and NERVE INJURY (nerve damage). At the time of the report, HERPES ZOSTER (shingles), BACK PAIN (severe pain in back) and NERVE INJURY (nerve damage) was resolving. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment

details for the events experienced by consumer included valacyclovir, unspecified oinment, gabapentin This case was linked to MOD-2021-030878 (E2B Linked Report). Most recent FOLLOW-UP information incorporated above includes: On 23-Jul-2021: The event outcome update for all event as resolving.; Sender''s Comments: MOD-2021-030878:

VAERS ID:	1548507 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-31
Age:	82.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030O20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Muscle spasms
SMQs:, Dystonia (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VITAMIN D [VITAMIN D NOS]; VITAMIN B NOS; CALCIUM
Current Illness: Blood pressure; Cholesterol
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Muscles spasms in legs; Feels weak; This spontaneous case was reported by a consumer and describes the occurrence of MUSCLE SPASMS (Muscles spasms in legs) and ASTHENIA (Feels weak) in an 82-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030O20A) for COVID-19 vaccination. Concurrent medical conditions included Blood pressure and Cholesterol. Concomitant products included VITAMIN D [VITAMIN D NOS], VITAMIN B NOS and CALCIUM for an unknown indication. On 28-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 31-Jan-2021, the patient experienced MUSCLE SPASMS (Muscles spasms in legs) and ASTHENIA (Feels weak). At the time of the report, MUSCLE SPASMS (Muscles spasms in legs) and ASTHENIA (Feels weak) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications reported were blood pressure medicine, pre-diabetic medicine, cholesterol medicine pill and injection. Treatment details included use of natural pills on mouth to lighten the cramps.

VAERS ID:	1548976 (history)	**Vaccinated:**	2021-07-02
Form:	Version 2.0	**Onset:**	2021-07-03
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA6780 / UNK	- / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Cartilage injury, Fatigue, Pain in extremity, Urinary tract infection, X-ray limb abnormal
SMQs:, Accidents and injuries (narrow), Osteonecrosis (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Toprol xl 50 mg x 2
Current Illness: NO
Preexisting Conditions: Lyme disease
Allergies: NO
Diagnostic Lab Data: Had an xray of left knee & found a piece of cartilage broke off. I was given a cortizone shot. for knee pain.
CDC Split Type:
Write-up: 1 st shot--- sore arm & very tired. 3rd day my teeth & gums became very sensitive to cold. I still have this side effect. 2nd shot I had soreness in arm & tired again. Also soreness under left arm where shot was given. A few weeks later I started to have problems with my left knee. Also had a UTI.

VAERS ID:	1550105 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2020-12-28
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	RA / OT

Administered by: Unknown **Purchased by:** ?

Symptoms: Exposure during pregnancy
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PRENATAL VITAMINS [MINERALS NOS;VITAMINS NOS]; BABY ASPIRIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (no reported medical history)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20200
Write-up: received the vaccine and is currently 14 weeks pregnant; A spontaneous report was received from a 34 year old, female patient who received Moderna"s COVID-19 vaccine (mRNA-1273) and is currently 14 weeks pregnant. As provided by the reporter, the patient had no history of allergies to medications or food, and no history of alcohol, nicotine or marijuana intake. The patient had no family history of congenital anomalies/genetic disease. The patient had no previous pregnancy history. Concomitant medications taken during pregnancy included prenatal vitamins minerals nos, vitamins nos and acetylsalicylic acid. The expected due date was estimated as 27 Jun 2021. On 28 Dec 2020, at 10:12 am, the patient received their first of two planned doses of mRNA-1273 intramuscularly (lot :026L20A) in her right arm for prophylaxis of COVID-19 infection while currently 14 weeks pregnant. The patient reported no side effects to vaccine. Action taken with mRNA-1273 vaccine was unknown. The outcome of the event of vaccine exposure during pregnancy was considered unknown; Reporter"s Comments: This is a case of vaccine exposure during pregnancy with no associated AEs for this 34 year old female who is 14 weeks pregnant. Patient will continue to be contacted for further monitoring of AEs during the pregnancy

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VAERS ID:	1550274 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	87.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Pain in extremity
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Soreness in arm; Pain throughout elbow; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (Soreness in arm) and ARTHRALGIA (Pain throughout elbow) in an 87-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 012M20A) for COVID-19 vaccination. No Medical History information was reported. On 01-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 01-Feb-2021, the patient experienced PAIN IN EXTREMITY (Soreness in arm) and ARTHRALGIA (Pain throughout elbow). The patient was treated with PARACETAMOL (TYLENOL EXTRA STRENGTH) at an unspecified dose and frequency. At the time of the report, PAIN IN EXTREMITY (Soreness in arm) and ARTHRALGIA (Pain throughout elbow) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were reported.

VAERS ID:	1550313 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-15
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Arthritis (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: MIRENA; LYSINE
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Shoulder was also sore the next day; left cheek went numb, has some numb spots(Bell''s palsy symptoms); This spontaneous case was reported by an other health care professional and describes the occurrence of HYPOAESTHESIA (left cheek went numb, has some numb spots(Bell''s palsy symptoms)) and ARTHRALGIA (Shoulder was also sore the next day) in a 52-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 039K20A) for COVID-19 vaccination. Concomitant products included LEVONORGESTREL (MIRENA) and LYSINE for an unknown indication. On 15-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 15-Jan-2021, the patient experienced HYPOAESTHESIA (left cheek went numb, has some numb spots(Bell''s palsy symptoms)). On 16-Jan-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced ARTHRALGIA (Shoulder was also sore the next day). On 18-Jan-2021, ARTHRALGIA (Shoulder was also sore the next day) had resolved. At the time of the report, HYPOAESTHESIA (left cheek went numb, has some numb spots(Bell''s palsy symptoms)) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No treatment information was provided. Most recent FOLLOW-UP information incorporated above includes: On 04-Jun-2021: Follow-up Information received on 04-JUN-2021 contains no newinformation On 08-Jul-2021: Follow-up received which contains updated outcome of event from not recovered to recovered.; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.

VAERS ID:	1551181 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-01-16
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Heart rate, Lymphadenopathy, Nausea, Oropharyngeal pain, Pyrexia, Tonsillar hypertrophy, Vertigo
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: Heart rate; Result Unstructured Data: increased
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Throat pain; Swollen tonsils; Swollen neck lymph nodes (opposite side of the injection0; Fever; Vertigo; Headache; Nauseous; This spontaneous case was reported by a consumer and describes the occurrence of VERTIGO (Vertigo), OROPHARYNGEAL PAIN (Throat pain), TONSILLAR HYPERTROPHY (Swollen tonsils), HEADACHE (Headache) and NAUSEA (Nauseous) in a 64-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 15-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 16-Jan-2021, the patient experienced VERTIGO (Vertigo), HEADACHE (Headache), NAUSEA (Nauseous) and PYREXIA (Fever). On an unknown date, the patient experienced OROPHARYNGEAL PAIN (Throat pain), TONSILLAR HYPERTROPHY (Swollen tonsils) and LYMPHADENOPATHY (Swollen neck lymph nodes (opposite side of the injection0). On 16-Jan-2021, NAUSEA (Nauseous) had resolved. On 18-Jan-2021, VERTIGO (Vertigo), HEADACHE (Headache) and PYREXIA (Fever) had resolved. At the time of the report, OROPHARYNGEAL PAIN (Throat pain), TONSILLAR HYPERTROPHY (Swollen tonsils) and LYMPHADENOPATHY (Swollen neck lymph nodes (opposite side of the injection0) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Heart rate: increased (High) increased. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. no concomitant drugs included no treatment drugs included Most recent FOLLOW-UP information incorporated above includes: On 03-Feb-2021: follow up received contain no significant information

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VAERS ID:	1552129 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	2021-02-19
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	03L20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Feeling abnormal, Rhinorrhoea, Sinus congestion
SMQs:, Dementia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: THYROXINE
Current Illness: Thyroid disorder
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Sinus Congestion; Runny nose; Felt miserable; This spontaneous case was reported by a consumer and describes the occurrence of SINUS CONGESTION (Sinus Congestion), RHINORRHOEA (Runny nose) and FEELING ABNORMAL (Felt miserable) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 03L20A) for COVID-19 vaccination. Concurrent medical conditions included Thyroid disorder. Concomitant products included LEVOTHYROXINE SODIUM (THYROXINE) for an unknown indication. On 19-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 19-Feb-2021, the patient experienced SINUS CONGESTION (Sinus Congestion), RHINORRHOEA (Runny nose) and FEELING ABNORMAL (Felt miserable). At the time of the report, SINUS CONGESTION (Sinus Congestion), RHINORRHOEA (Runny nose) and FEELING ABNORMAL (Felt miserable) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1552433 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-01-25
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-08-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Body temperature, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210125; Test Name: Body temperature
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: ran a 106 fever; Based on the current case data, this case has been classified as invalid. This spontaneous case was reported by a consumer and describes the occurrence of PYREXIA (ran a 106 fever) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 25-Jan-2021, the patient experienced PYREXIA (ran a 106 fever). At the time of the report, PYREXIA (ran a 106 fever) outcome was unknown. Possible DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 25-Jan-2021, Body temperature: 106 f High. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Concomitant medications were not provided by reporter. No treatment information was provided. Reporter did not allow further contact Most recent FOLLOW-UP information incorporated above includes: On 16-Apr-2021: Follow up received on 16-APR-2021 and it contains No new information.

VAERS ID:	1555192 (history)	**Vaccinated:**	2021-01-18
Form:	Version 2.0	**Onset:**	2021-01-21
Age:		**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Back pain, Blood pressure increased, Blood pressure measurement, Dizziness, Fatigue, Nausea, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210121; Test Name: BP; Result Unstructured Data: 170/90, 160/89 High; Test Date: 20210124; Test Name: BP; Result Unstructured Data: 150/79 High
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: super tired; blood pressure elevated (170/93, 160/89); feeling shaky; lightheadedness; nausea; lower back was sore; This spontaneous case was reported by a consumer and describes the occurrence of DIZZINESS (lightheadedness), NAUSEA (nausea), BACK PAIN (lower back was sore), BLOOD PRESSURE INCREASED (blood pressure elevated (170/93, 160/89)) and TREMOR (feeling shaky) in a 73-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 18-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) at an unspecified dose. On 21-Jan-2021, the patient experienced DIZZINESS (lightheadedness), NAUSEA (nausea) and BACK PAIN (lower back was sore). On 23-Jan-2021, the patient experienced BLOOD PRESSURE INCREASED (blood pressure elevated (170/93, 160/89)) and TREMOR (feeling shaky). On an unknown date, the patient experienced FATIGUE (super tired). At the time of the report, DIZZINESS (lightheadedness), NAUSEA (nausea), BACK PAIN (lower back was sore), BLOOD PRESSURE INCREASED (blood pressure elevated (170/93, 160/89)), TREMOR (feeling shaky) and FATIGUE (super tired) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 21-Jan-2021, Blood pressure measurement (93-170): mmhg 170/90, 160/89 High. On 24-Jan-2021, Blood pressure measurement (93-170): mmhg 150/79 High. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) and mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown Route) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No relevant concomitant medications were reported. Treatment details included Tylenol. Reporter did not allow further contact

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VAERS ID:	1555298 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-02-20
Age:		**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site pruritus, Vaccination site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: No medical history reported.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: bullseye rash, 3 inches, at injection site; itching like crazy at injection site; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PRURITUS (itching like crazy at injection site) and VACCINATION SITE RASH (bullseye rash, 3 inches, at injection site) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 031M20A) for COVID-19 vaccination. No medical history reported. On 11-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 20-Feb-2021, the patient experienced VACCINATION SITE PRURITUS (itching like crazy at injection site). On 21-Feb-2021, the patient experienced VACCINATION SITE RASH (bullseye rash, 3 inches, at injection site). At the time of the report, VACCINATION SITE PRURITUS (itching like crazy at injection site) and VACCINATION SITE RASH (bullseye rash, 3 inches, at injection site) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No relevant concomitant medications were reported. No treatment information was provided.

VAERS ID:	1555856 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood pressure increased, Erythema, Oral discomfort
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypertension (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID
Current Illness:
Preexisting Conditions: Comments: No medical history reported.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: lips burning; red face; increased blood pressure; This spontaneous case was reported by a consumer and describes the occurrence of ORAL DISCOMFORT (lips burning), ERYTHEMA (red face) and BLOOD PRESSURE INCREASED (increased blood pressure) in a 74-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 014M20A) for COVID-19 vaccination. No medical history reported. Concomitant products included LEVOTHYROXINE SODIUM (SYNTHROID) for an unknown indication. On 24-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 24-Feb-2021, the patient experienced ORAL DISCOMFORT (lips burning), ERYTHEMA (red face) and BLOOD PRESSURE INCREASED (increased blood pressure). On 24-Feb-2021, ERYTHEMA (red face) and BLOOD PRESSURE INCREASED (increased blood pressure) had resolved. At the time of the report, ORAL DISCOMFORT (lips burning) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No treatment information was provided.

VAERS ID:	1556295 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	73.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	UNKNOWN / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Eating disorder, Fatigue, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: A little off with his food; A little arm puffiness; Fatigue/more tired; This spontaneous case was reported by a consumer and describes the occurrence of EATING DISORDER (A little off with his food), PERIPHERAL SWELLING (A little arm puffiness) and FATIGUE (Fatigue/more tired) in a 73-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. unknown) for COVID-19 vaccination. No Medical History information was reported. On 24-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 24-Feb-2021, the patient experienced EATING DISORDER (A little off with his food), PERIPHERAL SWELLING (A little arm puffiness) and FATIGUE (Fatigue/more tired). At the time of the report, EATING DISORDER (A little off with his food), PERIPHERAL SWELLING (A little arm puffiness) and FATIGUE (Fatigue/more tired) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1558979 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-27
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Decreased appetite, Diarrhoea, Feeling cold, Headache
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: feeling very cold the morning after the vaccination; loss of appetite; Diarrhea; headache; This spontaneous case was reported by a consumer and describes the occurrence of FEELING COLD (feeling very cold the morning after the vaccination), DECREASED APPETITE (loss of appetite), DIARRHOEA (Diarrhea) and HEADACHE (headache) in an 80-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 002A21A) for COVID-

19 vaccination. No Medical History information was reported. On 26-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Feb-2021, the patient experienced FEELING COLD (feeling very cold the morning after the vaccination), DECREASED APPETITE (loss of appetite), DIARRHOEA (Diarrhea) and HEADACHE (headache). At the time of the report, FEELING COLD (feeling very cold the morning after the vaccination), DECREASED APPETITE (loss of appetite) and HEADACHE (headache) had resolved and DIARRHOEA (Diarrhea) was resolving. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant product information was not provided by the reporter. Treatment information was not provided.

VAERS ID:	1559101 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2020-12-28
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood pressure increased, Chest discomfort, Flushing, Pain in extremity, Pharyngeal swelling
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypertension (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Allergy to chemicals (generally sensitive skin to dyes); Allergy to plants (hay); Drug allergy (morphine); Fragrance sensitivity; Soap allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: flushing; throat swelling; tight chest; blood pressure increased; Pain in arm; This spontaneous case was reported by a pharmacist and describes the occurrence of FLUSHING (flushing), PHARYNGEAL SWELLING (throat swelling), CHEST DISCOMFORT (tight chest), BLOOD PRESSURE INCREASED (blood pressure increased) and PAIN IN EXTREMITY (Pain in arm) in a 58-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for

COVID-19 vaccination. Concurrent medical conditions included Drug allergy (morphine), Fragrance sensitivity, Allergy to chemicals (generally sensitive skin to dyes), Soap allergy and Allergy to plants (hay). On 28-Dec-2020, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 28-Dec-2020, the patient experienced FLUSHING (flushing), PHARYNGEAL SWELLING (throat swelling), CHEST DISCOMFORT (tight chest), BLOOD PRESSURE INCREASED (blood pressure increased) and PAIN IN EXTREMITY (Pain in arm). At the time of the report, FLUSHING (flushing), PHARYNGEAL SWELLING (throat swelling), CHEST DISCOMFORT (tight chest), BLOOD PRESSURE INCREASED (blood pressure increased) and PAIN IN EXTREMITY (Pain in arm) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No treatment medication were provided. No concomitant medication were provided.

VAERS ID:	1560628 (history)	**Vaccinated:**	2021-02-04
Form:	Version 2.0	**Onset:**	2021-02-11
Age:	77.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / UNK	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site pruritus, Vaccination site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: circular rash at the injection site; left arm was itching around the injection site; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PRURITUS (left arm was itching around the injection site) and VACCINATION SITE RASH (circular rash at the injection site) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013M20A) for COVID-19 vaccination. No Medical History information was reported. On 04-Feb-2021, the patient received dose of mRNA-1273 (Moderna

COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 11-Feb-2021, the patient experienced VACCINATION SITE PRURITUS (left arm was itching around the injection site). On 12-Feb-2021, the patient experienced VACCINATION SITE RASH (circular rash at the injection site). At the time of the report, VACCINATION SITE PRURITUS (left arm was itching around the injection site) and VACCINATION SITE RASH (circular rash at the injection site) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No relevant concomitant medications were reported. No treatment information was provided.

VAERS ID:	1561241 (history)	**Vaccinated:**	2021-02-17
Form:	Version 2.0	**Onset:**	2021-02-17
Age:	76.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Erythema, Feeling abnormal, Hypertension, Influenza like illness, Limb discomfort, Pain, Pain in extremity, Peripheral swelling, Skin warm
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypertension (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TYLENOL; LYRICA; METHADONE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure; Complex regional pain syndrome
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: terrible time with her arm, swelling was so bad; pain in her arm; weakness; can''t brush her teeth; very red; pain go to her hands and fingers; hot to touch; Feel like arthritis; extremely pain; Blood pressure was high 182; like a flu symptoms; This spontaneous case was reported by a consumer and describes the occurrence of PERIPHERAL SWELLING (terrible time with her arm, swelling was so bad), PAIN IN EXTREMITY (pain in her arm), ASTHENIA (weakness), LIMB DISCOMFORT (can''t brush her teeth) and ERYTHEMA (very red) in a 76-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 024M20A) for COVID-19

vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Complex regional pain syndrome and Blood pressure. Concomitant products included PARACETAMOL (TYLENOL), PREGABALIN (LYRICA) and METHADONE for an unknown indication. On 17-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-Feb-2021, the patient experienced INFLUENZA LIKE ILLNESS (like a flu symptoms). On an unknown date, the patient experienced PERIPHERAL SWELLING (terrible time with her arm, swelling was so bad), PAIN IN EXTREMITY (pain in her arm), ASTHENIA (weakness), LIMB DISCOMFORT (can''t brush her teeth), ERYTHEMA (very red), PAIN IN EXTREMITY (pain go to her hands and fingers), SKIN WARM (hot to touch), FEELING ABNORMAL (Feel like arthritis), PAIN (extremely pain) and HYPERTENSION (Blood pressure was high 182). At the time of the report, PERIPHERAL SWELLING (terrible time with her arm, swelling was so bad), PAIN IN EXTREMITY (pain in her arm), ASTHENIA (weakness), LIMB DISCOMFORT (can''t brush her teeth), ERYTHEMA (very red), PAIN IN EXTREMITY (pain go to her hands and fingers), SKIN WARM (hot to touch), FEELING ABNORMAL (Feel like arthritis), INFLUENZA LIKE ILLNESS (like a flu symptoms), PAIN (extremely pain) and HYPERTENSION (Blood pressure was high 182) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant medications reported were high blood pressure for drug use for unknown indication. Treatment medication were not provided.

VAERS ID:	1561509 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	86.0	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-08-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Tenderness, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Arm was a little tender after injection; Hives; This spontaneous case was reported by a consumer and describes the occurrence of TENDERNESS (Arm was a little tender after injection) and URTICARIA (Hives) in an 86-year-old patient of an unknown gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient''s past medical history included No adverse event. On 27-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced TENDERNESS (Arm was a little tender after injection) and URTICARIA (Hives). At the time of the report, TENDERNESS (Arm was a little tender after injection) and URTICARIA (Hives) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications reported by investigator o No treatment medications provided by the reporter.

VAERS ID:	1562247 (history)	**Vaccinated:**	2021-02-09
Form:	Version 2.0	**Onset:**	2021-02-09
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site erythema, Vaccination site pruritus
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: site of injection is itching; site of injection developed a red mark; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PRURITUS (site of injection is itching) and VACCINATION SITE ERYTHEMA (site of injection developed a red mark) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 09-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Feb-2021, the patient experienced VACCINATION SITE PRURITUS (site of injection is

itching) and VACCINATION SITE ERYTHEMA (site of injection developed a red mark). At the time of the report, VACCINATION SITE PRURITUS (site of injection is itching) and VACCINATION SITE ERYTHEMA (site of injection developed a red mark) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No relevant concomitant medications were reported. No treatment information was provided.

VAERS ID:	1562447 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-21
Age:		**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M204 / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Rash; A spontaneous report was received from a consumer concerning a female patient of unknown age who received Moderna"s COVID-19 vaccine (mRNA-1273) and experienced event rash on her both arms and her chest/rash. The patient"s medical history was not provided. No relevant concomitant medications were reported. On 12 Feb 2021, prior to the onset of the events the patient received first of two planned doses of mRNA-1273 (lot/batch: 031M204) for prophylaxis of COVID-19 infection. On 21 Feb 2021, nine days after receiving the vaccine, the patient experienced the event rash on both arms and her chest. No treatment information was provided. Action taken with mRNA-1273 in response to the events was not reported. On 1 Mar 2021 the outcome of event rash was resolved.

VAERS ID: 1563810 (history)		**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Axillary pain, Fatigue, Headache, Hypoaesthesia, Injection site pain, Pain, Rash macular, Vaccination site erythema
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Autoimmune disorder; Neuromuscular disorder NOS
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: left hand increased numbness above baseline/right foot increased numbness above baseline; arm pit blotch; red and sore streaks on arm; red four inch blotch at injection site, red and sore streaks on arm; arm pit soreness; achiness; tiredness; very mild headache; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of RASH MACULAR (arm pit blotch), HYPOAESTHESIA (left hand increased numbness above baseline/right foot increased numbness above baseline), PAIN (achiness), FATIGUE (tiredness) and HEADACHE (very mild headache) in a 67-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 010A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Autoimmune disorder and Neuromuscular disorder NOS. On 05-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 2 dosage form. On 05-Mar-2021, the patient experienced PAIN (achiness), FATIGUE (tiredness) and HEADACHE (very mild headache). On 07-Mar-2021, the patient experienced INJECTION SITE PAIN (red and sore streaks on arm), VACCINATION SITE ERYTHEMA (red four inch blotch at injection site, red and sore streaks on arm) and AXILLARY PAIN (arm pit soreness). On 08-Mar-2021, the patient experienced RASH MACULAR (arm pit blotch). On an unknown date, the patient experienced HYPOAESTHESIA (left hand increased numbness above baseline/right foot increased numbness above baseline). At the time of the report, RASH

MACULAR (arm pit blotch), HYPOAESTHESIA (left hand increased numbness above baseline/right foot increased numbness above baseline), PAIN (achiness), FATIGUE (tiredness), HEADACHE (very mild headache), INJECTION SITE PAIN (red and sore streaks on arm), VACCINATION SITE ERYTHEMA (red four inch blotch at injection site, red and sore streaks on arm) and AXILLARY PAIN (arm pit soreness) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments.

VAERS ID:	1564736 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	79.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Sleepy; Headache; This spontaneous case was reported by a consumer and describes the occurrence of SOMNOLENCE (Sleepy) and HEADACHE (Headache) in a 79-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030A21A) for COVID-19 vaccination. No Medical History information was reported. On 08-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 08-Mar-2021, the patient experienced SOMNOLENCE (Sleepy) and HEADACHE (Headache). On 09-Mar-2021, HEADACHE (Headache) had resolved. On 10-Mar-2021, SOMNOLENCE (Sleepy) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant product used was not provided by the reporter. Treatment information was not provided.

VAERS ID:	1566114 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	73.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood potassium, Blood potassium decreased, Blood pressure measurement, Dizziness, Electrocardiogram, Hyperhidrosis, Hypotension, Presyncope
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Hypertension
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210311; Test Name: blood potassium; Result Unstructured Data: low; Test Date: 20210311; Test Name: Blood pressure; Result Unstructured Data: 85/49 mmHg, after 30 minutes was normal; Test Date: 20210311; Test Name: EKG; Result Unstructured Data: Normal
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: diagnosis was near syncope; Sweats; Dizziness; He took his blood pressure and it was 85/49; Low potassium; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PRESYNCOPE (diagnosis was near syncope), HYPERHIDROSIS (Sweats), DIZZINESS (Dizziness), HYPOTENSION (He took his blood pressure and it was 85/49) and BLOOD POTASSIUM DECREASED (Low potassium) in a 73-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 026A21A) for COVID-19 vaccination. Concurrent medical conditions included Hypertension. On 10-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 11-Mar-2021, the patient experienced PRESYNCOPE (diagnosis was near syncope), HYPERHIDROSIS (Sweats), DIZZINESS (Dizziness), HYPOTENSION (He took his blood pressure and it was 85/49) and BLOOD POTASSIUM DECREASED (Low potassium). On 11-Mar-2021, HYPERHIDROSIS (Sweats), DIZZINESS (Dizziness) and HYPOTENSION (He took his blood pressure and it was 85/49) had resolved. At the time of the report, PRESYNCOPE (diagnosis was near syncope) and BLOOD POTASSIUM DECREASED (Low potassium) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges

are provided in parenthesis if available): On 11-Mar-2021, Blood potassium: low (Low) low. On 11-Mar-2021, Blood pressure measurement: 85/49 mmhg, after 30 minutes was normal (Low) 85/49 mmHg, after 30 minutes was normal. On 11-Mar-2021, Electrocardiogram: normal (normal) Normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No concomitant medications were reported. The patient went to ER and was observed for 3 hours. No treatment information was provided.

VAERS ID:	1566218 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-03-12
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Dyspnoea
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Pulmonary disorder
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Breathing is off; This spontaneous case was reported by a consumer and describes the occurrence of DYSPNOEA (Breathing is off) in a 66-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. Concurrent medical conditions included Pulmonary disorder. On 12-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 12-Mar-2021, the patient experienced DYSPNOEA (Breathing is off). At the time of the report, DYSPNOEA (Breathing is off) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant product use was not provided by the reporter. No treatment information was provided. The patient stated in the follow up that she did not have a reaction first time. Most recent FOLLOW-UP information incorporated above includes: On 07-Apr-2021: Follow up was received and no ne w information was provided.

VAERS ID:	1566549 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	71.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-08-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Discomfort, Nervousness, Psychomotor hyperactivity, Restlessness, Sleep disorder, Thinking abnormal
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Akathisia (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: It was so restless I was afraid for my heart/got restless/ restlessness increased; Was so restless that he was afraid to go to sleep; Became hyper; Felt nervous; Felt insecure; Very fast in my thinking; Shivering and couldn''t stop it; This spontaneous case was reported by a consumer and describes the occurrence of RESTLESSNESS (It was so restless I was afraid for my heart/got restless/ restlessness increased), SLEEP DISORDER (Was so restless that he was afraid to go to sleep), PSYCHOMOTOR HYPERACTIVITY (Became hyper), NERVOUSNESS (Felt nervous) and DISCOMFORT (Felt insecure) in a 71-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 04-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced RESTLESSNESS (It was so restless I was afraid for my heart/got restless/ restlessness increased), SLEEP DISORDER (Was so restless that he was afraid to go to sleep), PSYCHOMOTOR HYPERACTIVITY (Became hyper), NERVOUSNESS (Felt nervous), DISCOMFORT (Felt insecure), THINKING ABNORMAL (Very fast in my thinking) and CHILLS (Shivering and couldn''t stop it). At the time of the report, RESTLESSNESS (It was so restless I was afraid for my heart/got restless/ restlessness increased), SLEEP DISORDER (Was so restless that he was afraid to go to sleep), PSYCHOMOTOR HYPERACTIVITY (Became

hyper), NERVOUSNESS (Felt nervous), DISCOMFORT (Felt insecure), THINKING ABNORMAL (Very fast in my thinking) and CHILLS (Shivering and couldn''t stop it) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. The patient experienced shivering, he meditated, and it slowed down and fell asleep. During the episode, he felt nervous; was walking from one room to another and couldn''t stop talking. He also stated that the things that were unusual were extensive walking and couldn''t stand still. No relevant concomitant medications were reported. No treatment information was provided.

VAERS ID:	1566585 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	65.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	G4EA21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal discomfort, Arthralgia, Dizziness, Ear pain, Eye pain, Fatigue, Headache, Heart rate increased, Hyperhidrosis, Malaise, Oropharyngeal pain, Pain in extremity, Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Open heart surgery (patient had heart surgery 5 years ago)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Right arm started hurting too; Fast heartbeat; Pain went up into left ear; Eye began to hurt; Sore throat; Upset stomach; Shaking; Sweating; Dizziness; I couldn''t function too good; Could not lift left arm; Pain across shoulders up into neck; I got a wicked headache; Feel like I

have a temperature; Still feel a little tired; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (Right arm started hurting too), HEART RATE INCREASED (Fast heartbeat), EAR PAIN (Pain went up into left ear), EYE PAIN (Eye began to hurt) and OROPHARYNGEAL PAIN (Sore throat) in a 65-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. G4EA21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Open heart surgery (patient had heart surgery 5 years ago) in 2016. On 11-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 11-Mar-2021, the patient experienced PAIN IN EXTREMITY (Right arm started hurting too), HEART RATE INCREASED (Fast heartbeat), EAR PAIN (Pain went up into left ear), EYE PAIN (Eye began to hurt), OROPHARYNGEAL PAIN (Sore throat), ABDOMINAL DISCOMFORT (Upset stomach), TREMOR (Shaking), HYPERHIDROSIS (Sweating), DIZZINESS (Dizziness), MALAISE (I couldn''t function too good), PAIN IN EXTREMITY (Could not lift left arm), ARTHRALGIA (Pain across shoulders up into neck), HEADACHE (I got a wicked headache), PYREXIA (Feel like I have a temperature) and FATIGUE (Still feel a little tired). On 14-Mar-2021, PAIN IN EXTREMITY (Right arm started hurting too), HEART RATE INCREASED (Fast heartbeat), EAR PAIN (Pain went up into left ear), EYE PAIN (Eye began to hurt), OROPHARYNGEAL PAIN (Sore throat), ABDOMINAL DISCOMFORT (Upset stomach), TREMOR (Shaking), HYPERHIDROSIS (Sweating), DIZZINESS (Dizziness), MALAISE (I couldn''t function too good), PAIN IN EXTREMITY (Could not lift left arm), ARTHRALGIA (Pain across shoulders up into neck), HEADACHE (I got a wicked headache) and PYREXIA (Feel like I have a temperature) had resolved. At the time of the report, FATIGUE (Still feel a little tired) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Treatment and concomitant medicines were not included Action taken with mRNA-1273 in response to the event was unknown

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VAERS ID:	1568018 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-01
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pyrexia, Vaccination site erythema, Vaccination site pain
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Redness over the injection site looks like a Bullseye/ red area growing; fever; Really hurting; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE ERYTHEMA (Redness over the injection site looks like a Bullseye/ red area growing), PYREXIA (fever) and VACCINATION SITE PAIN (Really hurting) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. In March 2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In March 2021, the patient experienced VACCINATION SITE ERYTHEMA (Redness over the injection site looks like a Bullseye/ red area growing), PYREXIA (fever) and VACCINATION SITE PAIN (Really hurting). At the time of the report, VACCINATION SITE ERYTHEMA (Redness over the injection site looks like a Bullseye/ red area growing), PYREXIA (fever) and VACCINATION SITE PAIN (Really hurting) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medication was reported. No treatment medication was reported.

VAERS ID:	1569186 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	55.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0171 / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Chest X-ray, Painful respiration
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine
Current Illness: none
Preexisting Conditions: hypothyroidism, being treated with meds; overactive bladder
Allergies: none

Diagnostic Lab Data: August 6 chest X-ray results came back "normal."
CDC Split Type:
Write-up: I notice this ONLY upon waking, while still lying in bed. NOT every day, but has happened anywhere from 1 to 5 days out of 7 since first occurrence. Upon breathing deeply through the nose, at the end of the breath, I feel a sensation (mild pain) behind my left breast, seemingly in lung or near heart. On each breath. Occasionally, when I have turned on my left side (during this same waking time), I have had a more widespread pain along the side of my body next to my left breast. This is not being felt IN my breast, but behind or beside.

VAERS ID:	1569481 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	47.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Illness, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: quite sick; slept for 12 hours; This spontaneous case was reported by a consumer and describes the occurrence of ILLNESS (quite sick) and SOMNOLENCE (slept for 12 hours) in a 47-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced ILLNESS (quite sick) and SOMNOLENCE (slept for 12 hours). At the time of the report, ILLNESS (quite sick) and SOMNOLENCE (slept for 12 hours) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Concomitant product use was not provided by the reporter. No treatment information was provided.

VAERS ID:	1569653 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	85.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Incorrect route of product administration, Vaccination site induration, Vaccination site mass, Vaccination site pain, Vaccination site pruritus, Vaccination site swelling
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No reported medical history)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE MASS (Hard knot at injection site), INCORRECT ROUTE OF PRODUCT ADMINISTRATION (vaccinator gave injection too low), VACCINATION SITE INDURATION (injection site hard), VACCINATION SITE PRURITUS (injection site itchy) and VACCINATION SITE PAIN (Injection site hurts) in an 85-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 038A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included No adverse event (No reported medical history). On 13-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 13-Mar-2021, the patient experienced INCORRECT ROUTE OF PRODUCT ADMINISTRATION (vaccinator gave injection too low). On 20-Mar-2021, the patient experienced VACCINATION SITE MASS (Hard knot at injection site), VACCINATION SITE INDURATION (injection site hard), VACCINATION SITE PRURITUS (injection site itchy), VACCINATION SITE PAIN (Injection site hurts) and VACCINATION SITE SWELLING (injection site swollen). On 13-Mar-2021, INCORRECT ROUTE OF PRODUCT ADMINISTRATION (vaccinator gave injection too low) had resolved. At the time of the report, VACCINATION SITE MASS (Hard knot at injection site), VACCINATION SITE INDURATION (injection site hard), VACCINATION SITE PRURITUS (injection site itchy), VACCINATION SITE PAIN (Injection site hurts) and VACCINATION SITE SWELLING (injection

site swollen) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No reported concomitant medications. No treatment information provided. This report refers to a case of Inappropriate route of vaccination for mRNA-1273, lot # 038A21A.Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.; Sender''s Comments: This report refers to a case of Inappropriate route of vaccination for mRNA-1273, lot # 038A21A.Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.

VAERS ID:	1569763 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Body temperature, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Blood pressure
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210319; Test Name: Body temperature; Result Unstructured Data: 101 degree Fahrenheit
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Sore arm; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (Sore arm) in a 68-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. Concurrent medical conditions included Blood pressure. On 18-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 19-Mar-2021, the patient experienced PAIN IN EXTREMITY (Sore arm). The patient was treated with PARACETAMOL (TYLENOL) for Fever and Painful arm, at an unspecified dose and frequency. At the time of the report, PAIN IN EXTREMITY (Sore arm) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 19-Mar-2021, Body temperature: 101 (High) 101 degree Fahrenheit. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine)

(Unknown) was unknown. The patient was on unspecified blood pressure medication.

VAERS ID:	1570159 (history)	**Vaccinated:**	2021-03-06
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	66.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Lethargy, Migraine, Neck pain, Oral pain
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Migraine headaches; Neck pain for eight days; Mouth sores; Felt lethargic; This spontaneous case was reported by a consumer and describes the occurrence of MIGRAINE (Migraine headaches), NECK PAIN (Neck pain for eight days), ORAL PAIN (Mouth sores) and LETHARGY (Felt lethargic) in a 66-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 06-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MIGRAINE (Migraine headaches), NECK PAIN (Neck pain for eight days), ORAL PAIN (Mouth sores) and LETHARGY (Felt lethargic). At the time of the report, MIGRAINE (Migraine headaches), NECK PAIN (Neck pain for eight days), ORAL PAIN (Mouth sores) and LETHARGY (Felt lethargic) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications taken by the patient were not provided. Treatment information was not provided.

VAERS ID:	1570173 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Nausea; Headache; This spontaneous case was reported by a consumer and describes the occurrence of NAUSEA (Nausea) and HEADACHE (Headache) in a 65-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 006B21A) for COVID-19 vaccination. No Medical History information was reported. On 18-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 18-Mar-2021, the patient experienced NAUSEA (Nausea) and HEADACHE (Headache). At the time of the report, NAUSEA (Nausea) and HEADACHE (Headache) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No relevant concomitant medications were reported. No treatment information was provided.

VAERS ID:	1570802 (history)	**Vaccinated:**	2021-02-22
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	72.0	**Days after vaccination:**	28
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006A20A / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Insomnia, Malaise, Nausea, Pain in extremity, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LISINOPRIL
Current Illness: Blood pressure high; Fatty liver
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Can''t fall asleep; Felt very unwell; Fever; Nauseousness; Chills; Feeling pain in her right arm; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (Feeling pain in her right arm), INSOMNIA (Can''t fall asleep), MALAISE (Felt very unwell), PYREXIA (Fever) and NAUSEA (Nauseousness) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 001B21A and 006A20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Fatty liver and Blood pressure high. Concomitant products included LISINOPRIL for Blood pressure high. On 22-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 22-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 22-Mar-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced PAIN IN EXTREMITY (Feeling pain in her right arm). On 23-Mar-2021, the patient experienced INSOMNIA (Can''t fall asleep), MALAISE (Felt very unwell), PYREXIA (Fever), NAUSEA (Nauseousness) and CHILLS (Chills). At the time of the report, PAIN IN EXTREMITY (Feeling pain in her right arm), INSOMNIA (Can''t fall asleep), MALAISE (Felt very unwell), PYREXIA (Fever), NAUSEA (Nauseousness) and CHILLS (Chills) outcome was unknown. Treatment information was not provided. This case was linked to MOD-2021-054422, MOD-2021-054422 (Patient Link).

VAERS ID:	1572704 (history)	**Vaccinated:**	2021-01-19
Form:	Version 2.0	**Onset:**	2021-01-20
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal discomfort, Body temperature, Chills, Feeling abnormal, Nausea, Pyrexia, Swelling, Tenderness, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: IRON
Current Illness: Drug hypersensitivity
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210119; Test Name: Temperature; Result Unstructured Data: 99.1 F; Test Date: 20210120; Test Name: Temperature; Result Unstructured Data: Around 4 PM , 101.8 F
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Temperature was 101,temperature was recorded 101.8; arm tender; little swelling on neck; woke up feeling bad; had stomach upset; felt nauseous; vomited; felt chilled and shivering significantly; This spontaneous case was reported by a consumer and describes the occurrence of FEELING ABNORMAL (woke up feeling bad), TENDERNESS (arm tender), SWELLING (little swelling on neck), NAUSEA (felt nauseous) and VOMITING (vomited) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Drug hypersensitivity. Concomitant products included IRON for Iron supplementation. On 19-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 20-Jan-2021, the patient experienced FEELING ABNORMAL (woke up feeling bad), NAUSEA (felt nauseous), VOMITING (vomited), CHILLS (felt chilled and shivering significantly) and ABDOMINAL DISCOMFORT (had stomach upset). On an unknown date, the patient experienced TENDERNESS (arm tender) and SWELLING (little swelling on neck). The patient was treated with PARACETAMOL (TYLENOL) on 20-Jan-2021 for Adverse event, at a dose of UNK dosage form and IBUPROFEN on 20-Jan-2021 for Adverse event, at a dose of UNK dosage form (on empty stomach). At the time of the report, FEELING ABNORMAL (woke up feeling bad), TENDERNESS (arm tender), SWELLING (little swelling on neck), NAUSEA (felt nauseous), VOMITING (vomited), CHILLS (felt chilled and shivering significantly) and ABDOMINAL DISCOMFORT (had stomach upset) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 19-Jan-2021, Body

temperature: 99.1 f (High) 99.1 F. On 20-Jan-2021, Body temperature: 101 f (High) Around 4 PM , 101.8 F. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1572981 (history)	**Vaccinated:**	2021-01-22
Form:	Version 2.0	**Onset:**	2021-01-22
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Asthenia, Chills, Fatigue, Feeding disorder, Myalgia, Nausea, Pain, Pain in extremity, Pyrexia, Toothache
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Toothache; Aches and pains; Could not eat; Arm pain; lost of strenght, could not held a glass of water; Really really high fever; Nausea; Joint pain; Muscle pain; Fatigue; chils; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (Arm pain), PYREXIA (Really really high fever), PAIN (Aches and pains), NAUSEA (Nausea) and FEEDING DISORDER (Could not eat) in a 20-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 22-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 22-Jan-2021, the patient experienced PAIN IN EXTREMITY (Arm pain), PYREXIA (Really really high fever), PAIN (Aches and pains), NAUSEA (Nausea), FEEDING DISORDER (Could not eat), ARTHRALGIA (Joint pain), MYALGIA (Muscle pain), ASTHENIA (lost of strenght, could not held a glass of water), FATIGUE (Fatigue),

TOOTHACHE (Toothache) and CHILLS (chils). On 23-Jan-2021, CHILLS (chils) outcome was unknown. On 24-Jan-2021, PYREXIA (Really really high fever) outcome was unknown. At the time of the report, PAIN IN EXTREMITY (Arm pain), PAIN (Aches and pains), NAUSEA (Nausea), FEEDING DISORDER (Could not eat), ARTHRALGIA (Joint pain), MYALGIA (Muscle pain), ASTHENIA (lost of strenght, could not held a glass of water), FATIGUE (Fatigue) and TOOTHACHE (Toothache) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1573025 (history)	**Vaccinated:**	2021-01-24
Form:	Version 2.0	**Onset:**	2021-01-24
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Fatigue, Nausea, Vaccination site pain
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (no reported medical history)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: extreme fatigue; chills; nausea; soreness at the injection site; This spontaneous case was reported by a patient and describes the occurrence of CHILLS (chills), NAUSEA (nausea), VACCINATION SITE PAIN (soreness at the injection site) and FATIGUE (extreme fatigue) in a 53-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. Unknown) for COVID-19 vaccination. The patient''s past medical history included No adverse event (no reported medical history). On 24-Jan-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine)

(unknown route) 1 dosage form. On 24-Jan-2021, the patient experienced CHILLS (chills), NAUSEA (nausea) and VACCINATION SITE PAIN (soreness at the injection site). On 25-Jan-2021, the patient experienced FATIGUE (extreme fatigue). On 26-Jan-2021, CHILLS (chills), NAUSEA (nausea), VACCINATION SITE PAIN (soreness at the injection site) and FATIGUE (extreme fatigue) had resolved. Action taken with mRNA-1273 in response to the event was not applicable. Treatment information was not provided. No relevant concomitant medications were reported.; Sender"s Comments: Based on the current available information and temporal association between the use of mRNA-1273 and the onset of the events, a causal relationship cannot be excluded. Chills, vaccination site induration, vaccination site pain, nausea, and fatigue are consistent with the product safety profile

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VAERS ID:	1573890 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	26.0	**Days after vaccination:**	56
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	015M20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abortion spontaneous, Blood prolactin normal, Blood thyroid stimulating hormone normal, Cardiolipin antibody negative, Exposure during pregnancy, Ultrasound antenatal screen abnormal
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Foetal disorders (narrow), Termination of pregnancy and risk of abortion (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal vitamin
Current Illness: None
Preexisting Conditions: None
Allergies: NKDA Hives to dogs when licked
Diagnostic Lab Data: Checked mother for anticardiolipin Abs, prolactin level, and TSH--all normal.
CDC Split Type:
Write-up: Pregnant at time of vaccination, confirmed by 8wk ultrasound with heartbeat on 1/29/21. Due date was . Missed miscarriage discovered at a routine ultrasound (nuchal translucency) at 13w2d on 3/8/21. Baby was a few days behind on measurements (so died within that week). No cause found but also no genetic testing done. No maternal illness or symptoms.

VAERS ID:	1577391 (history)	**Vaccinated:**	2021-06-23
Form:	Version 2.0	**Onset:**	2021-06-23
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	S037497 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132108USA003580
Write-up: no additional AE reported; MMR II was improperly stored and administered.; This spontaneous report has been received from a nurse practitioner (also reported as nurse prescriber) referring to a patient of unknown age and unknown gender. Concomitant medication, pertinent medical history, and drug reactions/allergies were not reported. On 23-JUN-2021, the patient was vaccinated with an improperly stored dose of Measles, Mumps, and Rubella (Wistar RA 27-3) Virus Vaccine, Live recombinant human albumin (rHA) (M-M-R II) for prophylaxis (lot # S037497, expiration date 20-NOV-2021; strength, dose, and route were not reported). The product was stored at 55 Fahrenheit (F) from 08-JUN-2021 to 03-AUG-2021, the reporter was unable to provide total time out of range (product storage error). There was no previous temperature excursion. No additional adverse event was reported.

VAERS ID:	1577392 (history)	**Vaccinated:**	2021-07-26
Form:	Version 2.0	**Onset:**	2021-07-26
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	T006166 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132108USA003585
Write-up: no additional AE reported; MMR II was improperly stored and administered; This spontaneous report has been received from a nurse practitioner (also reported as nurse prescriber) referring to a patient of unknown age and unknown gender. Concomitant medication, pertinent medical history, and drug reactions/allergies were not reported. On 26-JUL-2021, the patient was vaccinated with an improperly stored dose of Measles, Mumps, and Rubella (Wistar RA 27-3) Virus Vaccine, Live recombinant human albumin (rHA) (M-M-R II) for prophylaxis (lot # T006166, expiration date 19-FEB-2022; strength, dose, and route were not reported). The product was stored at 55 Fahrenheit (F) from 08-JUN-2021 to 03-AUG-2021, the reporter was unable to provide total time out of range (product storage error). There was no previous temperature excursion. No additional adverse event was reported.

VAERS ID:	1578175 (history)	**Vaccinated:**	2021-06-14
Form:	Version 2.0	**Onset:**	2021-06-23
Age:	31.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022B21A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	03SC21A / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Dyspnoea, Immediate post-injection reaction, Injection site urticaria,

Pharyngeal swelling, Scalloped tongue, Swollen tongue, Throat irritation, Tongue pruritus
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Anticholinergic syndrome (broad), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Exactly a week after receiving the first dose of the Moderna vaccine I had hives on the injection site and my throat swelled and was itchy and my tongue also swelled and was itchy to the point that it scalloped and I had trouble with breathing and being light headed for a few days. I was worried about getting the second shot, but the pharmacist just brushed off my symptoms and concerns and injected the opposite arm. I immediately had a huge hive on the injection site and the itchy throat and tongue came back worse. It has been over a month and the itchy throat and tongue have not subsided. No allergy meds are helping.

VAERS ID:	1578404 (history)	**Vaccinated:**	2021-07-23
Form:	Version 2.0	**Onset:**	2021-07-28
Age:	26.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Menstruation irregular
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oral Birth Control
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: Gluten intolerance, Lactose Intolerant
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Heavy period on and off since I got the vaccine. Have had three periods since the end of month July. This is unusual for me since I have had a normal period my whole life. I know my body and this is not normal and the only change is the fact that I got vaccinated.

VAERS ID:	1578729 (history)	**Vaccinated:**	2021-07-26
Form:	Version 2.0	**Onset:**	2021-08-09
Age:	83.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0217 / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Platelet count decreased, Thrombocytopenia
SMQs:, Haematopoietic thrombocytopenia (narrow), Systemic lupus erythematosus (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: pancytopenia secondary to methotrexate toxicity with complicated hospitalization including neutropenic fever
Preexisting Conditions: many of relevance she has a remote history of ITP
Allergies:
Diagnostic Lab Data: Platelet counts: 7/25/21: 187 8/9/21:45
CDC Split Type:
Write-up: She developed thrombocytopenia, probably at least in part secondary to her vaccine. See below platelet count 1 day prior to vaccination was normal, it fell to 45 approximately 2 weeks later.

VAERS ID:	1578999 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	45.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / UNK	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Arthritis, Blood creatinine increased, Blood test, Blood urine present, Chills, Chromaturia, Fatigue, Flank pain, Glomerular filtration rate, Influenza like illness, Neuritis, SARS-CoV-2 test negative, Urine analysis
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Peripheral neuropathy (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (narrow), Systemic lupus erythematosus (broad), Retroperitoneal fibrosis (broad), Chronic kidney disease (broad), Arthritis (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Baclofen 5mg daily magnesium 100mg daily Low Dose Naltrexone 2.5 mg daily
Current Illness: none
Preexisting Conditions: cervical dystonia
Allergies: none
Diagnostic Lab Data: Blood and urine samples were collected on Saturday Feb 13th which indicated inflammation, and blood/protein in urine. GFR was at 56 and creatine was up to 1.06 from past baseline on .8. I was also tested for covid which was negative. Followed up with Primary Care Feb 18th for more tests and ongoing follow up until Kidney function returned to normal approximately 2 months later.
CDC Split Type:
Write-up: Approximately 24 hours after my second vaccination on Feb 11 2021 my husband noticed my urine was dark brown/red in color. I had severe fatigue, severe hip/joint pain, flank pain, chills and flu like symptoms. I started to feel better from chills/flu like symptoms Saturday Feb 13, however, still had significant pain in my hips, flank pain, and clear indication of blood in my urine. I call my medical provider and was advised to go to Emergency Department Saturday evening. Blood work and urine was collected and after reviewing labs the Emergency department concluded that I had an arthritic inflammatory response and neuritis. I was sent home , told to drink lots of water and monitor symptoms. after about 10 days in bed and hydrating I was able to

return to work/normal functioning.

VAERS ID:	1580560 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-25
Age:	34.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Axillary mass, Feeling hot, Pain in extremity, Peripheral swelling, Vaccination site erythema
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: GABAPENTIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Arm is hot to the touch; Red mark of 2 by 3 inches at the site of the injection; Armpit was swollen; Arm was very sore; Arm was swollen; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PAIN IN EXTREMITY (Arm was very sore), PERIPHERAL SWELLING (Arm was swollen), AXILLARY MASS (Armpit was swollen), FEELING HOT (Arm is hot to the touch) and VACCINATION SITE ERYTHEMA (Red mark of 2 by 3 inches at the site of the injection) in a 34-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013L20A) for COVID-19 vaccination. The patient''s medical history was not provided. Concomitant products included GABAPENTIN for Restless leg syndrome. On 25-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 25-Jan-2021, the patient experienced PAIN IN EXTREMITY (Arm was very sore) and PERIPHERAL SWELLING (Arm was swollen). On 01-Feb-2021, the patient experienced AXILLARY MASS (Armpit was swollen). On 02-Feb-2021, the patient experienced FEELING HOT (Arm is hot to the touch) and VACCINATION SITE ERYTHEMA (Red mark of 2 by 3 inches at the site of the injection). The patient was treated with Manual therapy (Ice, drank lots of fluid and warm compress) for Peripheral swelling. On 26-Jan-2021, PAIN IN EXTREMITY (Arm was very sore) and

PERIPHERAL SWELLING (Arm was swollen) had resolved. At the time of the report, AXILLARY MASS (Armpit was swollen), FEELING HOT (Arm is hot to the touch) and VACCINATION SITE ERYTHEMA (Red mark of 2 by 3 inches at the site of the injection) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. The patient''s arm got very sore and swollen. She put some ice on it and drunk a lot of fluids and the symptoms went away after 24 hours. Last night (01-FEB-2021) she noticed her armpit was swollen, so she put a warm compress on it. Today (02-FEB-2021), the arm is swollen again, and it is hot to the touch and has a red mark of 2 by 3 inches at the site of the injection.

VAERS ID:	1580824 (history)	**Vaccinated:**	2021-01-24
Form:	Version 2.0	**Onset:**	2021-01-24
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Erythema, Pruritus, Vaccination site pain, Vaccination site warmth
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Raised area 2inches in size, red and slightly itchy; Itchiness; Raised area on arm that was red and warm to touch; Raised area on arm that was red and warm to touch; Soreness that lasted 3 days; This spontaneous case was reported by a consumer and describes the occurrence of PRURITUS (Itchiness), ERYTHEMA (Raised area on arm that was red and warm to touch),

VACCINATION SITE WARMTH (Raised area on arm that was red and warm to touch), PRURITUS (Raised area 2inches in size, red and slightly itchy) and VACCINATION SITE PAIN (Soreness that lasted 3 days) in a 68-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013L20A) for COVID-19 vaccination. No Medical History information was reported. On 24-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 24-Jan-2021, the patient experienced VACCINATION SITE PAIN (Soreness that lasted 3 days). On 31-Jan-2021, the patient experienced PRURITUS (Itchiness), ERYTHEMA (Raised area on arm that was red and warm to touch) and VACCINATION SITE WARMTH (Raised area on arm that was red and warm to touch). On an unknown date, the patient experienced PRURITUS (Raised area 2inches in size, red and slightly itchy). The patient was treated with Over counter cream at an unspecified dose and frequency. On 27-Jan-2021, VACCINATION SITE PAIN (Soreness that lasted 3 days) had resolved. At the time of the report, PRURITUS (Itchiness), ERYTHEMA (Raised area on arm that was red and warm to touch), VACCINATION SITE WARMTH (Raised area on arm that was red and warm to touch) and PRURITUS (Raised area 2inches in size, red and slightly itchy) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1580852 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-18
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Extremely sore arm; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (Extremely sore arm) in a female patient of an

unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 01-Feb-2021, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced PAIN IN EXTREMITY (Extremely sore arm). At the time of the report, PAIN IN EXTREMITY (Extremely sore arm) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications were not provided. Treatment information was not reported.

VAERS ID:	1581028 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	63.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-18
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Hypoaesthesia, Paraesthesia, Vaccination site pain
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Numbness on the entire shot arm, nose, face, side of face; injection site soreness; tingly on the entire shot arm, nose, face, side of face; This spontaneous case was reported by a consumer and describes the occurrence of HYPOAESTHESIA (Numbness on the entire shot arm, nose, face, side of face), VACCINATION SITE PAIN (injection site soreness) and PARAESTHESIA (tingly on the entire shot arm, nose, face, side of face) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013L20A) for COVID-19 vaccination. No Medical History information was reported. On 25-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 05-Jan-2021, the patient experienced PARAESTHESIA (tingly on the entire shot arm, nose, face, side of face). On 25-Jan-2021, the patient experienced HYPOAESTHESIA (Numbness on the entire shot arm, nose, face, side of face) and VACCINATION SITE PAIN (injection site soreness). At the time of the report, HYPOAESTHESIA (Numbness on the entire shot arm, nose, face, side of face)

and PARAESTHESIA (tingly on the entire shot arm, nose, face, side of face) had resolved and VACCINATION SITE PAIN (injection site soreness) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Treatment and concomitant medications were not provided by reporter.

VAERS ID:	1581135 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-01-28
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Dry mouth, Feeling abnormal, Feeling of body temperature change, Hypoaesthesia, Influenza like illness, Migraine, Nausea, Sleep disorder
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dementia (broad), Pseudomembranous colitis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Dehydration (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Thyroid cancer
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Severe migraines; Hot and cold; Fell asleep on the phone; Her whole body went numb; Zombie kind of feeling; Diarrhea; Dry mouth; It feels like the flu; Wanting to throw up; Chills; This spontaneous case was reported by a consumer and describes the occurrence of MIGRAINE (Severe migraines), FEELING OF BODY TEMPERATURE CHANGE (Hot and cold), SLEEP DISORDER (Fell asleep on the phone), HYPOAESTHESIA (Her whole body went numb) and FEELING ABNORMAL (Zombie kind of feeling) in a 59-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Thyroid cancer in 2017. On 28-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 28-Jan-2021, the patient experienced MIGRAINE (Severe migraines), FEELING OF BODY TEMPERATURE CHANGE (Hot and cold),

SLEEP DISORDER (Fell asleep on the phone), HYPOAESTHESIA (Her whole body went numb), FEELING ABNORMAL (Zombie kind of feeling), DIARRHOEA (Diarrhea), DRY MOUTH (Dry mouth), INFLUENZA LIKE ILLNESS (It feels like the flu), NAUSEA (Wanting to throw up) and CHILLS (Chills). The patient was treated with PARACETAMOL (TYLENOL) at an unspecified dose and frequency and IBUPROFEN at an unspecified dose and frequency. At the time of the report, MIGRAINE (Severe migraines), FEELING OF BODY TEMPERATURE CHANGE (Hot and cold), SLEEP DISORDER (Fell asleep on the phone), HYPOAESTHESIA (Her whole body went numb), FEELING ABNORMAL (Zombie kind of feeling), DIARRHOEA (Diarrhea), DRY MOUTH (Dry mouth), INFLUENZA LIKE ILLNESS (It feels like the flu), NAUSEA (Wanting to throw up) and CHILLS (Chills) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications used are Cancer medication.

VAERS ID:	1581539 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	33.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024M20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Back pain
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Bodyaches; This spontaneous case was reported by a consumer and describes the occurrence of MYALGIA (Bodyaches) in a 33-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 024M20A) for COVID-19 vaccination. Concurrent medical conditions included Back pain. On 24-Feb-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage

form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 24-Feb-2021, the patient experienced MYALGIA (Bodyaches). The patient was treated with PARACETAMOL (TYLENOL) ongoing since an unknown date for Myalgia, at an unspecified dose and frequency. At the time of the report, MYALGIA (Bodyaches) outcome was unknown. Action taken with mRNA-1273 was not applicable. Concomitant medication details were not reported by the reporter.

VAERS ID:	1582159 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	26.0	**Days after vaccination:**	25
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	015M20A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Abortion missed, Antinuclear antibody, Blood prolactin, Maternal exposure before pregnancy, Thyroid function test normal
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Termination of pregnancy and risk of abortion (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: prenatal vitamin
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: Tested prolactin, antiphospholipid Abs and TSH--all normal. Could not find cause for 13wk2d miscarriage.
CDC Split Type:
Write-up: Pregnant at time of vaccination, confirmed by 8wk ultrasound with heartbeat on 1/29/21. Due date was . Missed miscarriage discovered at a routine ultrasound (nuchal translucency) at 13w2d on 3/8/21. Baby was a few days behind on measurements (so died within that week). No cause found but also no genetic testing done. No maternal illness or symptoms. Also reported this for my 1st moderna vaccine

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VAERS ID: 1590937 (history)		**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-08-18
Age:	29.0	**Days after vaccination:**	109
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0169 / 2	AR / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ED7533 / 1	AR / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Cardiac flutter, Cardiac murmur, Chest discomfort, Cough, Flushing, Oropharyngeal pain, Paranasal sinus discomfort, Pyrexia, Rhinorrhoea, Sneezing
SMQs:, Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Pulmonary hypertension (broad), Tachyarrhythmia terms, nonspecific (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Magnesium; Fish Oil; and Vitamin D supplements.
Current Illness: None.
Preexisting Conditions: None.
Allergies: Cecile (rash as infant).
Diagnostic Lab Data:
CDC Split Type:
Write-up: I have been experiencing symptoms of myocarditis or pericarditis?a feeling that my heart is fluttering, flushed, or murmuring and a general chest feeling of calm fatigue. I have never experienced these before. My partner and I have both been experiencing symptoms of some immune response to an infection or virus. Both of us have been experiencing: runny nose, some sinus pressure, mild sneezing, and sore throat. But I believe neither of us has experience fever or coughing. She is experiencing none of the chest/heart symptoms, only I am. Is it possible that I am related to other cases tying COVID-19 mRna vaccines in young men to heart inflammation? I am otherwise a very healthy individual. BMI is around 22.4. Diet vegetarian. Moderate/low sugar and salt intake.

VAERS ID:	1591306 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	40.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011A21A / 2	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Electromyogram abnormal, Muscle atrophy, Nerve degeneration, Neuralgic amyotrophy
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tramadol, Verapamil, Duloxetine, iron, probiotics, Advil,
Current Illness: N/A
Preexisting Conditions: Abdominal pain
Allergies: PCN
Diagnostic Lab Data: EMG (8/18/2021) at medical center.
CDC Split Type:
Write-up: Parsonage-Turner Syndrome in Right shoulder causing severe degradation of R Thoracic nerve and R Seratus muscles.

VAERS ID:	1591892 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	29.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Carpal tunnel syndrome
SMQs:
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Carpel Tunnel
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Syncope, numbness in left arm

VAERS ID:	1591938 (history)	**Vaccinated:**	2021-06-07
Form:	Version 2.0	**Onset:**	2021-06-09
Age:	63.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004C21A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002B21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Discouragement, Fatigue, Feeling abnormal, Immobile, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Dementia (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flo Vent Inhaler , Vit C, Saw Palmetto, Gingko,
Current Illness: None
Preexisting Conditions: Slight problems with asthma induced by allergies or seasonal changes. Managed fine with once a day inhalation of flo vent inhaler.
Allergies: None known to meds, food. Allergies to hay, pollens, danders, some perfumes
Diagnostic Lab Data: None yet
CDC Split Type:
Write-up: None after 1st shot. After 2nd: Felt crummy all next day. Then that went away and felt

ok again. Didn''t eat but did drink fluids that day. No Alcohol or drugs or tobacco. The next day I woke up with severe muscle aches in hamstrings, shoulders, arms, back. This stayed until Saturday that week. Was very discouraged, fatigued and immobile. I was going to call for appt on Monday. I remembered I had 7 days worth of a Prednisone perscription that I hadn''t needed to take in the fall of 2020. So I took 2- 20mg pills once a day for 7 days. After just a few hours of the first dose, I felt somewhat better and that continued quickly relieving the pain and stiffness and fatigue.

VAERS ID:	1594088 (history)	**Vaccinated:**	2021-07-14
Form:	Version 2.0	**Onset:**	2021-07-14
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	T006166 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132108USA003420
Write-up: No additional AE; MMR II was improperly stored and administered; This spontaneous report was received from a nurse practitioner referring to a patient of unknown age. Information regarding the patient''s pertinent medical history, historical drugs, concurrent conditions, concomitant therapies, and previous drug reactions or allergies was not reported. On 14-JUL-2021, the patient was vaccinated with an improperly stored dose of measles, mumps, and rubella (wistar ra 27-3) virus vaccine, live, recombinant human albumin (rha) (M-M-R II) lot # T006166, expiration date 19-FEB-2022, for prophylaxis (dose, vaccination scheme frequency, route of administration and anatomical site of vaccination were not reported). No additional adverse event reported. The vaccine was stored in a temperature of 55 degree Fahrenheit (?F) for an unknown time frame from 08-JUN-2021 until 03-AUG-2021. There was no previous temperature excursion reported.

VAERS ID:	1594417 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-08-17
Age:	23.0	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	202A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Poor quality product administered
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Abstains from alcohol; Non-smoker
Preexisting Conditions: Comments: The patient had no known allergies. The patient have no history of drug abuse or illicit drug usage.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210835586
Write-up: ADMINISTERED DOSES TO PATIENT BEYOND THE 2 HOUR RECOMMENDED STORAGE WINDOW; This spontaneous report received from a pharmacist concerned a 23 year old of unspecified sex. The patient''s height, and weight were not reported. The patient''s concurrent conditions included: non-alcohol user, and non smoker, and other pre-existing medical conditions included: The patient had no known allergies. The patient have no history of drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 202A21A, expiry: UNKNOWN) dose was not reported, administered on 17-AUG-2021 for prophylactic vaccination. No concomitant medications were reported. On 17-AUG-2021, the patient experienced administered doses to patient beyond the 2 hour recommended storage window. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of administered doses to patient beyond the 2 hour recommended storage window was not reported. This report was non-serious.

VAERS ID:	1594432 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-08-01
Age:	49.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	204A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Poor quality product administered, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: The patient had no known allergies.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210837262
Write-up: VACCINE ADMINISTERED AFTER 48 HOURS FROM PUNCTURED VIAL; INCORRECT PRODUCT STORAGE; This spontaneous report received from a health care professional concerned a 49 year old male. The patient''s height, and weight were not reported. The patient''s pre-existing medical conditions included: The patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 204A21A expiry: 21-SEP-2021) dose was not reported, administered on 17-AUG-2021 for prophylactic vaccination. No concomitant medications were reported. On AUG-2021, the patient experienced incorrect product storage. On 17-AUG-2021, the patient experienced vaccine administered after 48 hours from punctured vial. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the vaccine administered after 48 hours from punctured vial and incorrect product storage was not reported. This report was non-serious. This case, from the same reporter is linked to 20210837503.

VAERS ID:	1594448 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-08-17
Age:	54.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	204A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Poor quality product administered
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: The patient had no known allergies.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210837503
Write-up: VIAL PUNCTURED OVER 48 HOURS WHEN ADMINISTERED; This spontaneous report received from a health care professional concerned a 54 year old female. The patient''s height, and weight were not reported. The patient''s pre-existing medical conditions included: The patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 204A21A, and expiry: 21-SEP-2021) dose was not reported, administered on 17-AUG-2021 for prophylactic vaccination. No concomitant medications were reported. On 17-AUG-2021, the patient experienced vial punctured over 48 hours when administered. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of vial punctured over 48 hours when administered was not reported. This report was non-serious. This case, from the same reporter is linked to 20210838123, 20210837775 and 20210837262.

VAERS ID:	1594459 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-08-17
Age:	58.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	204A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Poor quality product administered
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: The patient did not have any known drug allergies.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210837775
Write-up: 48 HOURS PUNCTURED VIAL; This spontaneous report received from a health care professional concerned a 58 year old female. The patient''s height, and weight were not reported. The patient''s pre-existing medical conditions included: The patient did not have any known drug allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 204A21A and expiry: 21-SEP-2021) dose was not reported, administered on 17-AUG-2021 for prophylactic vaccination. No concomitant medications were reported. On 17-AUG-2021, the patient experienced 48 hours punctured vial. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of 48 hours punctured vial was not reported. This report was non-serious.

VAERS ID:	1594467 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-08-17
Age:	19.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	204A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Poor quality product administered, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: The patient had no known drug allergies.
Allergies:

Diagnostic Lab Data:
CDC Split Type: USJNJFOC20210838123
Write-up: VACCINE ADMINISTERED AFTER VIAL PUNCTURED X48 HOURS; OUT OF SPECIFICATION PRODUCT USE; This spontaneous report received from a health care professional concerned a 19 year old male. The patient''s height, and weight were not reported. The patient''s pre-existing medical conditions included: The patient had no known drug allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 204A21A, and expiry: 21-SEP-2021) dose was not reported, administered on 17-AUG-2021 for prophylactic vaccination. No concomitant medications were reported. On 17-AUG-2021, the patient experienced vaccine administered after vial punctured x 48 hours. On 17-AUG-2021, the patient experienced out of specification product use. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the vaccine administered after vial punctured x48 hours and out of specification product use was not reported. This report was non-serious.

VAERS ID:	1595385 (history)	**Vaccinated:**	2021-01-27
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	75.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Adverse reaction, Device connection issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Adverse effect; Vaccine rolled out of arm; This spontaneous case was reported by a consumer and describes the occurrence of ADVERSE REACTION (Adverse effect) and DEVICE CONNECTION ISSUE (Vaccine rolled out of arm) in a 75-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 012M20A) for COVID-19 vaccination. No Medical History information was reported. On 27-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Jan-2021, the

patient experienced DEVICE CONNECTION ISSUE (Vaccine rolled out of arm). On an unknown date, the patient experienced ADVERSE REACTION (Adverse effect). On 27-Jan-2021, DEVICE CONNECTION ISSUE (Vaccine rolled out of arm) had resolved. At the time of the report, ADVERSE REACTION (Adverse effect) had resolved. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No relevant concomitant medications were reported. No treatment information was provided. Most recent FOLLOW-UP information incorporated above includes: On 02-Apr-2021: Non significant information added. On 23-Jul-2021: Follow up received: lot number, start date of vaccine and outcome of event added.; Reporter''s Comments: Very limited information regarding this event/s has been provided at this time. Further information has been requested.

VAERS ID:	1597182 (history)	**Vaccinated:**	2021-03-02
Form:	Version 2.0	**Onset:**	2021-03-02
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Injection site discolouration, Injection site rash, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: a circular red rash made up of tiny bumps; area''s slightly raised; injection site itself is still black & blue; felt really tired; This spontaneous case was reported by a patient and describes the occurrence of FATIGUE (felt really tired), INJECTION SITE RASH (a circular red rash made up of tiny bumps), INJECTION SITE SWELLING (area''s slightly raised) and INJECTION SITE DISCOLOURATION (injection site itself is still black & blue) in a 70-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 010A21A) for COVID-19 vaccination. No Medical History information was reported. On 02-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 02-Mar-2021, the patient experienced FATIGUE (felt really tired). On 11-Mar-2021, the patient

experienced INJECTION SITE RASH (a circular red rash made up of tiny bumps), INJECTION SITE SWELLING (area"s slightly raised) and INJECTION SITE DISCOLOURATION (injection site itself is still black & blue). At the time of the report, FATIGUE (felt really tired), INJECTION SITE RASH (a circular red rash made up of tiny bumps), INJECTION SITE SWELLING (area"s slightly raised) and INJECTION SITE DISCOLOURATION (injection site itself is still black & blue) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Patient took Ibuprofen before she got the injection.

VAERS ID:	1597387 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Injection site mass, Rash macular, Vaccination site erythema
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: bump at the injection site it was about 1 inch in diameter; Red ring; large Blotchy at injection site; This spontaneous case was reported by a consumer and describes the occurrence of INJECTION SITE MASS (bump at the injection site it was about 1 inch in diameter), VACCINATION SITE ERYTHEMA (Red ring) and RASH MACULAR (large Blotchy at injection site) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 026A21A) for COVID-19 vaccination. No Medical History information was reported. On 10-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 11-Mar-2021, the patient experienced INJECTION SITE MASS (bump at the injection site it was about 1 inch in diameter), VACCINATION SITE ERYTHEMA (Red ring) and RASH MACULAR (large Blotchy at injection site). At the time of the report, INJECTION SITE MASS (bump at the injection site it was about 1 inch in diameter), VACCINATION SITE ERYTHEMA (Red ring) and RASH MACULAR (large Blotchy at injection site) was resolving. Not

Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No Concomitant medications were provided. No Treatments were reported.

VAERS ID:	1597451 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-10
Age:	72.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Vaccination site erythema, Vaccination site pain, Vaccination site pruritus, Vertigo
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYNTHROID; CYTOMEL
Current Illness: Drug allergy (Sulfa drugs); Hypothyroidism; Penicillin allergy
Preexisting Conditions: Medical History/Concurrent Conditions: Vertigo (During peri-menopause patient experienced occasional bouts of vertigo. These disappeared after menopause)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: dizzy spells; Feelings of vertigo; itching at injection site; fatigue; redness at injection site; pain at injection site; This spontaneous case was reported by a consumer and describes the occurrence of DIZZINESS (dizzy spells), VERTIGO (Feelings of vertigo), VACCINATION SITE PRURITUS (itching at injection site), FATIGUE (fatigue) and VACCINATION SITE ERYTHEMA (redness at injection site) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Vertigo (During peri-menopause patient experienced occasional bouts of vertigo. These disappeared after menopause). Concurrent medical conditions included Drug allergy (Sulfa drugs), Penicillin allergy and Hypothyroidism since 01-Jan-1978. Concomitant products included LEVOTHYROXINE SODIUM (SYNTHROID) and LIOTHYRONINE SODIUM (CYTOMEL) for an unknown indication. On 04-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 10-Mar-2021, the patient experienced DIZZINESS (dizzy spells), VERTIGO (Feelings of vertigo), VACCINATION SITE PRURITUS (itching at injection site), FATIGUE (fatigue), VACCINATION SITE ERYTHEMA (redness at injection site) and VACCINATION SITE PAIN (pain at injection site). On 18-Mar-2021, DIZZINESS (dizzy spells) and

VERTIGO (Feelings of vertigo) had resolved. At the time of the report, VACCINATION SITE PRURITUS (itching at injection site), FATIGUE (fatigue), VACCINATION SITE ERYTHEMA (redness at injection site) and VACCINATION SITE PAIN (pain at injection site) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No treatment information was provided. Most recent FOLLOW-UP information incorporated above includes: On 21-Jul-2021: Reporter Email Address was added patient race Height and weight was added allergy medical history and current condition was added Outcome of the events was added from unknown to Recovered concomitant drug added 2nd dose info was added

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VAERS ID:	1597683 (history)	**Vaccinated:**	2021-03-15
Form:	Version 2.0	**Onset:**	2021-03-01
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain upper, Muscle spasms
SMQs:, Acute pancreatitis (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: No medical history was reported
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Little pain in stomach muscle; cramping; This spontaneous case was reported by a consumer and describes the occurrence of ABDOMINAL PAIN UPPER (Little pain in stomach muscle) and MUSCLE SPASMS (cramping) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No medical history was reported. On 15-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. In March 2021, the patient experienced ABDOMINAL PAIN UPPER (Little pain in stomach muscle) and MUSCLE SPASMS (cramping). At the time of the report, ABDOMINAL PAIN UPPER (Little pain in stomach muscle) and MUSCLE SPASMS (cramping) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19

Vaccine) (Unknown) was unknown. The reported was not sure if the adverse events were acid reflux related. Concomitant medication and treatment information were not reported. Reporter did not allow further contact

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VAERS ID:	1598129 (history)	**Vaccinated:**	2021-02-22
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	72.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006A20A / 2	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Feeling abnormal, Malaise, Vaccination site discolouration, Vaccination site erythema, Vaccination site mass, Vaccination site warmth
SMQs:, Dementia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Fatty liver
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: vaccination site lump; Vaccination site erythema; vaccination site warmth; vaccination site discoloration; It just slammed me; Feeling unwell; This spontaneous case was reported by a consumer and describes the occurrence of FEELING ABNORMAL (It just slammed me), MALAISE (Feeling unwell), VACCINATION SITE MASS (vaccination site lump), VACCINATION SITE ERYTHEMA (Vaccination site erythema) and VACCINATION SITE WARMTH (vaccination site warmth) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 006A20A and 001B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Fatty liver. On 22-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 22-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 25-Feb-2021, the patient experienced FEELING ABNORMAL (It just slammed me) and MALAISE (Feeling unwell). On 11-Mar-2021, the patient experienced VACCINATION SITE MASS (vaccination site lump), VACCINATION SITE ERYTHEMA (Vaccination site erythema), VACCINATION SITE WARMTH (vaccination site warmth) and VACCINATION SITE DISCOLOURATION (vaccination site discoloration). On 22-Mar-2021, VACCINATION SITE MASS

(vaccination site lump), VACCINATION SITE ERYTHEMA (Vaccination site erythema), VACCINATION SITE WARMTH (vaccination site warmth) and VACCINATION SITE DISCOLOURATION (vaccination site discoloration) had resolved. At the time of the report, FEELING ABNORMAL (It just slammed me) and MALAISE (Feeling unwell) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Concomitant product use was not provided by the reporter. No treatment information was provided. The patient received both scheduled doses of mRNA-1273 prior to the events therefore, action taken with the drug in response to the events was not applicable. This case was linked to MOD-2021-054458 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 10-May-2021: TCR was received Contains no new information

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VAERS ID:	1598935 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Disorientation, Myalgia, Pain, Pyrexia, Vaccination site pain
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: hit with ton of brick; body ache; Fever; Disoriented; pain at injection left arm; This spontaneous case was reported by a consumer and describes the occurrence of PAIN (hit with ton of brick), DISORIENTATION (Disoriented), VACCINATION SITE PAIN (pain at injection left arm), MYALGIA (body ache) and PYREXIA (Fever) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 014M20A and 006B21A) for COVID-19

vaccination. No Medical History information was reported. On 24-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 24-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 24-Feb-2021, the patient experienced DISORIENTATION (Disoriented) and VACCINATION SITE PAIN (pain at injection left arm). On 24-Mar-2021, the patient experienced PAIN (hit with ton of brick), MYALGIA (body ache) and PYREXIA (Fever). On 25-Feb-2021, DISORIENTATION (Disoriented) and VACCINATION SITE PAIN (pain at injection left arm) had resolved. At the time of the report, PAIN (hit with ton of brick), MYALGIA (body ache) and PYREXIA (Fever) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant and treatment medication were not provided.

VAERS ID:	1599027 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-25
Age:		**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	O26A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Back pain, Chills, Headache, Pyrexia, Vaccination site pain, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: back pain; vomiting; site of injection is sore; headache; fever; chills; This spontaneous case was reported by a consumer and describes the occurrence of BACK PAIN (back pain), VOMITING (vomiting), VACCINATION SITE PAIN (site of injection is sore), HEADACHE (headache) and PYREXIA (fever) in a 62-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. O26A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history not included .

relevant concomitant products usage were not reported by the reporter. On 24-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 25-Mar-2021, the patient experienced BACK PAIN (back pain), VOMITING (vomiting), VACCINATION SITE PAIN (site of injection is sore), HEADACHE (headache), PYREXIA (fever) and CHILLS (chills). At the time of the report, BACK PAIN (back pain), VOMITING (vomiting), VACCINATION SITE PAIN (site of injection is sore), HEADACHE (headache), PYREXIA (fever) and CHILLS (chills) outcome was unknown. No treatment information was reported. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1599779 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0300A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Adverse event, Chills, Dizziness, Fatigue, Feeling abnormal, Hypokinesia, Nasopharyngitis
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: No medical history was reported.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: light headedness; really tired; could not move; really weird surges; brain fog; dizziness; head chills; cold; This spontaneous case was reported by a consumer and describes the occurrence of NASOPHARYNGITIS (cold), HYPOKINESIA (could not move), ADVERSE EVENT (really weird surges), DIZZINESS (light headedness) and FEELING ABNORMAL (brain fog) in a 55-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 0300A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was reported. On 22-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 23-Mar-2021, the

patient experienced NASOPHARYNGITIS (cold), FEELING ABNORMAL (brain fog), DIZZINESS (dizziness) and CHILLS (head chills). On 24-Mar-2021, the patient experienced HYPOKINESIA (could not move) and ADVERSE EVENT (really weird surges). On 25-Mar-2021, the patient experienced DIZZINESS (light headedness) and FATIGUE (really tired). The patient was treated with LORATADINE (ALAVERT) at an unspecified dose and frequency and PARACETAMOL (TYLENOL) at an unspecified dose and frequency. On 23-Mar-2021, NASOPHARYNGITIS (cold) and CHILLS (head chills) had resolved. On 24-Mar-2021, HYPOKINESIA (could not move) and ADVERSE EVENT (really weird surges) had resolved. On 25-Mar-2021, DIZZINESS (light headedness) and FATIGUE (really tired) had resolved. At the time of the report, FEELING ABNORMAL (brain fog) and DIZZINESS (dizziness) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No Concomitant information was provided.

VAERS ID:	1600913 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Back pain, Diarrhoea, Dysuria, Fatigue, Groin pain, Headache, Lymph node pain, Pyrexia, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Osteonecrosis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: at night the pain began to settle on the lower back where hips meet back; Feels like it was swollen to the point where she couldn''t bend, move, or lift; back aching; diarrhea; washed

out; high fever for an adult that peaked at 102.5 with increasing headache; groin lymph nodes are really sore and aching; high fever for an adult that peaked at 102.5 with increasing headache; pulling pain near her groin and had some trouble urinating; pulling pain near her groin and had some trouble urinating; This spontaneous case was reported by a consumer and describes the occurrence of GROIN PAIN (pulling pain near her groin and had some trouble urinating), DYSURIA (pulling pain near her groin and had some trouble urinating), BACK PAIN (back aching), DIARRHOEA (diarrhea) and BACK PAIN (at night the pain began to settle on the lower back where hips meet back) in a 74-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 014M20A and 046A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included No adverse event. On 24-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 24-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 25-Feb-2021, the patient experienced GROIN PAIN (pulling pain near her groin and had some trouble urinating) and DYSURIA (pulling pain near her groin and had some trouble urinating). On 25-Mar-2021, the patient experienced HEADACHE (high fever for an adult that peaked at 102.5 with increasing headache), LYMPH NODE PAIN (groin lymph nodes are really sore and aching) and PYREXIA (high fever for an adult that peaked at 102.5 with increasing headache). On 26-Mar-2021, the patient experienced BACK PAIN (back aching), DIARRHOEA (diarrhea) and FATIGUE (washed out). On 27-Mar-2021, the patient experienced BACK PAIN (at night the pain began to settle on the lower back where hips meet back) and SWELLING (Feels like it was swollen to the point where she couldn''t bend, move, or lift). At the time of the report, GROIN PAIN (pulling pain near her groin and had some trouble urinating), DYSURIA (pulling pain near her groin and had some trouble urinating), BACK PAIN (back aching), DIARRHOEA (diarrhea), BACK PAIN (at night the pain began to settle on the lower back where hips meet back), SWELLING (Feels like it was swollen to the point where she couldn''t bend, move, or lift), HEADACHE (high fever for an adult that peaked at 102.5 with increasing headache), LYMPH NODE PAIN (groin lymph nodes are really sore and aching), PYREXIA (high fever for an adult that peaked at 102.5 with increasing headache) and FATIGUE (washed out) outcome was unknown. No Concomitant medications were provided. Treatment information included Advil. This case was linked to MOD-2021-064849 (Patient Link).

VAERS ID:	1601118 (history)	**Vaccinated:**	2021-02-25
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010A21A / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood test, Chills, Fatigue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: White coat hypertension (Have high blood pressure)
Allergies:
Diagnostic Lab Data: Test Name: Bloode test
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: chills; tired for a few days; This spontaneous case was reported by a consumer and describes the occurrence of CHILLS (chills) and FATIGUE (tired for a few days) in a 74-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 010A21A and 006B21A) for COVID-19 vaccination. Concurrent medical conditions included White coat hypertension (Have high blood pressure). On 25-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 25-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 25-Feb-2021, the patient experienced CHILLS (chills) and FATIGUE (tired for a few days). At the time of the report, CHILLS (chills) and FATIGUE (tired for a few days) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Blood test: normal normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) was not applicable. No concomitant medication reported An electrocardiogram was performed Treatment using steroid tablet, Pepcid for stomach, a children''s dose of diphenhydramine, and diphenhydramine12.5mg every 4-6 hours was reported Application of cold cloth on arm was reported

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VAERS ID:	1601535 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-03-04
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Feeling abnormal, Rash, Vaccination site rash
SMQs:, Anaphylactic reaction (broad), Dementia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: She experienced rash in other parts of body; She experienced rash below the injection site; She did not feel good; This spontaneous case was reported by a non-health professional and describes the occurrence of FEELING ABNORMAL (She did not feel good), VACCINATION SITE RASH (She experienced rash below the injection site) and RASH (She experienced rash in other parts of body) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) at an unspecified dose. On 04-Mar-2021, the patient experienced FEELING ABNORMAL (She did not feel good). On 07-Mar-2021, the patient experienced VACCINATION SITE RASH (She experienced rash below the injection site). On 09-Mar-2021, the patient experienced RASH (She experienced rash in other parts of body). At the time of the report, FEELING ABNORMAL (She did not feel good), VACCINATION SITE RASH (She experienced rash below the injection site) and RASH (She experienced rash in other parts of body) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown Route) was unknown. Reporter did not allow further contact

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VAERS ID:	1601799 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	74.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Groin pain
SMQs:, Osteonecrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: felt a pulling pain near her groin and had some trouble urinating; This spontaneous case was reported by a consumer and describes the occurrence of GROIN PAIN (felt a pulling pain near her groin and had some trouble urinating) in a 74-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 014M20A) for COVID-19 vaccination. The patient''s past medical history included No adverse event. On 24-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced GROIN PAIN (felt a pulling pain near her groin and had some trouble urinating). At the time of the report, GROIN PAIN (felt a pulling pain near her groin and had some trouble urinating) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. This case was linked to MOD-2021-062230 (Patient Link).

VAERS ID:	1601846 (history)	**Vaccinated:**	2021-02-23
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	81.0	**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	023M20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Feeling cold, Hyperhidrosis, Myalgia, Rhinorrhoea, Sneezing
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VITAMIN D3; FISH OIL
Current Illness: AFib
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Joint ache; Muscle ache; Sneezing; Runny nose; Woke up twice very sweat; Felt cold; This spontaneous case was reported by a consumer and describes the occurrence of FEELING COLD (Felt cold), HYPERHIDROSIS (Woke up twice very sweat), SNEEZING (Sneezing),

RHINORRHOEA (Runny nose) and ARTHRALGIA (Joint ache) in an 81-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 006B21A and 023M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included AFib. Concomitant products included VITAMIN D3 and FISH OIL for an unknown indication. On 23-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 23-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 24-Mar-2021, the patient experienced FEELING COLD (Felt cold). On 29-Mar-2021, the patient experienced HYPERHIDROSIS (Woke up twice very sweat). On 30-Mar-2021, the patient experienced SNEEZING (Sneezing) and RHINORRHOEA (Runny nose). On 31-Mar-2021, the patient experienced ARTHRALGIA (Joint ache) and MYALGIA (Muscle ache). The patient was treated with PARACETAMOL (TYLENOL) at a dose of 1 dosage form. At the time of the report, FEELING COLD (Felt cold), HYPERHIDROSIS (Woke up twice very sweat), SNEEZING (Sneezing), RHINORRHOEA (Runny nose) and ARTHRALGIA (Joint ache) outcome was unknown and MYALGIA (Muscle ache) was resolving. Not Provided The patient reported that she has A fib, she cannot take Ibuprofen. Concomitant products includes blood thinner medication, blood pressure medication two every morning, pill for bones and stool softener. Most recent FOLLOW-UP information incorporated above includes: On 28-Jun-2021: Reporter declined further follow-up with the Treating doctor

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VAERS ID:	1601884 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-29
Age:	69.0	**Days after vaccination:**	13
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site rash
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210

Write-up: Site of injection had red rash twice a size of an egg; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE RASH (Site of injection had red rash twice a size of an egg) in a 69-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 048A21A) for COVID-19 vaccination. The patient"s past medical history included No adverse event. On 16-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 29-Mar-2021, the patient experienced VACCINATION SITE RASH (Site of injection had red rash twice a size of an egg). On 01-Apr-2021, VACCINATION SITE RASH (Site of injection had red rash twice a size of an egg) had resolved. Not Provided No treatment information was reported. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1602853 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	32.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Therapeutic response unexpected
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine, citalopram, albuterol, tums
Current Illness:
Preexisting Conditions: Asthma, hypothyroidism, gastritis, anxiety/ocd
Allergies: Banana boat sunscreen
Diagnostic Lab Data:
CDC Split Type:
Write-up: Decrease in anxiety and OCD symptoms

VAERS ID:	1603595 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	34.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A21B / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Erythema, Skin reaction, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: biceps and triceps area red and warm; upper biceps and triceps area red and warm; 2 lines going down in the arm; This spontaneous case was reported by a consumer and describes the occurrence of SKIN WARM (biceps and triceps area red and warm), ERYTHEMA (upper biceps and triceps area red and warm) and SKIN REACTION (2 lines going down in the arm) in a 34-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 037A21B) for COVID-19 vaccination. No Medical History information was reported. On 26-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 04-Apr-2021, the patient experienced SKIN WARM (biceps and triceps area red and warm), ERYTHEMA (upper biceps and triceps area red and warm) and SKIN REACTION (2 lines going down in the arm). At the time of the report, SKIN WARM (biceps and triceps area red and warm), ERYTHEMA (upper biceps and triceps area red and warm) and SKIN REACTION (2 lines going down in the arm) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No concomitant medications reported.

VAERS ID:	1603926 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025A21A / 2	- / OT

Administered by: Unknown **Purchased by:** ?

Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Dose was administered in the back of the arm between the elbow and shoulder, not on the deltoid; This spontaneous case was reported by a consumer and describes the occurrence of INCORRECT ROUTE OF PRODUCT ADMINISTRATION (Dose was administered in the back of the arm between the elbow and shoulder, not on the deltoid) in a 49-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 025A21A and 028A21A) for COVID-19 vaccination. No Medical History information was reported. On 05-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 02-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 05-Mar-2021, the patient experienced INCORRECT ROUTE OF PRODUCT ADMINISTRATION (Dose was administered in the back of the arm between the elbow and shoulder, not on the deltoid). On 05-Mar-2021, INCORRECT ROUTE OF PRODUCT ADMINISTRATION (Dose was administered in the back of the arm between the elbow and shoulder, not on the deltoid) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medications was reported by the reporter. No treatment information was reported by the reporter. Most recent FOLLOW-UP information incorporated above includes: On 08-Apr-2021: Non-Significant information received-AE contact info updated On 30-Jun-2021: NNI confirmed - MD said they don''t have a patient with this name; Sender''s Comments: This report refers to a case of incorrect route of product administration for mRNA-1273 (lot # 025A21A) with no associated AEs reported.

VAERS ID:	1604219 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	34.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Crepitations, Dizziness, Erythema, Headache, Nausea
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: A clicking sensation and a popping sensation with range of motion in the right arm; Right shoulder pain; Slight nausea; Headache; Slight dizziness; Redness over his right upper arm; This spontaneous case was reported by a nurse and describes the occurrence of CREPITATIONS (A clicking sensation and a popping sensation with range of motion in the right arm), DIZZINESS (Slight dizziness), ERYTHEMA (Redness over his right upper arm), ARTHRALGIA (Right shoulder pain) and NAUSEA (Slight nausea) in a 34-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 26-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 04-Apr-2021, the patient experienced DIZZINESS (Slight dizziness), ERYTHEMA (Redness over his right upper arm), NAUSEA (Slight nausea) and HEADACHE (Headache). On an unknown date, the patient experienced CREPITATIONS (A clicking sensation and a popping sensation with range of motion in the right arm) and ARTHRALGIA (Right shoulder pain). The patient was treated with IBUPROFEN at an unspecified dose and frequency. At the time of the report, CREPITATIONS (A clicking sensation and a popping sensation with range of motion in the right arm), DIZZINESS (Slight dizziness), ERYTHEMA (Redness over his right upper arm), ARTHRALGIA (Right shoulder pain), NAUSEA (Slight nausea) and HEADACHE (Headache) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant medication list was not provided.

VAERS ID:	1604485 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Eating disorder, Headache, Hunger, Peripheral swelling, Vaccination site pain, Vaccination site swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Drug allergy; Fish allergy; Food allergy (Allergy from strawberry); Penicillin allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: swelling at the location of the shot; I had not eaten; swollen arm; hunger; Pain at injection site; headache; This spontaneous case was reported by a nurse and describes the occurrence of PERIPHERAL SWELLING (swollen arm), HUNGER (hunger), VACCINATION SITE PAIN (Pain at injection site), HEADACHE (headache) and VACCINATION SITE SWELLING (swelling at the location of the shot) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 021B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Penicillin allergy, Fish allergy, Food allergy (Allergy from strawberry) and Drug allergy. On 06-Apr-2021 at 3:00 PM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 06-Apr-2021, the patient experienced PERIPHERAL SWELLING (swollen arm) and HUNGER (hunger). 06-Apr-2021, the patient experienced VACCINATION SITE PAIN (Pain at injection site) and HEADACHE (headache). On an unknown date, the patient experienced VACCINATION SITE SWELLING (swelling at the location of the shot) and EATING DISORDER (I had not eaten). On 10-Apr-2021, PERIPHERAL SWELLING (swollen arm) and HEADACHE (headache) had resolved. At the time of the report, HUNGER

(hunger), VACCINATION SITE PAIN (Pain at injection site), VACCINATION SITE SWELLING (swelling at the location of the shot) and EATING DISORDER (I had not eaten) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant product use was not provided by the reporter. Treatment information was not provided. The first vaccine caused only swelling at the location of the shot. It lasted several days. Consumer called the health line and mentioned a headache but it was because she had not eaten. This case was linked to MOD-2021-268664 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 27-Jul-2021: Significant follow up appended

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VAERS ID:	1604532 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	61.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-08-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Lymphadenopathy, Myalgia, Throat irritation, Vaccination site pain
SMQs:, Rhabdomyolysis/myopathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: frog in throat like a tickle; pain and tenderness at injection site; pain and tenderness at injection site; Swollen glands; Muscle pain in back; Tired; This spontaneous case was reported by a consumer and describes the occurrence of THROAT IRRITATION (frog in throat like a tickle), the first episode of VACCINATION SITE PAIN (pain and tenderness at injection site), the second episode of VACCINATION SITE PAIN (pain and tenderness at injection site), LYMPHADENOPATHY (Swollen glands) and MYALGIA (Muscle pain in back) in a 61-year-old

male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 02-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced THROAT IRRITATION (frog in throat like a tickle), the first episode of VACCINATION SITE PAIN (pain and tenderness at injection site), the second episode of VACCINATION SITE PAIN (pain and tenderness at injection site), LYMPHADENOPATHY (Swollen glands), MYALGIA (Muscle pain in back) and FATIGUE (Tired). At the time of the report, THROAT IRRITATION (frog in throat like a tickle), the last episode of VACCINATION SITE PAIN (pain and tenderness at injection site), LYMPHADENOPATHY (Swollen glands), MYALGIA (Muscle pain in back) and FATIGUE (Tired) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No concomitant and treatment medications were reported

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VAERS ID:	1604622 (history)	**Vaccinated:**	2021-03-08
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Hypersomnia, Pain in extremity
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Acid reflux (esophageal); Allergy; Blood pressure; Diabetes; Fibromyalgia
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: After 1st dose, she was really tired and slept for 2 days; After 1st dose, she was really tired and slept for 2 days; Her arm was very sore for 3 to 4 days; This spontaneous case was reported by a consumer and describes the occurrence of HYPERSOMNIA (After 1st dose, she was really tired and slept for 2 days), PAIN IN EXTREMITY (Her arm was very sore for 3 to 4 days) and FATIGUE (After 1st dose, she was really tired and slept for 2 days) in a 43-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 014M20A) for

COVID-19 vaccination. Concurrent medical conditions included Blood pressure, Diabetes, Acid reflux (esophageal), Fibromyalgia and Allergy. On 08-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) .5 milliliter. On 08-Mar-2021, the patient experienced HYPERSOMNIA (After 1st dose, she was really tired and slept for 2 days) and PAIN IN EXTREMITY (Her arm was very sore for 3 to 4 days). On an unknown date, the patient experienced FATIGUE (After 1st dose, she was really tired and slept for 2 days). At the time of the report, HYPERSOMNIA (After 1st dose, she was really tired and slept for 2 days), PAIN IN EXTREMITY (Her arm was very sore for 3 to 4 days) and FATIGUE (After 1st dose, she was really tired and slept for 2 days) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications includes Allergy medicine, BP medicine, Diabetes medicine, Acid reflux medicine and Fibromyalgia medicine. This case was linked to MOD-2021-069632 (Patient Link).

VAERS ID:	1604627 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-05
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B21A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Axillary pain, Fatigue, Headache, Hot flush, Migraine, Pain in extremity, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Acid reflux (oesophageal); Allergy NOS; Blood pressure management; Diabetes; Fibromyalgia
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Armpit hurts; hot flashes; Her whole body was shaking; massive migraine; felt tired, tired all daynext day; Headache; Her arm hurt; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (Her arm hurt), AXILLARY PAIN (Armpit hurts), HOT FLUSH (hot flashes), TREMOR (Her whole body was shaking) and MIGRAINE (massive migraine) in a 43-year-old female patient who received mRNA-1273

(Moderna COVID-19 Vaccine) (batch no. 019B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Blood pressure management, Fibromyalgia, Diabetes, Acid reflux (oesophageal) and Allergy NOS. On 05-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 05-Apr-2021, the patient experienced PAIN IN EXTREMITY (Her arm hurt), FATIGUE (felt tired, tired all daynext day) and HEADACHE (Headache). On 06-Apr-2021, the patient experienced HOT FLUSH (hot flashes), TREMOR (Her whole body was shaking) and MIGRAINE (massive migraine). On 07-Apr-2021, the patient experienced AXILLARY PAIN (Armpit hurts). At the time of the report, PAIN IN EXTREMITY (Her arm hurt) and AXILLARY PAIN (Armpit hurts) had not resolved and HOT FLUSH (hot flashes), TREMOR (Her whole body was shaking), MIGRAINE (massive migraine), FATIGUE (felt tired, tired all daynext day) and HEADACHE (Headache) outcome was unknown. Not Provided The patient reported that her arm hurts more than first dose. On 06-Apr-2021, she was tired all day. The patient received unspecified medication for migraine. This case was linked to MOD-2021-069627 (Patient Link).

VAERS ID:	1605825 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	31.0	**Days after vaccination:**	28
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abnormal behaviour, Feeling abnormal
SMQs:, Dementia (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: hollering/ screaming/bouncing off the walls/threatening "to kill someone" /"is going to eat the car"; threatening "to kill someone"; "is going to eat the car"; This spontaneous case was reported by a nurse and describes the occurrence of FEELING ABNORMAL, ABNORMAL BEHAVIOUR, and ABNORMAL BEHAVIOUR in a 31-year-old male patient who received mRNA-

1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient''s past medical history included No adverse event. On 12-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 09-Apr-2021, the patient experienced FEELING ABNORMAL, ABNORMAL BEHAVIOUR, and ABNORMAL BEHAVIOUR outcome was unknown. Not Provided. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Reporter did not allow further contact.

VAERS ID:	1605874 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Head discomfort, Tinnitus
SMQs:, Anticholinergic syndrome (broad), Hearing impairment (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ASPIRIN [ACETYLSALICYLIC ACID]; ROSUVASTATIN; CLONAZEPAM
Current Illness:
Preexisting Conditions: Comments: No medical history report provided by the reporter
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: He felt dizzy again when he woke up early morning to use restroom; Today starting around at 8AM, his head feels as if it is stuffed (like heavy head); he feels like his ears will pop; Yesterday, he experienced a brief episode of dizziness while driving; Patient felt tired on same day of receiving 1st dose; This spontaneous case was reported by a consumer and describes the occurrence of FATIGUE (Patient felt tired on same day of receiving 1st dose), DIZZINESS (Yesterday, he experienced a brief episode of dizziness while driving), DIZZINESS (He felt dizzy again when he woke up early morning to use restroom), HEAD DISCOMFORT (Today starting around at 8AM, his head feels as if it is stuffed (like heavy head)) and TINNITUS (he feels like his ears will pop) in a 53-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 021B21A) for COVID-19 vaccination. No medical history report provided by the reporter. Concomitant products included ASPIRIN [ACETYLSALICYLIC ACID],

ROSUVASTATIN and CLONAZEPAM for an unknown indication. On 06-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 06-Apr-2021, the patient experienced FATIGUE (Patient felt tired on same day of receiving 1st dose). On 08-Apr-2021, the patient experienced DIZZINESS (Yesterday, he experienced a brief episode of dizziness while driving). On 09-Apr-2021, the patient experienced DIZZINESS (He felt dizzy again when he woke up early morning to use restroom), HEAD DISCOMFORT (Today starting around at 8AM, his head feels as if it is stuffed (like heavy head)) and TINNITUS (he feels like his ears will pop). At the time of the report, FATIGUE (Patient felt tired on same day of receiving 1st dose), DIZZINESS (Yesterday, he experienced a brief episode of dizziness while driving), DIZZINESS (He felt dizzy again when he woke up early morning to use restroom), HEAD DISCOMFORT (Today starting around at 8AM, his head feels as if it is stuffed (like heavy head)) and TINNITUS (he feels like his ears will pop) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. no treatment details reported.

VAERS ID:	1605884 (history)	**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-03-17
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Fatigue, Feeling abnormal, Headache, Nausea, Pain, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: This spontaneous case was reported by a consumer and describes the occurrence of FEELING ABNORMAL (felt like was hit by a Mack truck), PAIN (body aches), DIARRHOEA (diarrhea), FATIGUE (fatigue) and HEADACHE (headache) in a 72-year-old female patient who

received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included No adverse event. On 16-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-Mar-2021, the patient experienced FEELING ABNORMAL (felt like was hit by a Mack truck), PAIN (body aches), DIARRHOEA (diarrhea), FATIGUE (fatigue), HEADACHE (headache), CHILLS (chills), NAUSEA (nausea) and PYREXIA (fever). The patient was treated with PARACETAMOL (TYLENOL) at an unspecified dose and frequency. On 19-Mar-2021, FEELING ABNORMAL (felt like was hit by a Mack truck), PAIN (body aches), DIARRHOEA (diarrhea), FATIGUE (fatigue), HEADACHE (headache), CHILLS (chills), NAUSEA (nausea) and PYREXIA (fever) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were reported.

VAERS ID:	1606733 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-02-18
Age:	41.0	**Days after vaccination:**	28
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L0A / 2	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Head discomfort, Headache, Malaise, Pain, Pain in extremity, Tinnitus, Vaccination site pain, Vision blurred
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Rotator cuff injury
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: headache that seems to be dull that started around two weeks ago and causesIt feels like there is pressure on his head and he felt is more in his ears.; vision issues; pressure on my head; headache that seems to be dull that started around two weeks ago and; right shoulder, where I got the injection, feels like there is a torn rotator cuff; both shoulders hurt; legs were starting to hurt; it started moving up to his upper body: neck, hands, ache in fingers, lower back,

but mostly; hasnt felt right since the second shot; body has been achy, not terrible, but when he exerts to certain amounts; This spontaneous case was reported by a consumer and describes the occurrence of MALAISE (hasnt felt right since the second shot), PAIN (body has been achy, not terrible, but when he exerts to certain amounts), HEADACHE (headache that seems to be dull that started around two weeks ago and causesIt feels like there is pressure on his head and he felt is more in his ears.), VISION BLURRED (vision issues) and HEAD DISCOMFORT (pressure on my head) in a 41-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 029L0A and 02LM20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Rotator cuff injury. On 21-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 18-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 18-Feb-2021, the patient experienced MALAISE (hasnt felt right since the second shot) and PAIN (body has been achy, not terrible, but when he exerts to certain amounts). On an unknown date, the patient experienced HEADACHE (headache that seems to be dull that started around two weeks ago and causesIt feels like there is pressure on his head and he felt is more in his ears.), VISION BLURRED (vision issues), HEAD DISCOMFORT (pressure on my head), TINNITUS (headache that seems to be dull that started around two weeks ago and), VACCINATION SITE PAIN (right shoulder, where I got the injection, feels like there is a torn rotator cuff), ARTHRALGIA (both shoulders hurt), PAIN IN EXTREMITY (legs were starting to hurt) and PAIN (it started moving up to his upper body: neck, hands, ache in fingers, lower back, but mostly). At the time of the report, MALAISE (hasnt felt right since the second shot), PAIN (body has been achy, not terrible, but when he exerts to certain amounts), HEADACHE (headache that seems to be dull that started around two weeks ago and causesIt feels like there is pressure on his head and he felt is more in his ears.), VISION BLURRED (vision issues), HEAD DISCOMFORT (pressure on my head), TINNITUS (headache that seems to be dull that started around two weeks ago and), VACCINATION SITE PAIN (right shoulder, where I got the injection, feels like there is a torn rotator cuff), ARTHRALGIA (both shoulders hurt), PAIN IN EXTREMITY (legs were starting to hurt) and PAIN (it started moving up to his upper body: neck, hands, ache in fingers, lower back, but mostly) outcome was unknown.

VAERS ID:	1607815 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Axillary pain, Headache, Vaccination site discolouration, Vaccination site haemorrhage, Wrong technique in product usage process
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MAGNESIUM; CALCIUM; ZINC; VITAMIN D [VITAMIN D NOS]; CBD OIL
Current Illness: Allergy to antibiotic; Allergy to molds; Grass allergy
Preexisting Conditions: Medical History/Concurrent Conditions: Hashimoto''s thyroiditis; Lyme disease
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: The vaccination site became black and blue; Pain under my armpit; headaches; Bled alot (almost squirting out blood from arm); Vaccinator put the bandage on first then injected patient with the needle (over the bandage); This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE HAEMORRHAGE (Bled alot (almost squirting out blood from arm)), WRONG TECHNIQUE IN PRODUCT USAGE PROCESS (Vaccinator put the bandage on first then injected patient with the needle (over the bandage)), VACCINATION SITE DISCOLOURATION (The vaccination site became black and blue), AXILLARY PAIN (Pain under my armpit) and HEADACHE (headaches) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 046B21A) for COVID-19 vaccination. The patient''s past medical history included Lyme disease and Hashimoto''s thyroiditis in 2014. Concurrent medical conditions included Grass allergy, Allergy to molds and Allergy to antibiotic. Concomitant products included CANNABIDIOL (CBD OIL) for Joint pain, MAGNESIUM, CALCIUM, ZINC and VITAMIN D [VITAMIN D NOS] for an unknown indication. On 14-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 14-Apr-2021, the patient experienced VACCINATION SITE HAEMORRHAGE (Bled alot (almost squirting out blood from arm)) and WRONG TECHNIQUE IN PRODUCT USAGE PROCESS (Vaccinator put the bandage on first then injected patient with the needle (over the bandage)). On an unknown date, the patient experienced VACCINATION SITE DISCOLOURATION (The vaccination site became black and blue), AXILLARY PAIN (Pain under my armpit) and HEADACHE (headaches). At the time of the report, VACCINATION SITE HAEMORRHAGE (Bled alot (almost squirting out blood from arm)), WRONG TECHNIQUE IN PRODUCT USAGE PROCESS (Vaccinator put the bandage on first then injected patient with the needle (over the bandage)), VACCINATION SITE DISCOLOURATION (The vaccination site became black and blue), AXILLARY PAIN (Pain under my armpit) and HEADACHE (headaches) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No Treatment information provided This case was linked to US-MODERNATX, INC.-MOD-2021-077210 (E2B Linked Report). Most recent FOLLOW-UP information incorporated above includes: On 07-May-2021: Follow-up information received on 07-May 2021: New events, medical history, concomitant medication were added and vaccine information (anatomical location) was updated.; Sender''s Comments: US-MODERNATX, INC.-MOD-2021-077210:

VAERS ID:	1607818 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	69.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: her mother bled on the arm; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE HAEMORRHAGE (her mother bled on the arm) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient''s past medical history included No adverse event. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced VACCINATION SITE HAEMORRHAGE (her mother bled on the arm). At the time of the report, VACCINATION SITE HAEMORRHAGE (her mother bled on the arm) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No Concomitant information provided. No Treatment information provided This case was linked to US-MODERNATX, INC.-MOD-2021-077167, MOD-2021-077217 (E2B Linked Report).; Sender''s Comments: US-MODERNATX, INC.-MOD-2021-077167: MOD-2021-077217:2nd dose US-MODERNATX, INC.-MOD-2021-077217:1st dose

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VAERS ID:	1607821 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site haemorrhage, Wrong technique in product usage process

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: vaccinator also put the bandage on first and then injected the vaccine right through the bandage; With her second dose, her mother bled on the arm but not as much as the first dose; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE HAEMORRHAGE (With her second dose, her mother bled on the arm but not as much as the first dose) and WRONG TECHNIQUE IN PRODUCT USAGE PROCESS (vaccinator also put the bandage on first and then injected the vaccine right through the bandage) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient''s past medical history included No adverse event. On 09-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Apr-2021, the patient experienced VACCINATION SITE HAEMORRHAGE (With her second dose, her mother bled on the arm but not as much as the first dose). On an unknown date, the patient experienced WRONG TECHNIQUE IN PRODUCT USAGE PROCESS (vaccinator also put the bandage on first and then injected the vaccine right through the bandage). At the time of the report, VACCINATION SITE HAEMORRHAGE (With her second dose, her mother bled on the arm but not as much as the first dose) and WRONG TECHNIQUE IN PRODUCT USAGE PROCESS (vaccinator also put the bandage on first and then injected the vaccine right through the bandage) outcome was unknown. Not Provided No Concomitant information provided. No Treatment information provided This case was linked to , INC.-MOD-2021-077167, MOD-2021-077210 (E2B Linked Report).; Sender''s Comments: , INC.-MOD-2021-077167: , INC.-MOD-2021-077210:1st dose

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VAERS ID:	1608578 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Gait inability, Pain

SMQs:, Anticholinergic syndrome (broad), Dystonia (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: could not walk - still cannot walk; a lot of pain; is in agony; This spontaneous case was reported by a consumer and describes the occurrence of GAIT INABILITY (could not walk - still cannot walk), PAIN (a lot of pain) and PAIN (is in agony) in a 65-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient''s past medical history included No adverse event. On 09-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 09-Apr-2021, the patient experienced GAIT INABILITY (could not walk - still cannot walk), PAIN (a lot of pain) and PAIN (is in agony). At the time of the report, GAIT INABILITY (could not walk - still cannot walk), PAIN (a lot of pain) and PAIN (is in agony) outcome was unknown. Not Provided Action taken with mRNA-1273 in response to the event was not applicable. No concomitant medication was reported. Treatment medication included Muscle relaxer and Pain Pills. This case was linked to US-MODERNATX, INC.-MOD-2021-079434 (E2B Linked Report).; Sender''s Comments: US-MODERNATX, INC.-MOD-2021-079434:Sister''s case

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VAERS ID:	1608704 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: fever; chills; This spontaneous case was reported by a consumer and describes the occurrence of PYREXIA (fever) and CHILLS (chills) in a 71-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 002A21A) for COVID-19 vaccination. No Medical History information was reported. On 01-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 01-Mar-2021, the patient experienced PYREXIA (fever) and CHILLS (chills). At the time of the report, PYREXIA (fever) and CHILLS (chills) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. This case was linked to US-MODERNATX, INC.-MOD-2021-079277, US-MODERNATX, INC.-MOD-2021-079444 (E2B Linked Report).; Sender''s Comments: US-MODERNATX, INC.-MOD-2021-079277:Sister''s case US-MODERNATX, INC.-MOD-2021-079444:First Dose

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VAERS ID:	1608712 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-31
Age:		**Days after vaccination:**	30
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse reaction

Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: sore arm; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (sore arm) in a 71-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 037A21B and 002A21A) for COVID-19 vaccination. The patient''s past medical history included No adverse reaction. On 01-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage form. On 31-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to at an unspecified dose. On 31-Mar-2021, the patient experienced PAIN IN EXTREMITY (sore arm). At the time of the report, PAIN IN EXTREMITY (sore arm) had resolved. No concomitant and treatment medicine has been reported by reporter. This case was linked to US-MODERNATX, INC.-MOD-2021-079434 (E2B Linked Report).; Sender''s Comments: US-MODERNATX, INC.-MOD-2021-079434:First Dose

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VAERS ID:	1608974 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Myalgia, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Headache; Muscle pain in leg; Sore arm for a day and a half; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (Sore arm for a day and a half), HEADACHE (Headache) and MYALGIA (Muscle pain in leg) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 037B21A) for

COVID-19 vaccination. No Medical History information was reported. On 14-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 14-Apr-2021, the patient experienced PAIN IN EXTREMITY (Sore arm for a day and a half). On 17-Apr-2021, the patient experienced HEADACHE (Headache) and MYALGIA (Muscle pain in leg). On 15-Apr-2021, PAIN IN EXTREMITY (Sore arm for a day and a half) had resolved. At the time of the report, HEADACHE (Headache) and MYALGIA (Muscle pain in leg) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1609982 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	23.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site pruritus, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FLOVENT; ALBUTEROL HFA
Current Illness:
Preexisting Conditions: Comments: No medical history was reported by the reporter.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Warm to the touch; Itchiness at the injection site; Hardness at the injection site; Redness at the injection site; This spontaneous case was reported by a consumer and describes the occurrence of INJECTION SITE WARMTH (Warm to the touch), INJECTION SITE PRURITUS (Itchiness at the injection site), INJECTION SITE INDURATION (Hardness at the injection site) and INJECTION SITE ERYTHEMA (Redness at the injection site) in a 23-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 046B21A) for COVID-19 vaccination. No medical history was reported by the reporter. Concomitant products included FLUTICASONE PROPIONATE (FLOVENT) and SALBUTAMOL (ALBUTEROL HFA) for an unknown indication. On 13-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 16-Apr-2021, the patient experienced INJECTION SITE WARMTH (Warm to the touch), INJECTION SITE PRURITUS (Itchiness at the

injection site), INJECTION SITE INDURATION (Hardness at the injection site) and INJECTION SITE ERYTHEMA (Redness at the injection site). At the time of the report, INJECTION SITE WARMTH (Warm to the touch), INJECTION SITE PRURITUS (Itchiness at the injection site), INJECTION SITE INDURATION (Hardness at the injection site) and INJECTION SITE ERYTHEMA (Redness at the injection site) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Treatment information was not provided.

VAERS ID:	1610126 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-04-20
Age:		**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B214 / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash papular, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (The patient''s medical history was not provided.)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: This spontaneous case was reported by a consumer and describes the occurrence of RASH PAPULAR (tiny tiny" bumps that are hardly visible on top portion of feet and toes) and RASH PRURITIC ("tiny tiny" bumps are itchy) in a 60-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 043B214) for COVID-19 vaccination. The patient''s past medical history included No adverse event (The patient''s medical history was not provided. On 15-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) at an unspecified dose. On 20-Apr-2021, the patient experienced RASH PAPULAR (tiny tiny" bumps that are hardly visible on top portion of feet and toes) and RASH PRURITIC ("tiny tiny" bumps are itchy). At the time of the report, RASH PAPULAR (tiny tiny" bumps that are hardly visible on top portion of feet and toes) and RASH PRURITIC ("tiny tiny" bumps are itchy) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine)

(Intramuscular), the reporter did not provide any causality assessments. OR Concomitant product use was not provided by the reporter. Treatment information was not provided.

VAERS ID:	1611086 (history)	**Vaccinated:**	2021-01-21
Form:	Version 2.0	**Onset:**	2021-02-17
Age:	48.0	**Days after vaccination:**	27
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Erythema, Flushing, Hypoacusis, Migraine, Ocular hyperaemia, Sunburn, Tachycardia, Tinnitus
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Glaucoma (broad), Hearing impairment (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MAGNESIUM; D3; ZINC; VITAMIN C [ASCORBIC ACID]; NAC [ACETYLCYSTEINE]
Current Illness: Postural orthostatic tachycardia syndrome; Tinnitus (Tinnitus increased with second dose, about 2 weeks after second Moderna dose)
Preexisting Conditions: Medical History/Concurrent Conditions: Suspected COVID-19 (All test negative. symptoms of lung COVID)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Red veins in eye whites predominant; 2 types of mild hearing loss/ now some hearing loss; Tinnitus; redness/ flush, like redness, on her body/redness on her face/chest and neck and legs were all red; like I had sunburn all over my body; flush/ the flush appeared on my face & body-chest, neck, everywhere when pressed lightens; Migraine; tachycardia/ high heart rate; This spontaneous case was reported by a consumer and describes the occurrence of TINNITUS (Tinnitus), ERYTHEMA (redness/ flush, like redness, on her body/redness on her face/chest and neck and legs were all red), SUNBURN (like I had sunburn all over my body), FLUSHING (flush/ the flush appeared on my face & body-chest, neck, everywhere when pressed lightens) and MIGRAINE (Migraine) in a 48-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 016M2DA and 013L20A) for COVID-19 vaccination. The

occurrence of additional non-serious events is detailed below. The patient''s past medical history included Suspected COVID-19 (All test negative. symptoms of lung COVID) on 15-Mar-2020. Concurrent medical conditions included Postural orthostatic tachycardia syndrome since 2020 and Tinnitus (Tinnitus increased with second dose, about 2 weeks after second Moderna dose) since March 2021. Concomitant products included MAGNESIUM, COLECALCIFEROL (D3), ZINC, VITAMIN C [ASCORBIC ACID] and ACETYLCYSTEINE (NAC [ACETYLCYSTEINE]) for an unknown indication. On 21-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 17-Feb-2021, the patient experienced ERYTHEMA (redness/ flush, like redness, on her body/redness on her face/chest and neck and legs were all red), FLUSHING (flush/ the flush appeared on my face & body-chest, neck, everywhere when pressed lightens), MIGRAINE (Migraine) and TACHYCARDIA (tachycardia/ high heart rate). 17-Feb-2021, the patient experienced SUNBURN (like I had sunburn all over my body). On 03-Mar-2021, the patient experienced TINNITUS (Tinnitus). On an unknown date, the patient experienced OCULAR HYPERAEMIA (Red veins in eye whites predominant) and HYPOACUSIS (2 types of mild hearing loss/ now some hearing loss). On 18-Feb-2021, TACHYCARDIA (tachycardia/ high heart rate) had resolved. At the time of the report, TINNITUS (Tinnitus) had not resolved, ERYTHEMA (redness/ flush, like redness, on her body/redness on her face/chest and neck and legs were all red), SUNBURN (like I had sunburn all over my body) and FLUSHING (flush/ the flush appeared on my face & body-chest, neck, everywhere when pressed lightens) was resolving, MIGRAINE (Migraine) had resolved and OCULAR HYPERAEMIA (Red veins in eye whites predominant) and HYPOACUSIS (2 types of mild hearing loss/ now some hearing loss) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. The patient reported that she stopped all supplements except vitamin D3, but there was no change in flushing and redness. There was some minimal flushing She consulted with an audiologist on an unspecified date, and was told that the mild hearing loss could have been due to inflammation from vaccine and may require surgery. She has a follow up with ENT (ear, nose, throat) doctor on an unspecified date. No treatment information was not provided. This case was linked to MOD-2021-089491 (E2B Linked Report). Most recent FOLLOW-UP information incorporated above includes: On 28-May-2021: Added patient''s demographics, physician correspondence, medical history, concomitant medications, events(migraine, ocular hyperemia, hypoacusis and tachycardia). Events outcome updated.; Sender''s Comments: MOD-2021-089491:

VAERS ID:	1611396 (history)	**Vaccinated:**	2021-04-19
Form:	Version 2.0	**Onset:**	2021-04-19
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood pressure increased, Dehydration, Dizziness, Dysarthria, Fatigue, Heart rate increased, Multiple allergies, Psychomotor hyperactivity, Salt craving, Tenderness, Visual impairment
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome

(broad), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Akathisia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Glaucoma (broad), Hypertension (narrow), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Hypoglycaemia (broad), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Drug allergy (Iodine dye and sulphur); Food allergy (wheat and gluton)
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: several allergies; dehydrated; fatigue; slurred speech; Dizzy feeling on and off; Slurred speech; elevated blood pressure and pulse rate; elevated blood pressure and pulse rate; Felt like things were zooming; craving for salt and chips; Hyper feeling; Arm is a little tender; This spontaneous case was reported by a consumer and describes the occurrence of DIZZINESS (Dizzy feeling on and off), VISUAL IMPAIRMENT (Felt like things were zooming), SALT CRAVING (craving for salt and chips), PSYCHOMOTOR HYPERACTIVITY (Hyper feeling) and MULTIPLE ALLERGIES (several allergies) in a 70-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 038A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Food allergy (wheat and gluton) and Drug allergy (Iodine dye and sulphur). On 19-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 19-Apr-2021, the patient experienced VISUAL IMPAIRMENT (Felt like things were zooming), SALT CRAVING (craving for salt and chips), PSYCHOMOTOR HYPERACTIVITY (Hyper feeling) and TENDERNESS (Arm is a little tender). On 22-Apr-2021, the patient experienced DIZZINESS (Dizzy feeling on and off), DEHYDRATION (dehydrated), FATIGUE (fatigue), DYSARTHRIA (slurred speech), DYSARTHRIA (Slurred speech), BLOOD PRESSURE INCREASED (elevated blood pressure and pulse rate) and HEART RATE INCREASED (elevated blood pressure and pulse rate). On an unknown date, the patient experienced MULTIPLE ALLERGIES (several allergies). At the time of the report, DIZZINESS (Dizzy feeling on and off), VISUAL IMPAIRMENT (Felt like things were zooming), SALT CRAVING (craving for salt and chips), PSYCHOMOTOR HYPERACTIVITY (Hyper feeling), MULTIPLE ALLERGIES (several allergies), DEHYDRATION (dehydrated), FATIGUE (fatigue), DYSARTHRIA (slurred speech), TENDERNESS (Arm is a little tender), DYSARTHRIA (Slurred speech), BLOOD PRESSURE INCREASED (elevated blood pressure and pulse rate) and HEART RATE INCREASED (elevated blood pressure and pulse rate) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

VAERS ID:	1612569 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Injection site discomfort, Musculoskeletal discomfort, Parasomnia, Vaccination site pain
SMQs:, Rhabdomyolysis/myopathy (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: started as a low throb / gradually got bigger over the next few days, annoying; Goes from the collar bone to the shoulder blade; buzzing in his shoulder; circle around the injection site; sometimes wakes him up; soreness at the injection site; This spontaneous case was reported by a consumer and describes the occurrence of MUSCULOSKELETAL DISCOMFORT (buzzing in his shoulder), INJECTION SITE DISCOMFORT (circle around the injection site), PARASOMNIA (sometimes wakes him up), VACCINATION SITE PAIN (soreness at the injection site) and ARTHRALGIA (started as a low throb / gradually got bigger over the next few days, annoying) in a male patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 037B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 08-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 08-Apr-2021, the patient experienced VACCINATION SITE PAIN (soreness at the injection site). On 12-Apr-2021, the patient experienced MUSCULOSKELETAL DISCOMFORT (buzzing in his shoulder), INJECTION SITE DISCOMFORT (circle around the injection site), PARASOMNIA (sometimes wakes him up) and ARTHRALGIA (Goes from the collar bone to the shoulder blade). On an unknown date, the patient experienced ARTHRALGIA (started as a low throb / gradually got bigger over the next few days, annoying). On 10-Apr-2021, VACCINATION SITE PAIN (soreness at the injection site) had resolved. At the time of the report, MUSCULOSKELETAL DISCOMFORT (buzzing in his shoulder), INJECTION SITE DISCOMFORT (circle around the

injection site), PARASOMNIA (sometimes wakes him up), ARTHRALGIA (started as a low throb / gradually got bigger over the next few days, annoying) and ARTHRALGIA (Goes from the collar bone to the shoulder blade) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medication were not provided No treatment medication information were not provided

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VAERS ID:	1612973 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-04-29
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	014C21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Chills, Diarrhoea, Fatigue, Myalgia, Nausea, Pyrexia, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SUDAFED [PSEUDOEPHEDRINE HYDROCHLORIDE]
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: COVID-19
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: N/V/D; N/V/D; N/V/D; Muscle aches; Joint pains; Mild fever; chills; fatigue/tiredness; This spontaneous case was reported by a consumer and describes the occurrence of DIARRHOEA (N/V/D), NAUSEA (N/V/D), VOMITING (N/V/D), MYALGIA (Muscle aches) and ARTHRALGIA (Joint pains) in a 64-year-old female patient who received mRNA-1273 (batch no. 014C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included COVID-19 on 08-Apr-2021. Concomitant products included PSEUDOEPHEDRINE HYDROCHLORIDE (SUDAFED [PSEUDOEPHEDRINE HYDROCHLORIDE]) for an unknown indication. On 29-Apr-2021, the patient received first dose of

mRNA-1273 (Intramuscular) 1 dosage form. On 29-Apr-2021, the patient experienced DIARRHOEA (N/V/D), NAUSEA (N/V/D), VOMITING (N/V/D), MYALGIA (Muscle aches), ARTHRALGIA (Joint pains), PYREXIA (Mild fever), CHILLS (chills) and FATIGUE (fatigue/tiredness). The patient was treated with PARACETAMOL (TYLENOL) at an unspecified dose and frequency. At the time of the report, DIARRHOEA (N/V/D), NAUSEA (N/V/D), VOMITING (N/V/D), MYALGIA (Muscle aches), ARTHRALGIA (Joint pains), PYREXIA (Mild fever), CHILLS (chills) and FATIGUE (fatigue/tiredness) outcome was unknown. The action taken with mRNA-1273 (Intramuscular) was unknown. The patient reported that she was exposed to Covid-19 on 01-Apr-2021. On 08-Apr-2021, the patient got tested for Covid-19 due to her symptoms. The patient was tested positive on 11-Apr-2021 and finished her quarantine on 18-Apr-2021. The patient stated that after getting the vaccination, she felt exactly same as when she had Covid-19. The patient also mentioned that when she had Covid-19 she did not have diarrhea.

VAERS ID:	1613119 (history)	**Vaccinated:**	2021-03-30
Form:	Version 2.0	**Onset:**	2021-04-28
Age:		**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017B21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Body temperature, Condition aggravated, Cough, Feeling abnormal, Headache, Lung disorder, Myalgia, Pain, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEVOTHYROXINE; LORATADINE
Current Illness: Asthma; Lyme disease; Pulmonary function impairment (Lost lung capacity and not been able to sing.)
Preexisting Conditions: Medical History/Concurrent Conditions: COVID-19 (She was sick with flu like symptoms, flu, high temperature); Voicelessness (Voice was gone all of a sudden for a week.)
Allergies:
Diagnostic Lab Data: Test Date: 20210428; Test Name: Body temperature; Result Unstructured Data: 100.8

CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: This spontaneous case was reported by a consumer and describes the occurrence of LUNG DISORDER (Issue with lungs exacerbated after second shot), CONDITION AGGRAVATED (Issue with lungs exacerbated after second shot), COUGH (Coughing a lot/ There is nothing that comes up when she coughs), PAIN IN EXTREMITY (Pain in her arm) and PAIN (Pain that lasted the whole day) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 004C21A and 017B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included COVID-19 (She was sick with flu like symptoms, flu, high temperature) in December 2019 and Voicelessness (Voice was gone all of a sudden for a week.). Concurrent medical conditions included Lyme disease, Asthma and Pulmonary function impairment (Lost lung capacity and not been able to sing.) since 2019. Concomitant products included LEVOTHYROXINE and LORATADINE for an unknown indication. On 30-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 28-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 28-Apr-2021, the patient experienced LUNG DISORDER (Issue with lungs exacerbated after second shot), CONDITION AGGRAVATED (Issue with lungs exacerbated after second shot), COUGH (Coughing a lot/ There is nothing that comes up when she coughs), PAIN IN EXTREMITY (Pain in her arm), PAIN (Pain that lasted the whole day), FEELING ABNORMAL (Did not feel good at all/Felt like a mini case of COVID.), PYREXIA (The second shot gave her a temperature/ highest her temperature got was 100.8), MYALGIA (Pain in muscles was for 24 hours) and HEADACHE (Headache that lasted for three days). On 29-Apr-2021, MYALGIA (Pain in muscles was for 24 hours) had resolved. On 30-Apr-2021, HEADACHE (Headache that lasted for three days) had resolved. At the time of the report, LUNG DISORDER (Issue with lungs exacerbated after second shot), CONDITION AGGRAVATED (Issue with lungs exacerbated after second shot), COUGH (Coughing a lot/ There is nothing that comes up when she coughs), PAIN IN EXTREMITY (Pain in her arm), FEELING ABNORMAL (Did not feel good at all/Felt like a mini case of COVID.) and PYREXIA (The second shot gave her a temperature/ highest her temperature got was 100.8) outcome was unknown and PAIN (Pain that lasted the whole day) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 28-Apr-2021, Body temperature: 100.8 (High) 100.8. Other concomitant products included inhaler and A-L Complex. No treatment information was provided.

VAERS ID:	1613709 (history)	**Vaccinated:**	2021-03-24
Form:	Version 2.0	**Onset:**	2021-03-24
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration, Musculoskeletal stiffness, Vaccination site bruising
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad), Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: stiffness; bruising at the site of injection size of a quarter; beyond the 35 days recommended interval; This spontaneous case was reported by a consumer and describes the occurrence of MUSCULOSKELETAL STIFFNESS (stiffness), INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (beyond the 35 days recommended interval) and VACCINATION SITE BRUISING (bruising at the site of injection size of a quarter) in a 54-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 046A21A) for COVID-19 vaccination. No Medical History information was reported. On 24-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 24-Mar-2021, the patient experienced INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (beyond the 35 days recommended interval). On 03-May-2021, the patient experienced MUSCULOSKELETAL STIFFNESS (stiffness) and VACCINATION SITE BRUISING (bruising at the site of injection size of a quarter). On 03-May-2021, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (beyond the 35 days recommended interval) had resolved. At the time of the report, MUSCULOSKELETAL STIFFNESS (stiffness) and VACCINATION SITE BRUISING (bruising at the site of injection size of a quarter) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant product use was not provided by the reporter. No treatment information was provided.

VAERS ID:	1613816 (history)	**Vaccinated:**	2021-01-19
Form:	Version 2.0	**Onset:**	2021-01-19
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Maternal exposure during pregnancy
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: This spontaneous prospective pregnancy case was reported by a consumer and describes the occurrence of MATERNAL EXPOSURE DURING PREGNANCY (Vaccine exposure during pregnancy) in a 37-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 013L20A and 016M20A) for COVID-19 vaccination. No Medical History information was reported. On 19-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 18-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. The patient''s last menstrual period was on 19-Jan-2021 and the estimated date of delivery was 24-Oct-2021. On 19-Jan-2021, the patient experienced MATERNAL EXPOSURE DURING PREGNANCY (Vaccine exposure during pregnancy). The patient received mRNA-1273 (Moderna COVID-19 Vaccine) during pregnancy. On 18-Feb-2021, MATERNAL EXPOSURE DURING PREGNANCY (Vaccine exposure during pregnancy) had resolved. Not Provided. The patient believed she was pregnant four or five days before the date of her last menstrual cycle. Concomitant medication and treatment information were not reported.

VAERS ID:	1614222 (history)	**Vaccinated:**	2021-03-17
Form:	Version 2.0	**Onset:**	2021-04-15
Age:		**Days after vaccination:**	29
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Eye pain, Fatigue, Headache, Hot flush, Migraine, Poor quality sleep, Sleep disorder
SMQs:, Guillain-Barre syndrome (broad), Glaucoma (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ZYRTEC [CETIRIZINE HYDROCHLORIDE]; SERTRALINE
Current Illness:
Preexisting Conditions: Comments: No medical history was provided by the reporter.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: feel like migraine; Disruption in sleep; pain in eyes; hot flashes; not sleeping well; Weak; tired; Headache; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MIGRAINE (feel like migraine), SLEEP DISORDER (Disruption in sleep), EYE PAIN (pain in eyes), HOT FLUSH (hot flashes) and POOR QUALITY SLEEP (not sleeping well) in a 64-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 040B21A and 006B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was provided by the reporter. Concomitant products included CETIRIZINE HYDROCHLORIDE (ZYRTEC [CETIRIZINE HYDROCHLORIDE]) and SERTRALINE for an unknown indication. On 17-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 14-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 15-Apr-2021, the patient experienced HEADACHE (Headache). On 16-Apr-2021, the patient experienced MIGRAINE (feel like migraine), SLEEP DISORDER (Disruption in sleep), EYE PAIN (pain in eyes), HOT FLUSH (hot flashes), POOR QUALITY SLEEP (not sleeping well), ASTHENIA (Weak) and FATIGUE (tired). On 16-Apr-2021, MIGRAINE (feel like migraine) and HEADACHE (Headache) had resolved. At the time of the report, SLEEP DISORDER (Disruption in sleep), EYE PAIN (pain in eyes), HOT FLUSH (hot flashes), POOR QUALITY SLEEP (not sleeping well), ASTHENIA (Weak) and FATIGUE (tired) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was not applicable. Treatment information was not provided.

VAERS ID:	1614708 (history)	**Vaccinated:**	2021-05-04
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	40.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	00HC21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash, Sensitive skin, Tenderness
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METFORMIN; AMLODIPINE
Current Illness:
Preexisting Conditions: Comments: No medical history was provided by the reporter.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: tender; Sensitive; Rash feels tender and sensitive; This spontaneous case was reported by a consumer and describes the occurrence of TENDERNESS (tender), SENSITIVE SKIN (Sensitive) and RASH (Rash feels tender and sensitive) in a 40-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 00HC21A) for COVID-19 vaccination. No medical history was provided by the reporter. Concomitant products included METFORMIN and AMLODIPINE for an unknown indication. On 04-May-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 07-May-2021, the patient experienced TENDERNESS (tender), SENSITIVE SKIN (Sensitive) and RASH (Rash feels tender and sensitive). At the time of the report, TENDERNESS (tender), SENSITIVE SKIN (Sensitive) and RASH (Rash feels tender and sensitive) outcome was unknown. Action taken with response to the events were not applicable.

VAERS ID:	1614831 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site erythema, Vaccination site pain, Vaccination site pruritus, Vaccination site swelling
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: itched; Arm swelled up quite a lot into a 4" across area; burned; It was a little red; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PRURITUS (itched), VACCINATION SITE ERYTHEMA (It was a little red), VACCINATION SITE SWELLING (Arm swelled up quite a lot into a 4" across area) and VACCINATION SITE PAIN (burned) in a 64-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 002A21A) for COVID-19 vaccination. No Medical History information was reported. On 06-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 06-Apr-2021, the patient experienced VACCINATION SITE ERYTHEMA (It was a little red). On 14-Apr-2021, the patient experienced VACCINATION SITE PRURITUS (itched), VACCINATION SITE SWELLING (Arm swelled up quite a lot into a 4" across area) and VACCINATION SITE PAIN (burned). On 16-Apr-2021, VACCINATION SITE PRURITUS (itched), VACCINATION SITE ERYTHEMA (It was a little red), VACCINATION SITE SWELLING (Arm swelled up quite a lot into a 4" across area) and VACCINATION SITE PAIN (burned) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant Medications were not provided by the reporter. Treatment Medications were not provided by the reporter. This case was linked to MOD-2021-114410 (Patient Link).

VAERS ID:	1614843 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	64.0	**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Condition aggravated, Feeling abnormal, Skin discolouration, Vaccination site pain, Vaccination site pruritus
SMQs:, Dementia (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: Felt like something else controlling her body; Pink; itching; burning; Got worse as day went on; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PRURITUS (itching), VACCINATION SITE PAIN (burning), CONDITION AGGRAVATED (Got worse as day went on), SKIN DISCOLOURATION (Pink) and FEELING ABNORMAL (Felt like something else controlling her body) in a 64-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 009C21A and 002A21A) for COVID-19 vaccination. No Medical History information was reported. On 06-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 04-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 05-May-2021, the patient experienced VACCINATION SITE PRURITUS (itching), VACCINATION SITE PAIN (burning) and CONDITION AGGRAVATED (Got worse as day went on). On 07-May-2021, the patient experienced SKIN DISCOLOURATION (Pink). On an unknown date, the patient experienced FEELING ABNORMAL (Felt like something else controlling her body). On 07-May-2021, VACCINATION SITE PRURITUS (itching), VACCINATION SITE PAIN (burning) and CONDITION AGGRAVATED (Got worse as day went on) had resolved. At the time of the report, SKIN DISCOLOURATION (Pink) and FEELING ABNORMAL (Felt like something else controlling her body) outcome was unknown. Patient stated that she does take CBD oil and smokes pot and is very healthy. No treatment information provided. This case was linked to MOD-2021-114397 (Patient Link).

VAERS ID:	1615060 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	56.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FAMOTIDINE; MULTIVITAMIN [ASCORBIC ACID;CALCIUM

PANTOTHENATE;COLECALCIFEROL;CYANOCOBALAMIN;NICOTINAMIDE;PYRIDOXI; CALCIUM
Current Illness:
Preexisting Conditions: Comments: No Medical History information was reported.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: sore arm; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (sore arm) in a 56-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 022C21A) for COVID-19 vaccination. No Medical History information was reported. Concomitant products included FAMOTIDINE, MULTIVITAMIN [ASCORBIC ACID;CALCIUM PANTOTHENATE;COLECALCIFEROL;CYANOCOBALAMIN;NICOTINAMIDE;PYRIDOXINE HYDROCHLORIDE;RETINOL;RIBOFLAVIN;THIAMINE HYDROCHLORIDE;TOCOPHERYL ACETATE] and CALCIUM for an unknown indication. On 07-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced PAIN IN EXTREMITY (sore arm). At the time of the report, PAIN IN EXTREMITY (sore arm) outcome was unknown. Treatment medication was not provided. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown.

VAERS ID:	1615290 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	61.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Diarrhoea, Dyspepsia, Eructation
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LISINOPRIL; LEVOTHYROXINE
Current Illness:
Preexisting Conditions: Comments: No medical history information was provided
Allergies:
Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: Belching; heartburn; Diarrhea; This spontaneous case was reported by a consumer and describes the occurrence of ERUCTATION (Belching), DYSPEPSIA (heartburn) and DIARRHOEA (Diarrhea) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 043B21A) for COVID-19 vaccination. No medical history information was provided. Concomitant products included LISINOPRIL and LEVOTHYROXINE for an unknown indication. On 14-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 18-Apr-2021, the patient experienced ERUCTATION (Belching), DYSPEPSIA (heartburn) and DIARRHOEA (Diarrhea). At the time of the report, ERUCTATION (Belching), DYSPEPSIA (heartburn) and DIARRHOEA (Diarrhea) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No treatment medications were provided

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VAERS ID:	1615687 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-05-10
Age:	36.0	**Days after vaccination:**	11
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Eye pain, Fatigue, Headache, Hypoaesthesia, Migraine, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Glaucoma (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Malaria
Preexisting Conditions: Medical History/Concurrent Conditions: Tuberculosis (Tuberculosis as a child)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: numbness behind his temple area and cheek; tired; headaches have gotten worse; chills; body aches; severe migraines; pain shot up to behind his right eye; This spontaneous case was reported by a consumer and describes the occurrence of MIGRAINE (severe migraines), EYE PAIN (pain shot up to behind his right eye), HYPOAESTHESIA (numbness behind his temple area and cheek), FATIGUE (tired) and HEADACHE (headaches have gotten worse) in a 36-year-old

male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient"s past medical history included Tuberculosis (Tuberculosis as a child). Concurrent medical conditions included Malaria. On 29-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 10-May-2021, the patient experienced EYE PAIN (pain shot up to behind his right eye). On an unknown date, the patient experienced MIGRAINE (severe migraines), HYPOAESTHESIA (numbness behind his temple area and cheek), FATIGUE (tired), HEADACHE (headaches have gotten worse), CHILLS (chills) and MYALGIA (body aches). At the time of the report, MIGRAINE (severe migraines), EYE PAIN (pain shot up to behind his right eye), HYPOAESTHESIA (numbness behind his temple area and cheek), FATIGUE (tired), HEADACHE (headaches have gotten worse), CHILLS (chills) and MYALGIA (body aches) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medication reported. No treatment was provided.

VAERS ID:	1615713 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Vaccination site erythema
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MELOXICAM; VITAMIN D3; TYLENOL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (no medical history was reported.)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: a large pink reddish rash(ring rash thing)around the injection site; tired; This case was received via an unknown source (no reference has been entered for a health authority or license partner) on 11-May-2021 and was forwarded to Moderna on 11-May-2021. This spontaneous case

was reported by a consumer and describes the occurrence of VACCINATION SITE ERYTHEMA (a large pink reddish rash(ring rash thing)around the injection site) and FATIGUE (tired) in a 66-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 009C21A) for COVID-19 vaccination. The patient"s past medical history included No adverse event (no medical history was reported.). Concomitant products included MELOXICAM, COLECALCIFEROL (VITAMIN D3) and PARACETAMOL (TYLENOL) for an unknown indication. On 28-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 28-Apr-2021, the patient experienced FATIGUE (tired). On 07-May-2021, the patient experienced VACCINATION SITE ERYTHEMA (a large pink reddish rash(ring rash thing)around the injection site). On 30-Apr-2021, FATIGUE (tired) had resolved. At the time of the report, VACCINATION SITE ERYTHEMA (a large pink reddish rash(ring rash thing)around the injection site) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. A Patient calling to report that she took the 1st dose of Moderna COVID-19 vaccine on 28Apr2021(Lot number: 009C21A Expiration Date: 15Oct2021) in her left upper arm muscle. She mentioned that first two days after the shot she was tired which was normal to her. But on 07May2021 she started getting large pink reddish rash(like a ring rash thing) around the injection site. She wants to know if this is normal and if it is going to effect her 2nd dose that she is scheduled on 26May2021 and mentioned the rash has started to fade away.

VAERS ID:	1615930 (history)	**Vaccinated:**	2021-05-10
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025C2IA / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Decreased appetite, Erythema, Rash, Vaccination site pain
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VERPAMIL; METFORMIN; VITAMIN D NOS; LETROZOLE; SPIRONOLACTONE
Current Illness: Cancer; Diabetes
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: Redness; No appetite/lack of appetite leading them; Rash on the stomach; Vaccination site pain; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PAIN (Vaccination site pain), ERYTHEMA (Redness), DECREASED APPETITE (No appetite/lack of appetite leading them) and RASH (Rash on the stomach) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 025C2IA) for COVID-19 vaccination. Concurrent medical conditions included Diabetes and Cancer. Concomitant products included VERAPAMIL HYDROCHLORIDE (VERPAMIL), METFORMIN, VITAMIN D NOS, LETROZOLE and SPIRONOLACTONE for an unknown indication. On 10-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 11-May-2021, the patient experienced VACCINATION SITE PAIN (Vaccination site pain), DECREASED APPETITE (No appetite/lack of appetite leading them) and RASH (Rash on the stomach). On 12-May-2021, the patient experienced ERYTHEMA (Redness). On 12-May-2021, RASH (Rash on the stomach) had resolved. At the time of the report, VACCINATION SITE PAIN (Vaccination site pain) and DECREASED APPETITE (No appetite/lack of appetite leading them) outcome was unknown and ERYTHEMA (Redness) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Most recent FOLLOW-UP information incorporated above includes: On 11-Jun-2021: Follow-up included a TCR with no new significant information

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VAERS ID:	1616642 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-05-12
Age:	87.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014C21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Influenza like illness, Rash, Skin swelling, Vaccination site erythema, Vaccination site pain, Vaccination site pruritus, Vaccination site urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: felt flu like symptoms; under the shoulder "not swollen but puffy"; puffy rash on shoulder; itchiness of arm; hives on arm; redness about 5 inches long up and down arm around site of injection; tenderness of injection site; This spontaneous case was reported by a consumer and describes the occurrence of INFLUENZA LIKE ILLNESS (felt flu like symptoms), SKIN SWELLING (under the shoulder "not swollen but puffy"), RASH (puffy rash on shoulder), VACCINATION SITE PRURITUS (itchiness of arm) and VACCINATION SITE URTICARIA (hives on arm) in an 87-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 014C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 01-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 12-May-2021, the patient experienced SKIN SWELLING (under the shoulder "not swollen but puffy"), RASH (puffy rash on shoulder), VACCINATION SITE PRURITUS (itchiness of arm), VACCINATION SITE URTICARIA (hives on arm), VACCINATION SITE ERYTHEMA (redness about 5 inches long up and down arm around site of injection) and VACCINATION SITE PAIN (tenderness of injection site). On 14-May-2021, the patient experienced INFLUENZA LIKE ILLNESS (felt flu like symptoms). The patient was treated with PARACETAMOL (TYLENOL) at an unspecified dose and frequency. At the time of the report, INFLUENZA LIKE ILLNESS (felt flu like symptoms), SKIN SWELLING (under the shoulder "not swollen but puffy"), RASH (puffy rash on shoulder), VACCINATION SITE PRURITUS (itchiness of arm), VACCINATION SITE URTICARIA (hives on arm), VACCINATION SITE ERYTHEMA (redness about 5 inches long up and down arm around site of injection) and VACCINATION SITE PAIN (tenderness of injection site) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. The 2nd dose scheduled on 26-May-2021. Tylenol used as treatment. No concomitant products reported. Most recent FOLLOW-UP information incorporated above includes: On 01-Jul-2021: Updated patient demographics, no other new information was received.

VAERS ID:	1617460 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	60.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Back pain
SMQs:, Retroperitoneal fibrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mastic gum for reflux
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lower back (lumbar) pain. Similar to early labor or menstrual back pain

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VAERS ID:	1617898 (history)	**Vaccinated:**	2021-01-01
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	52.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Pain in extremity, Vaccination site pain
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Vegetable allergy (Shrimp)
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: sore arm; Vaccination site pain; This spontaneous case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (sore arm) and VACCINATION SITE PAIN (Vaccination site pain) in a 52-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 010mz0a and 039k20a) for COVID-19 vaccination. Concurrent medical conditions included Vegetable allergy (Shrimp). In January 2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 12-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced PAIN IN

EXTREMITY (sore arm) and VACCINATION SITE PAIN (Vaccination site pain). At the time of the report, PAIN IN EXTREMITY (sore arm) and VACCINATION SITE PAIN (Vaccination site pain) outcome was unknown. Concomitant product was not provided by the reporter The patient had numb check from the first dose reaction, the patient had second dose reaction of sore arm the day after the shot. This case was linked to MOD-2021-159363 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 21-Jun-2021: Follow up received on 21-JUN-2021 contains No New Information

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VAERS ID:	1618462 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-08-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	UNKNOWN / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Balance disorder, Memory impairment
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: Memory impairment; Balance difficulty; This spontaneous case was reported by a consumer and describes the occurrence of MEMORY IMPAIRMENT (Memory impairment) and BALANCE DISORDER (Balance difficulty) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. Unknown) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MEMORY IMPAIRMENT (Memory impairment) and BALANCE DISORDER (Balance difficulty). At the time of the report, MEMORY IMPAIRMENT (Memory impairment) and BALANCE DISORDER (Balance difficulty) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No

Concomitant medications were provided No Treatment medications were provided Most recent FOLLOW-UP information incorporated above includes: On 23-Jun-2021: Non-Significant follow up appended to AER

VAERS ID:	1618635 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-04-15
Age:	73.0	**Days after vaccination:**	42
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	LA / OT

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Balance disorder, Condition aggravated, Memory impairment, Pain, Rib fracture
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Osteoporosis/osteopenia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: CYCLOBENZAPRINE; PRAVASTATIN; PANTOPRAZOLE SODIUM; ASPIRIN LOW; VALACYCLOVIR HCL; TOPIRAMATE; FLUOXETINE HYDROCHLORIDE; LEVOTHYROXINE; AMOXICILLIN; COGNIUM; SYMBICORT; SPIRIVA RESPIMAT; NYSTATIN; LORAZEPAM; GLUCOSE; ALEVE; ASPIRIN [ACETYLSA
Current Illness: Drug allergy (NSAIDs); Drug allergy (Morphine); Drug allergy (Demeral); Drug allergy (Arimidex); Pain; Sulfonamide allergy (Sulphur drugs)
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: Balance problems/Balance was really bad; Memory problems; Fractured multiple ribs; Pain; Memory has gotten worse; Balance has gotten worse; This spontaneous case was reported by a consumer and describes the occurrence of BALANCE DISORDER (Balance problems/Balance was really bad), CONDITION AGGRAVATED (Balance has gotten worse), MEMORY IMPAIRMENT (Memory problems), CONDITION AGGRAVATED (Memory has gotten worse) and RIB FRACTURE (Fractured multiple ribs) in a 73-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 019B21A and 030A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Sulfonamide allergy (Sulphur drugs), Drug allergy (Morphine), Drug allergy (Arimidex), Drug allergy (Demeral), Drug allergy (NSAIDs) and Pain. Concomitant products

included CYCLOBENZAPRINE, PRAVASTATIN, PANTOPRAZOLE SODIUM, ACETYLSALICYLIC ACID (ASPIRIN LOW), VALACICLOVIR HYDROCHLORIDE (VALACYCLOVIR HCL), TOPIRAMATE, FLUOXETINE HYDROCHLORIDE, LEVOTHYROXINE, AMOXICILLIN, COGNIUM, BUDESONIDE, FORMOTEROL FUMARATE (SYMBICORT), TIOTROPIUM BROMIDE MONOHYDRATE (SPIRIVA RESPIMAT), NYSTATIN, LORAZEPAM, GLUCOSE, NAPROXEN SODIUM (ALEVE), ASPIRIN [ACETYLSALICYLIC ACID], PHENOLPHTHALEIN (EXLAX [PHENOLPHTHALEIN]) and MACROGOL 3350 (MIRALAX) for an unknown indication. On 04-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 31-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 15-Apr-2021, the patient experienced CONDITION AGGRAVATED (Balance has gotten worse) and CONDITION AGGRAVATED (Memory has gotten worse). On an unknown date, the patient experienced BALANCE DISORDER (Balance problems/Balance was really bad), MEMORY IMPAIRMENT (Memory problems), RIB FRACTURE (Fractured multiple ribs) and PAIN (Pain). The patient was treated with OXYCODONE for Pain, at an unspecified dose and frequency and Bed rest for Pain. At the time of the report, BALANCE DISORDER (Balance problems/Balance was really bad), CONDITION AGGRAVATED (Balance has gotten worse), MEMORY IMPAIRMENT (Memory problems) and CONDITION AGGRAVATED (Memory has gotten worse) had not resolved and RIB FRACTURE (Fractured multiple ribs) and PAIN (Pain) outcome was unknown. As concomitant medications Beano ultra 800 2 tablets prior to dinner, medical marijuana as needed (crackers, lozenges, tincture, capsule) were being taken. For pain the patient took treatment medication with rest. On 24-MAY-2021 patient fall and went to emergency room where rib fracture was discovered. Patient did x-rays from neck to knee, blood work, urine test for blood, EKG and CT scan of spine with unknown results. Most recent FOLLOW-UP information incorporated above includes: On 23-Jun-2021: Follow-up received provided additional event and event information. On 28-Jul-2021: Non-significant follow-up received and caller request new AE form On 02-Aug-2021: Significant follow-up added: Patient demographics added, race and ethnicity added, relevant history added, anatomical location added, conmeds added, treatment drug added, nontreatment method added

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VAERS ID:	1619255 (history)	**Vaccinated:**	2021-04-17
Form:	Version 2.0	**Onset:**	2021-05-16
Age:	53.0	**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Body temperature, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210516; Test Name: Body temperature; Result Unstructured Data: 102; Test Name: Body temperature; Result Unstructured Data: 101.4
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: fever; This spontaneous case was reported by a consumer and describes the occurrence of PYREXIA (fever) in a 53-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 001C21A) for COVID-19 vaccination. No Medical History information was reported. On 17-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 15-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 16-May-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced PYREXIA (fever). At the time of the report, PYREXIA (fever) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 16-May-2021, Body temperature: 102 (High) 102. On an unknown date, Body temperature: 101.4 (High) 101.4. No concomitant medications were reported. No treatment medications were reported. Action taken with mRNA-1273 in response to the event was not applicable.

VAERS ID:	1619999 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-04-09
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-23
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Oral herpes
SMQs:, Oropharyngeal infections (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20211
Write-up: Cold sore; This spontaneous case was reported by a consumer and describes the occurrence of ORAL HERPES (Cold sore) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Apr-2021, the patient experienced ORAL HERPES (Cold sore). The patient was treated with ACYCLOVIR [ACICLOVIR] for Cold sores, at an unspecified dose and frequency. At the time of the report, ORAL HERPES (Cold sore) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medication were not provided. The patient reported that she did not have a reaction. Most recent FOLLOW-UP information incorporated above includes: On 08-Jul-2021: Follow up received updated significant information in narrative.

VAERS ID:	1623568 (history)	**Vaccinated:**	2021-03-06
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	51.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	- / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Dizziness, Dizziness postural, Headache, Myalgia, Thrombosis, Vision blurred
SMQs:, Rhabdomyolysis/myopathy (broad), Anticholinergic syndrome (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Glaucoma (broad), Lens disorders (broad), Eosinophilic pneumonia (broad), Retinal disorders (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Embrel , fexophenadine
Current Illness:
Preexisting Conditions: Psoriatic arthritis
Allergies:
Diagnostic Lab Data: Multiple ER trips, my doctor has sent me to multiple specialists.

Hematology oncology, cardiologist, Immunologist, neurologists.
CDC Split Type:
Write-up: 1) blood clots in left thigh, sore muscles, blurry vision, dizzy when sitting up after laying down, blood clots in left forearm, headache. Some of these symptoms are still present.

VAERS ID:	1623797 (history)	**Vaccinated:**	2021-08-03
Form:	Version 2.0	**Onset:**	2021-08-04
Age:	60.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	206A21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Blood glucose abnormal
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Victoza 1.2 mg (once daily) Prevalite 4grams (twice daily) Omega 3 Acid 1g (2 capsals twice daily) Vitamin B12 1000 microgram (once daily) Vitamin D3 5000 ui (once daily) Omeprazole 20mg (once daily) Glipizide 5mg (once daily) Pradastitin 4
Current Illness: None
Preexisting Conditions: Diabetes Small Fiber Nueropathy Arthritis Bursitis Tendonitis
Allergies: Various
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Blood sugar has been out of control since vaccination

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VAERS ID:	1623954 (history)	**Vaccinated:**	2021-02-09
Form:	Version 2.0	**Onset:**	2021-02-11
Age:	29.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Ocular discomfort, Rash, Swelling of eyelid, Vitreous floaters
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Retinal disorders (narrow), Periorbital and eyelid disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: Asthma
Allergies: Squid
Diagnostic Lab Data:
CDC Split Type:
Write-up: On the second day of my second shot of the vaccine my eyes started to feel weird. And then my upper eyelids were significantly swollen. I also started seeing floaters in my eyes which I have never had in my life before. I?m only 29 years old. I tried prednisone, steroid ointments, antibiotics, I still have swollen eye lids and floaters today- months later. I have no history or facial injections. My first shot of the vaccine I got a rash on my arm.

VAERS ID:	1624081 (history)	**Vaccinated:**	2021-06-04
Form:	Version 2.0	**Onset:**	2021-08-08
Age:	35.0	**Days after vaccination:**	65
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Anticoagulant therapy, Atrial fibrillation, Cardiac monitoring, Cardiac stress test, Laboratory test
SMQs:, Supraventricular tachyarrhythmias (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No

Previous Vaccinations:
Other Medications: Sunoco be 4mg
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: I?ve been in the emergency room 7 times in the last two weeks for cardiac related issues, and have done a stress test, and scheduled for a cardiac ablation. Too many tests and results so far to list here.
CDC Split Type:
Write-up: On August 8th I was taken to the Emergency Room via ambulance because I suddenly went in to Atrial Fibrillation RVR. After receiving electrolytes, and diltiazem I was released. I was still in afib. I was prescribed Diltiazem and baby aspirin that I have been taking daily for two weeks. I have undergone a stress test, currently wear an event monitor called MCOT (mobile cardiac outpatient telemetry). I have a caravan scheduled for 10/21, and a cardiac ablation scheduled for 10/28.

VAERS ID:	1624246 (history)	**Vaccinated:**	2021-08-23
Form:	Version 2.0	**Onset:**	2021-08-23
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA7485 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cold sweat, Dyspnoea, Erythema, Injection site erythema, Injection site pruritus, Pruritus, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: About 5 minutes following vaccination patient reported redness and itchiness around injection site. A few (~5 minutes) minutes later patient reported itching spreading down same arm, cold and clammy hands, and itchiness of chest. A few minutes after that she reported mild tightness in throat (slight inability to breath normally).

VAERS ID:	1626312 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-03-02
Age:	57.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Chills, Dizziness, Fatigue, Headache, Lymphadenopathy, Pyrexia, Vaccination site pain
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Injection site pain; dizziness; swollen lymph nodes; joint pain; headache; fever; chills; fatigue; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PAIN (Injection site pain), DIZZINESS (dizziness), LYMPHADENOPATHY (swollen lymph nodes), ARTHRALGIA (joint pain) and HEADACHE (headache) in a 57-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 26-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 02-Mar-2021, the patient experienced VACCINATION SITE PAIN (Injection site pain), DIZZINESS (dizziness), LYMPHADENOPATHY (swollen lymph nodes), ARTHRALGIA (joint pain), HEADACHE (headache), PYREXIA (fever), CHILLS (chills) and FATIGUE (fatigue). At the time of the report, VACCINATION SITE PAIN

(Injection site pain), DIZZINESS (dizziness), LYMPHADENOPATHY (swollen lymph nodes), ARTHRALGIA (joint pain), HEADACHE (headache), PYREXIA (fever), CHILLS (chills) and FATIGUE (fatigue) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Treatment information was not provided. /unknown. Concomitant product use was not provided/unknown by the reporter.

VAERS ID:	1626369 (history)	**Vaccinated:**	2021-03-18
Form:	Version 2.0	**Onset:**	2021-03-18
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Peripheral swelling, Pruritus, Vaccination complication, Vaccination site erythema, Vaccination site reaction, Vaccination site warmth
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HYDROXYZINE; HYDROCHLOROTHIAZIDE; AMITRIPTYLINE; OMEPRAZOLE; SIMVASTATIN; GABAPENTIN; TRAZODONE; DULOXETINE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Anxiety; Blood pressure increased; Difficulty breathing; Post-traumatic stress disorder
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE REACTION (Arm responded to it in angry way), VACCINATION COMPLICATION (Did not do well and have to go to bed), VACCINATION SITE WARMTH (Hot), PRURITUS (Itchy) and PERIPHERAL SWELLING (Swollen arm) in a 65-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 006B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Anxiety and Difficulty breathing. Concurrent medical conditions included

Post-traumatic stress disorder and Blood pressure increased. Concomitant products included HYDROXYZINE, HYDROCHLOROTHIAZIDE, AMITRIPTYLINE, OMEPRAZOLE, SIMVASTATIN, GABAPENTIN, TRAZODONE and DULOXETINE for an unknown indication. On 18-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 18-Mar-2021, the patient experienced VACCINATION SITE REACTION (Arm responded to it in angry way), VACCINATION COMPLICATION (Did not do well and have to go to bed), VACCINATION SITE WARMTH (Hot), PRURITUS (Itchy), PERIPHERAL SWELLING (Swollen arm), FATIGUE (Tired) and VACCINATION SITE ERYTHEMA (red). At the time of the report, VACCINATION SITE REACTION (Arm responded to it in angry way) and FATIGUE (Tired) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Inhalers are used as concomitant drugs and had birdflu in 2011.

VAERS ID:	1626553 (history)	**Vaccinated:**	2021-04-17
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	53.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Decreased appetite, Fatigue, Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: no medical history was reported
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: haven''t even ate some nights; haven''t eat last night and went to sleep at 7.00 pm extremely tired; felt like someone hit her over the head with a sledgehammer.; felt really tired and fatigued; This spontaneous case was reported by a consumer and describes the occurrence of DECREASED APPETITE (haven''t even ate some nights), FATIGUE (felt really tired and fatigued), FATIGUE (haven''t eat last night and went to sleep at 7.00 pm extremely tired) and HEADACHE (felt like someone hit her over the head with a sledgehammer.) in a 53-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 001C21A) for COVID-19

vaccination. no medical history was reported. On 17-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 15-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 2. On 20-Apr-2021, the patient experienced FATIGUE (felt really tired and fatigued) and HEADACHE (felt like someone hit her over the head with a sledgehammer.). On 23-Apr-2021, the patient experienced FATIGUE (haven''t eat last night and went to sleep at 7.00 pm extremely tired). On an unknown date, the patient experienced DECREASED APPETITE (haven''t even ate some nights). At the time of the report, DECREASED APPETITE (haven''t even ate some nights), FATIGUE (felt really tired and fatigued), FATIGUE (haven''t eat last night and went to sleep at 7.00 pm extremely tired) and HEADACHE (felt like someone hit her over the head with a sledgehammer.) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) and mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown Route) was unknown. Concomitant and treatment medications were not reported. Most recent FOLLOW-UP information incorporated above includes: On 26-May-2021: TCR form appended on 26-MAY-2021:Patient stated AE from the firstvaccine resolved . Second dose information given and denied further follow-up

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VAERS ID:	1628265 (history)	**Vaccinated:**	2021-08-23
Form:	Version 2.0	**Onset:**	2021-08-23
Age:	1.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	T007790 / 1	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product substitution issue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: No adverse effect. However, the child was supposed to receive Prevnar and was given Pneumovax instead. I was advised to report.

VAERS ID:	1628347 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-18
Age:	66.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Blood pressure decreased, Bowel movement irregularity, Fatigue, Fluid retention, Heart rate increased, Injection site pain, Muscle spasms, Neck pain, Sleep disorder
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Arthritis (broad), Noninfectious diarrhoea (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin
Current Illness: None
Preexisting Conditions: None
Allergies: None known
Diagnostic Lab Data: None
CDC Split Type:
Write-up: On the night of day 6, I suddenly had incredible pain in my arm at the site of the vaccination, moving up into my shoulder and neck on the same side. It subsided quickly, but then returned as I was sleeping. I could not lie on my opposite side either. It passed by the next morning. Pain returned again on day 13, but this time the pain was agonizing, lasted two days, and seemed to be causing my right shoulder to spasm regularly. Ice, Advil or Tylenol weren''t helpful. On day 28 the pain returned, my subscapular muscle spasm made my shoulder move, my heart rate went up, my blood pressure went WAY down, then became normal. My D.O. said as it wasn''t SIRVA, or another type of injury, it was likely connected to the vaccine and that it might be helpful for researchers if I reported it here. Incidental to this very challenging experience, in the weeks following my vaccination I also developed a strange water retention through out my body and experienced some fatigue, particularly after exertion, and sleep disruptions, and changes in bowel movement that were like symptoms I''d experienced the previous year, post a presumed case of Covid 19. These issues continued even after the shoulder/neck muscular issue resolved. Sometime in the early part of July I suddenly stopped having the water retention, bowel issues, energy issues, or sleep disruptions too. I now feel well again. Note: I am presumed to have had Covid last year, in the early to mid part of March 2020. This was before tests were available, and

before we understood that the symptoms I (and my husband) had were indicators of Covid 19. I went on to experience symptoms that later we learned were "long haul" symptoms for approximately 6 months after my illness in March, clearing in December of that year. I even had "covid toes" and developed Beau"s lines in my toenails! I think it may be possible that I had a strong reaction to the vaccine because I already had some antibodies from the previous year. I am filing this as I hope having this information is helpful to someone. I waited until now to file so that I could be sure I had no other reactions to record.

VAERS ID:	1628529 (history)	**Vaccinated:**	2021-02-05
Form:	Version 2.0	**Onset:**	2021-06-19
Age:	94.0	**Days after vaccination:**	134
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, New daily persistent headache, Pain, Pain in jaw
SMQs:, Osteonecrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Olmesartan medoxomil 5 mg, multi probiotic,COQ-10! vit d,
Current Illness: None
Preexisting Conditions: Chronic cough
Allergies: Milk, penicillin, sulfa
Diagnostic Lab Data: Many blood tests at center and medical center
CDC Split Type:
Write-up: Severe pain in body, now o. Prednisone, better but have headache every day and jaw hurt

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VAERS ID:	1629310 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-05-06
Age:	40.0	**Days after vaccination:**	56
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Bacterial infection, Drug hypersensitivity, Elbow operation, Limb operation, Pruritus, Rash, Scar, Wound secretion
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Seroquel (0.5 tab Am, 1.0 tab PM) Lamictal (100 mg)
Current Illness: N/A
Preexisting Conditions: N/A prior to Pfizer shot
Allergies: N/A until after Pfizer Covid shot
Diagnostic Lab Data: See above*
CDC Split Type:
Write-up: I had the first Pfizer shot in my left arm on 3/11/21. Shortly after, I had a patch on my lower forearm that was itchy and would not heal. I had surgery on my right arm at the end of March and had my second shot on 4/2/2021 in my right arm. Around May 6, 2021, I began to have weeping around the surgical scar on my right arm from a partial elbow replacement surgery in March. It was yellow fluid. Initially I was treated for a bacterial infection and put on steroids. The weeping spread and I had a rash on my lower right arm. There was concern I might be allergic to the metal implant. It then spread fully to my left arm with the initial patch never healing. I was taken off of Lamictal to ensure that was not the cause. I went to dermatology and was put on oral and topical antibiotics and steroids. The rash continued to spread and I went for patch testing June 21-25, 2021 and was found to be allergic to linalool, bacitracin, neomycin and tobramycin (none of which I had previously been allergic to.) I was not found to be allergic to anything in the implant, as the doctors contacted Johnson and Johnson to ensure none of the above allergens were in in the implant that was used and after reviewing their notes, none of the known allergens were used deeply during my surgery. I continued to have weeping, itchy patches on my body which the dermatologist treated with topical and oral steroids. To try to control the skin outbreaks, I have been prescribed Dupixent, of which I took my first does on 8/16/2021 along with topical steroids. As of 8/24/2021 the outbreaks are continuing.

VAERS ID:	1632243 (history)	**Vaccinated:**	2021-05-20
Form:	Version 2.0	**Onset:**	2021-07-11
Age:	30.0	**Days after vaccination:**	52
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0186 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arrhythmia, Chest discomfort, Chest pain, Electrocardiogram ambulatory abnormal, Fatigue, Injection site pain, Lymphadenopathy, Palpitations, Supraventricular extrasystoles, Ventricular extrasystoles
SMQs:, Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Ventricular tachyarrhythmias (narrow), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zyrtec; Microgestin 1/20 birth control pills
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: heart holster monitor
CDC Split Type: vsafe
Write-up: After the 2nd dose, I developed 5 swollen lymph nodes in my neck and collar bone and 2 in my groin (I already had 2 swollen lymph nodes with the 1st dose). It took 4 weeks to resolve. I also had pain at injection site which resolved after 3-4 days. On July 11, 2021, I woke up with an achy feeling in my chest. I started having loud and hard pounding. I had about 60-70 heart palpitations episodes. I was feeling tired, fatigue, chest heaviness, chest achiness which radiated outwards when I had episode of arrhythmia. I did go see my doctor 2 weeks later on July 28 2021. By the time I saw the doctor, the intensity had decreased. I had to wear a holster monitor which showed premature ventricular contractions and atrial contractions. I was not placed on medications since my cardiac event was not hindering my quality of life or life threatening. As of now, I am still having 10-15 episodes of arrhythmias mostly in the mornings or evenings. I do I get the discomfort/achiness/soreness in my chest when I am having an episode.

VAERS ID:	1632255 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	56.0	**Days after vaccination:**	32
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8729 / 2	AR / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6208 / 1	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Activated partial thromboplastin time normal, Computerised tomogram thorax abnormal, Condition aggravated, Cough, Dyspnoea, Fibrin D dimer increased, Full blood count normal, Prothrombin time normal, Pulmonary embolism, Ultrasound Doppler normal
SMQs:, Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: melatonin multivitamin
Current Illness: None
Preexisting Conditions: None
Allergies: beta blockers PCN sulfonamide antibiotics
Diagnostic Lab Data: D-Dimer 2527 (normal < 230) CT PE protocol - bilateral PEs with evidence of right heart strain Normal PT, PTT Normal CBCD Negative LE ultrasounds
CDC Split Type:
Write-up: Approximately a week after first vaccine, began to experience SOB, cough which persisted through 2nd vaccine. She finally presented to the ED on 5/11/21 and was found to have bilateral PEs. No recent travel, surgery, trauma or immobility. Not on hormones. Normal BMI. Non-smoker. No prior hx venous thromboembolism.

VAERS ID:	1634837 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-08-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incomplete course of vaccination
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202117
Write-up: received dose 1 on june 2018. Never got 2nd dose; This case was reported by a pharmacist via call center representative and described the occurrence of incomplete course of vaccination in a 70-year-old male patient who received Herpes zoster (Shingrix) for prophylaxis. Previously administered products included Shingrix (1st dose received in June 2018). On an unknown date, the patient received the 2nd dose of Shingrix. On an unknown date, unknown after receiving Shingrix, the patient experienced incomplete course of vaccination. On an unknown date, the outcome of the incomplete course of vaccination was unknown. Additional details were provided as follows: The age at vaccination was not applicable for this report. Till the time of reporting, the patient did not receive 2nd dose of Shingrix, which led to incomplete course of vaccination. No information on vaccine available. The reporter stated that, did not receive in the same facility. The reporter consented to follow up.

VAERS ID:	1634911 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2021-01-04
Age:	59.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Hypersensitivity, Injection site erythema, Musculoskeletal pain, Nausea, Neuralgia, Pyrexia, Vaccination site pain, Vaccination site pruritus
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Angioedema (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEVOTHYROXINE
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: musculoskeletal pain; itching at injection site; Fever; Nauseating feeling; soreness around injection site; Nerve pain; Delayed allergic reaction; Red itchy wheel; Fatigue; This spontaneous case was reported by a consumer and describes the occurrence of MUSCULOSKELETAL PAIN (musculoskeletal pain), NEURALGIA (Nerve pain), HYPERSENSITIVITY (Delayed allergic reaction), INJECTION SITE ERYTHEMA (Red itchy wheel) and FATIGUE (Fatigue) in a 59-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 011J20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concomitant products included LEVOTHYROXINE for Hypothyroidism. On 28-Dec-2020, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 04-Jan-2021, the patient experienced NEURALGIA (Nerve pain), HYPERSENSITIVITY (Delayed allergic reaction), INJECTION SITE ERYTHEMA (Red itchy wheel) and FATIGUE (Fatigue). On an unknown date, the patient experienced MUSCULOSKELETAL PAIN (musculoskeletal pain), VACCINATION SITE PRURITUS (itching at injection site), PYREXIA (Fever), NAUSEA (Nauseating feeling) and VACCINATION SITE PAIN (soreness around injection site). At the time of the report, MUSCULOSKELETAL PAIN (musculoskeletal pain), NEURALGIA (Nerve pain), HYPERSENSITIVITY (Delayed allergic reaction), INJECTION SITE ERYTHEMA (Red itchy wheel), FATIGUE (Fatigue), VACCINATION SITE PRURITUS (itching at injection site), PYREXIA (Fever), NAUSEA (Nauseating feeling) and VACCINATION SITE PAIN (soreness around injection site) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment for the event included ibuprofen 200mg, acetaminophen 350mg and fexofenadine 60mg. Based on the current available information and temporal association between the use of the product and the start date of the

events, a causal relationship cannot be excluded. Reporter did not allow further contact; Sender"s Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

VAERS ID:	1634981 (history)	**Vaccinated:**	2021-02-10
Form:	Version 2.0	**Onset:**	2021-02-10
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Pruritus, Vaccination site erythema, Vaccination site mass, Vaccination site pruritus, Vaccination site warmth
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: big, itchy patches all over both of my legs; site of the injection was really hot, red, and itchy; site of the injection was really hot, red, and itchy; site of the injection was really hot, red, and itchy; Little lump; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of VACCINATION SITE MASS (Little lump), PRURITUS (big, itchy patches all over both of my legs), VACCINATION SITE WARMTH (site of the injection was really hot, red, and itchy), VACCINATION SITE PRURITUS (site of the injection was really hot, red, and itchy) and VACCINATION SITE ERYTHEMA (site of the injection was really hot, red, and itchy) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013M20A) for COVID-19 vaccination. No Medical History information was reported. On 10-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 10-Feb-2021, the patient experienced VACCINATION SITE MASS (Little lump). On 18-Feb-2021, the patient experienced VACCINATION SITE WARMTH (site of the injection was really hot, red, and itchy), VACCINATION SITE PRURITUS (site of the injection was really hot, red, and itchy) and VACCINATION SITE ERYTHEMA (site of the injection was really hot, red, and itchy). On an unknown date, the patient experienced

PRURITUS (big, itchy patches all over both of my legs). The patient was treated with DIPHENHYDRAMINE HYDROCHLORIDE (BENADRYL [DIPHENHYDRAMINE HYDROCHLORIDE]) on 22-Feb-2021 at an unspecified dose and frequency. At the time of the report, VACCINATION SITE MASS (Little lump), VACCINATION SITE WARMTH (site of the injection was really hot, red, and itchy), VACCINATION SITE PRURITUS (site of the injection was really hot, red, and itchy) and VACCINATION SITE ERYTHEMA (site of the injection was really hot, red, and itchy) outcome was unknown and PRURITUS (big, itchy patches all over both of my legs) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were reported. This case was linked to MOD-2021-096058 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 27-Apr-2021: The event pruritis outcome was changed from unknown to not recovered.

VAERS ID:	1635123 (history)	**Vaccinated:**	2021-03-07
Form:	Version 2.0	**Onset:**	2021-03-31
Age:	67.0	**Days after vaccination:**	24
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Dyspepsia, Fatigue, Headache, Hypersomnia, Myalgia, Nausea
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: No adverse event (No medical history reported.)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Slept for 19 hours; Heartburn; headache; muscle ache; Extreme fatigue; Nausea; chills; This spontaneous case was reported by a consumer and describes the occurrence of

HYPERSOMNIA (Slept for 19 hours), DYSPEPSIA (Heartburn), HEADACHE (headache), MYALGIA (muscle ache) and FATIGUE (Extreme fatigue) in a 67-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 021B21A and 032M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included No adverse event (No medical history reported). On 07-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 31-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 31-Mar-2021, the patient experienced HYPERSOMNIA (Slept for 19 hours), DYSPEPSIA (Heartburn), HEADACHE (headache), MYALGIA (muscle ache), FATIGUE (Extreme fatigue), NAUSEA (Nausea) and CHILLS (chills). On 01-Apr-2021, HYPERSOMNIA (Slept for 19 hours), DYSPEPSIA (Heartburn), HEADACHE (headache), MYALGIA (muscle ache), FATIGUE (Extreme fatigue), NAUSEA (Nausea) and CHILLS (chills) had resolved. No concomitant medication reported Treatment using ibuprofen 400mg was reported

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VAERS ID:	1635203 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site bruising, Vaccination site discolouration, Vaccination site pruritus, Vaccination site rash
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FLUTICASONE PROPIONATE; OMEPRAZOLE; PROPANOL; VENLAFAXINE; CYCLOBENZAPRINE; ALPRAZOLAM; SUMATRIPTAN; HYDROCHLOROTHIAZIDE; MEDROXYPROGESTERONE; ESTRADIOL; NAPROXEN; CORTISONE; MARIJUANA; CETIRIZINE.
Current Illness: Arthritis; Hypertension (Blood pressure); Migraine; Sleep difficult.
Preexisting Conditions: Medical History/Concurrent Conditions: Heartburn.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Itchy rash on that started outside the area of the injection; Itchy rash on that started outside the area of the injection, rash on again when taking a shower; The left arm as quart size to

half dollar size black to blue mark; The left arm as quart size to half dollar size black to blue mark; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE BRUISING (The left arm as quart size to half dollar size black to blue mark), VACCINATION SITE DISCOLOURATION (The left arm as quart size to half dollar size black to blue mark), VACCINATION SITE PRURITUS (Itchy rash on that started outside the area of the injection) and VACCINATION SITE RASH (Itchy rash on that started outside the area of the injection, rash on again when taking a shower) in a 62-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient''s past medical history included Heartburn. Concurrent medical conditions included Migraine, Arthritis, Hypertension (Blood pressure) and Sleep difficult. Concomitant products included CETIRIZINE for Allergy, NAPROXEN for Arthritis, OMEPRAZOLE for Heartburn, MEDROXYPROGESTERONE and ESTRADIOL for Hormone replacement therapy, HYDROCHLOROTHIAZIDE for Hypertension, ALPRAZOLAM for Insomnia, SUMATRIPTAN for Migraine, FLUTICASONE PROPIONATE, PROPANOL, VENLAFAXINE, CYCLOBENZAPRINE, CORTISONE and MARIJUANA for an unknown indication. On 08-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 09-Apr-2021, the patient experienced VACCINATION SITE BRUISING (The left arm as quart size to half dollar size black to blue mark), VACCINATION SITE DISCOLOURATION (The left arm as quart size to half dollar size black to blue mark) and VACCINATION SITE RASH (Itchy rash on that started outside the area of the injection, rash on again when taking a shower). On 17-Apr-2021, the patient experienced VACCINATION SITE PRURITUS (Itchy rash on that started outside the area of the injection). On 12-Apr-2021, VACCINATION SITE BRUISING (The left arm as quart size to half dollar size black to blue mark) and VACCINATION SITE DISCOLOURATION (The left arm as quart size to half dollar size black to blue mark) had resolved. At the time of the report, VACCINATION SITE PRURITUS (Itchy rash on that started outside the area of the injection) had resolved and VACCINATION SITE RASH (Itchy rash on that started outside the area of the injection, rash on again when taking a shower) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. It was reported that the vaccination site bruise was easily bruised It was reported that the patient is scheduled for cortisone knee injections for both legs on 22-APR-2021 Treatment using cortisone gel over the counter was reported

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VAERS ID:	1635303 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	66.0	**Days after vaccination:**	20
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	036A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Red blood cell sedimentation rate increased
SMQs:, Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PAXIL [PAROXETINE HYDROCHLORIDE]; LORAZEPAM
Current Illness:
Preexisting Conditions: Comments: No medical history was provided by the reporter.
Allergies:
Diagnostic Lab Data: Test Date: 20210422; Test Name: Blood work; Result Unstructured Data: Elevated Sedimentation rate
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: Elevated sedimentation Rate; This spontaneous case was reported by a consumer and describes the occurrence of RED BLOOD CELL SEDIMENTATION RATE INCREASED (Elevated sedimentation Rate) in a 66-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 036A21A) for COVID-19 vaccination. No medical history was provided by the reporter. Concomitant products included PAROXETINE HYDROCHLORIDE (PAXIL [PAROXETINE HYDROCHLORIDE]) and LORAZEPAM for an unknown indication. On 02-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 22-Apr-2021, the patient experienced RED BLOOD CELL SEDIMENTATION RATE INCREASED (Elevated sedimentation Rate). At the time of the report, RED BLOOD CELL SEDIMENTATION RATE INCREASED (Elevated sedimentation Rate) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 22-Apr-2021, Blood test: unknown (High) Elevated Sedimentation rate. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Treatment information was not provided.

VAERS ID:	1635306 (history)	**Vaccinated:**	2021-03-09
Form:	Version 2.0	**Onset:**	2021-03-09
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: No medical history provided.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20210
Write-up: This spontaneous case reported by a patient (subsequently medically confirmed), describes the occurrence of pyrexia (fever) and chills in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 vaccine, batch# 013M20A) for COVID-19 immunization. No medical history reported. On Feb 10, 2021, patient received the first dose of mRNA-1273 (Moderna COVID-19 vaccine), intramuscular; 1 dosage form. On Mar 9, 2021, patient received the second dose of mRNA-1273 (Moderna COVID-19 vaccine), unknown route; 1 dosage form. On Mar 9, 2021, patient experienced pyrexia (fever) and chills. Patient treated with Benadryl (diphenhydramine hydrochloride) ongoing since an unknown date; at unknown dosage form; every day. At the time of the report, pyrexia (fever) and chills: not resolved. The action taken with mRNA-1273 (Moderna COVID-19 vaccine), intramuscular: not applicable. No concomitant medications reported. This case linked to MOD-2021-023270 (patient link). Reporter did not allow further contact.

VAERS ID:	1635798 (history)	**Vaccinated:**	2021-06-03
Form:	Version 2.0	**Onset:**	2021-06-03
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009D21A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Back pain
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Back pain worse on moving; This spontaneous case was reported by a consumer and describes the occurrence of PAIN (Back pain worse on moving) in a 67-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 009D21A) for COVID-19 vaccination. Concurrent medical conditions included Back pain since May 2021. On 03-Jun-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-Jun-2021, the patient experienced PAIN (Back pain worse on moving). The patient was treated with PREDNISONE for Back pain, at a dose of 1 dosage form; CYCLOBENZAPRINE for Back pain, at a dose of 1 dosage form; PARACETAMOL (TYLENOL) ongoing since an unknown date for Back pain, at a dose of 1 dosage form and LIDOCAINE ongoing since an unknown date for Back pain, at a dose of 1 dosage form. At the time of the report, PAIN (Back pain worse on moving) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant product information was not provided. It was reported that patient has another appointment on 15-Jun-2021 with his doctor and is scheduled for an x-ray.

VAERS ID:	1635801 (history)	**Vaccinated:**	2021-05-04
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	67.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-08-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014C21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Back pain
SMQs:, Retroperitoneal fibrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: The back pain was constant. If he is sitting, it''s bearable, but moving makes it worse; This spontaneous case was reported by a consumer and describes the occurrence of BACK PAIN (The back pain was constant. If he is sitting, it''s bearable, but moving makes it worse) in a 67-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 014C21A) for COVID-19 vaccination. No Medical History information was reported. On 04-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In May 2021, the patient experienced BACK PAIN (The back pain was constant. If he is sitting, it''s bearable, but moving makes it worse). At the time of the report, BACK PAIN (The back pain was constant. If he is sitting, it''s bearable, but moving makes it worse) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments.

VAERS ID:	1639210 (history)	**Vaccinated:**	2020-12-24
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	45.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DUPIXENT
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: had bad itchy flare up; This spontaneous case was reported by a consumer and describes the occurrence of RASH PRURITIC (had bad itchy flare up) in a 45-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. Co-suspect product included non-company product DUPILUMAB (DUPIXENT) for Atopic dermatitis. No Medical History information was reported. On 24-Dec-2020, the patient started DUPILUMAB (DUPIXENT) (Subcutaneous) 150 milligram per milliliter every two weeks. On an unknown date,

the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced RASH PRURITIC (had bad itchy flare up). At the time of the report, RASH PRURITIC (had bad itchy flare up) outcome was unknown. No relevant concomitant medications reported. No treatment information provided. Most recent FOLLOW-UP information incorporated above includes: On 02-Jul-2021: Additional information regarding address was updated. On 07-Jul-2021: Additional information contains no new information.

VAERS ID:	1639270 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	50.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Influenza like illness, Lethargy
SMQs:, Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: 6-MERCAPTOPURINE MONOHYDRATE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Cold symptoms; Crohn''s disease
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: lethargy; flu like symptoms; This spontaneous case was reported by a pharmacist and describes the occurrence of LETHARGY (lethargy) and INFLUENZA LIKE ILLNESS (flu like symptoms) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013l20a) for COVID-19 vaccination. The patient''s past medical history included Crohn''s disease on 01-Jan-2000 and Cold symptoms from 2020 to 06-Jan-2021. Concomitant products included 6-MERCAPTOPURINE MONOHYDRATE for Crohn''s. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced LETHARGY (lethargy) and INFLUENZA LIKE ILLNESS (flu like symptoms). At the time of the report, LETHARGY (lethargy) and INFLUENZA LIKE ILLNESS (flu like symptoms) outcome was

unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment information was not reported. This case was linked to MOD-2021-003502 (Patient Link).

VAERS ID:	1639762 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Heart rate, Heart rate increased, X-ray
SMQs:, Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Asthma; Type 2 diabetes mellitus
Preexisting Conditions: Medical History/Concurrent Conditions: Cancer; Emergency care (on Tuesday, 04May2021,patient went to her personal doctor and once the HCP listened to her heart he sent her to the ER.); Heart disorder (UNKNOWN CARDIAC ISSUES REPORTED .)
Allergies:
Diagnostic Lab Data: Test Date: 202105; Test Name: heart rate; Test Result: Inconclusive ; Result Unstructured Data: irregular; Test Date: 202105; Test Name: X-RAY; Test Result: Inconclusive ; Result Unstructured Data: inconclusive
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: heart started beating fast and it felt really off / Her heart is racing again; This spontaneous case was reported by a consumer and describes the occurrence of HEART RATE INCREASED (heart started beating fast and it felt really off / Her heart is racing again) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 021B21A and 009C21N) for COVID-19 vaccination. The patient''s past medical history included Cancer, Heart disorder (UNKNOWN CARDIAC ISSUES REPORTED .) and Emergency care (on Tuesday, 04May2021,patient went to her personal doctor and once the HCP listened to her heart he sent her to the ER.). Concurrent medical conditions included Type 2 diabetes mellitus and Asthma. On 01-May-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 03-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form.

On an unknown date, the patient experienced HEART RATE INCREASED (heart started beating fast and it felt really off / Her heart is racing again). At the time of the report, HEART RATE INCREASED (heart started beating fast and it felt really off / Her heart is racing again) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In May 2021, Heart rate irregular:. In May 2021, X-ray:. No concomitant medications were provided. No treatment details were provided.

VAERS ID:	1640397 (history)	**Vaccinated:**	2021-05-24
Form:	Version 2.0	**Onset:**	2021-06-21
Age:	26.0	**Days after vaccination:**	28
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	033C21A / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Chest pain, Headache, Lethargy
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: slight chest pain; Lethargy; weakness; Headache; This spontaneous case was reported by a pharmacist and describes the occurrence of CHEST PAIN (slight chest pain), LETHARGY (Lethargy), ASTHENIA (weakness) and HEADACHE (Headache) in a 26-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 033C21A and 022A21A) for COVID-19 vaccination. No Medical History information was reported. On 24-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 21-Jun-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 21-Jun-2021, the patient experienced CHEST PAIN (slight chest pain), LETHARGY (Lethargy), ASTHENIA (weakness) and HEADACHE (Headache). At the time of the report, CHEST PAIN (slight chest pain), LETHARGY (Lethargy), ASTHENIA (weakness) and HEADACHE (Headache) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality

assessments. Concomitant medication not provided Treatment medication was not reported Action taken mRNA-1273 in response to the event was not applicable

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VAERS ID:	1640992 (history)	**Vaccinated:**	2021-01-19
Form:	Version 2.0	**Onset:**	2021-07-02
Age:	65.0	**Days after vaccination:**	164
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Anticoagulant therapy, Blood test, Computerised tomogram thorax abnormal, Deep vein thrombosis, Peripheral swelling, Pneumonia, Pulmonary embolism, Ultrasound Doppler abnormal, X-ray
SMQs:, Cardiac failure (broad), Angioedema (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Atorvastatin, Lisinopril/HCTZ, Meloxicam, Omelprazole, Krill oil, Multivitamin
Current Illness: arthritis, GERD
Preexisting Conditions: Arthritis
Allergies: none
Diagnostic Lab Data: Described above. Also blood tests and x-rays.
CDC Split Type:
Write-up: I developed what was thought to be pneumonia which was treated with an antibiotic and improved. About 10 days later I developed swelling in my right foot and calf. A blood clot was suspected and I was sent to the hospital for and ultrasound which confirmed that I had a massive blood clot in my right leg from my groin to my ankle. I was advised to go to the emergency room, was admitted to the hospital,and a CAT scan taken of my lungs which showed that both of them had emboli. I was placed on a heparin drip for two days and now take blood thinner medication.

VAERS ID:	1641031 (history)	**Vaccinated:**	2021-08-25
Form:	Version 2.0	**Onset:**	2021-08-25
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Contusion
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: arm developed instant temporary bruising on the bicep, forearm and pad of palm on her right arm! Not the arm she got the shot in. 5 minutes after he shot her arm turned blue and purple, like widespread bruising. No one had seen that happen before. and like 4 hours after the shot the discoloration completely went away. Never discomfort, swelling or fevers ar any other side effects, just crazy bruising all down her right arm. I yelled "she"s turning blue!" it was scary! But she was totally fine after.

VAERS ID:	1641145 (history)	**Vaccinated:**	2021-08-20
Form:	Version 2.0	**Onset:**	2021-08-20
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	- / UNK	LA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature fluctuation, Hyperhidrosis, Malaise, Nausea, Pyrexia, Sluggishness, Troponin increased, Viral myocarditis
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Opportunistic infections (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Keppra
Diagnostic Lab Data: Medical released with diagnosis of Acute viral myocarditis. Released with a form that gave a
CDC Split Type:
Write-up: On 08/20/21 had physical....Dr. said I was in good health....was given the shingles and what she said was tetanus but turned out to be Tdap vaccine...felt sick few hours later, sluggish, fever went to 102.8 that night....throughout weekend was feeling sick at times, nausea, temps was fluctuating but was going as high as 101.9 at times . Mon 08/23/21 approximately 1:30pm ...fever above 101 , felt sick at house...sweating profusely, ...nausea....Wife called telenurse...advise to go to ER. After arriving at ER got progressively worse, placed on oxygen. Troponin number was elevating ...was transferred to Medical Center by ambulance. 08/23-08/25 was in cardiology. Several tests done. Diagnosed with Acute Viral Myocarditis.

VAERS ID:	1641711 (history)	**Vaccinated:**	2021-08-23
Form:	Version 2.0	**Onset:**	2021-08-24
Age:	18.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Chest pain, Chills, Echocardiogram normal, Myocarditis, Pyrexia, Troponin

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Troponin 24 on 8/27/2021 ECHO normal on 8/27/2021
CDC Split Type:
Write-up: Myocarditis with chest pain, fever, chills

VAERS ID:	1924312 (history)	**Vaccinated:**	2021-08-26
Form:	Version 2.0	**Onset:**	2021-08-26
Age:	0.5	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	T4Y35 / 3	RA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	EC3578 / 3	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient was administered a HIB vaccine on 8/26/21 that had expired on 8/6/21. expiration was not realized until after administration of vaccine. Child is well and no adverse reactions related to administering expired vaccine. Mom, provider and office manager informed right away. Plan to re-admister vaccine

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VAERS ID:	1643195 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-06-23
Age:	31.0	**Days after vaccination:**	61
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045B21A / 1	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Patient received first dose 23APR2021 and is now at the pharmacy to get the second dose ($g35 days); This spontaneous case was reported by a pharmacist and describes the occurrence of INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient received first dose 23APR2021 and is now at the pharmacy to get the second dose ($g35 days)) in a 31-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 045B21A) for COVID-19 vaccination. No Medical History information was reported. On 23-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 23-Jun-2021, the patient experienced INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient received first dose 23APR2021 and is now at the

pharmacy to get the second dose ($g35 days)). At the time of the report, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient received first dose 23APR2021 and is now at the pharmacy to get the second dose ($g35 days)) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medication was reported. Treatment medication was not provided.

VAERS ID:	1643693 (history)	**Vaccinated:**	2021-02-17
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	73.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-08-28
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Influenza like illness, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VRAYLAR; VIIBRYD; VITAMIN D [VITAMIN D NOS]
Current Illness:
Preexisting Conditions: Comments: Medical history was not provided by the reporter.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Flu-like symptoms; chills; sore arm - "it was bad"; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of INFLUENZA LIKE ILLNESS (flulike symptoms), CHILLS (chills) and MYALGIA (sore arm - "it was bad") in a 73-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030M20A) for COVID-19 vaccination. Medical history was not provided by the reporter. Concomitant products included CARIPRAZINE HYDROCHLORIDE (VRAYLAR) for Antidepressant therapy, VILAZODONE HYDROCHLORIDE (VIIBRYD) and VITAMIN D [VITAMIN D NOS] for an unknown indication. On 17-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced INFLUENZA LIKE ILLNESS (flulike symptoms), CHILLS (chills) and MYALGIA (sore arm - "it was bad"). At the time of the report, INFLUENZA LIKE ILLNESS (flulike symptoms), CHILLS (chills) and MYALGIA (sore arm - "it was bad") had not resolved. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosing remained unchanged. The patient reported that she

was still experiencing the same side effects about 138 days later after her first and second dose. She saw her physician but they didn''t know what to do for her. Treatment was reported as none taken. This case was linked to MOD-2021-238895 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 21-Jul-2021: Event outcomes were updated.

VAERS ID:	1643696 (history)	**Vaccinated:**	2021-02-17
Form:	Version 2.0	**Onset:**	2021-03-17
Age:	73.0	**Days after vaccination:**	28
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Influenza like illness, Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VRAYLAR; VIIBRYD; VITAMIN D [VITAMIN D NOS]
Current Illness:
Preexisting Conditions: Comments: No medical history was provided by the reporter.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Sore arm and that the shot on the right side was worse; flu-like symptoms; Chills ever since the shot/not like goosebumps chills like internal chills; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PAIN (Sore arm and that the shot on the right side was worse), CHILLS (Chills ever since the shot/not like goosebumps chills like internal chills) and INFLUENZA LIKE ILLNESS (flu-like symptoms) in a 73-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 006821A and 030M20A) for COVID-19 vaccination. No medical history was provided by the reporter. Concomitant products included CARIPRAZINE HYDROCHLORIDE (VRAYLAR) for Depression, VILAZODONE HYDROCHLORIDE (VIIBRYD) and VITAMIN D [VITAMIN D NOS] for an unknown indication. On 17-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 17-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 17-Mar-2021, the patient experienced CHILLS (Chills ever since the shot/not like goosebumps chills like internal chills). On an unknown date, the patient experienced VACCINATION SITE PAIN (Sore arm and that the shot on the right side was worse) and INFLUENZA LIKE ILLNESS (flu-like symptoms). At the time of the report, VACCINATION SITE PAIN (Sore arm and that the shot on

the right side was worse), CHILLS (Chills ever since the shot/not like goosebumps chills like internal chills) and INFLUENZA LIKE ILLNESS (flu-like symptoms) had not resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Treatment information was not provided. This case was linked to MOD-2021-238880 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 21-Jul-2021: Follow-up information received on 21 Jul 2021,contains event information-no new information - Patient reported that she was still experiencing the same side effects 138 days later after her 2nd dose. On 21-Jul-2021: Follow-up information received on 21 Jul 2021,contains no new information - Patient saw her Doctor. On 21-Jul-2021: Follow-up information received on 21 Jul 2021,contains physician details added. On 27-Jul-2021: Follow Up Information received on 27 Jul 2021, chills not recovered, met doctor twice

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VAERS ID:	1644883 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: SARS-CoV-2 test negative, Vaccination site erythema, Vaccination site induration, Vaccination site pain, Vaccination site swelling
SMQs:, COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TYRODIN [TRANEXAMIC ACID]; VITAMINS NOS
Current Illness: Contrast media allergy; Lactose intolerant
Preexisting Conditions: Medical History/Concurrent Conditions: Osteoporosis; Vaccination adverse reaction (severe swelling after flu vaccine, yellow fever. And passed out.)
Allergies:
Diagnostic Lab Data: Test Name: covid 19 pcr test; Test Result: Negative ; Result Unstructured Data: NEGATIVE
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Severe pain; more hardness at injection site; Redness at injection site; Swelling at injection site; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PAIN (Severe pain), VACCINATION SITE INDURATION (more hardness at injection site), VACCINATION SITE ERYTHEMA (Redness at injection site) and VACCINATION SITE SWELLING (Swelling at injection site) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 048A21A) for COVID-19 vaccination. The patient"s

past medical history included Vaccination adverse reaction (severe swelling after flu vaccine, yellow fever. And passed out.) and Osteoporosis. Previously administered products included for an unreported indication: YELLOW FEVER and flu vaccine. Concurrent medical conditions included Contrast media allergy and Lactose intolerant. Concomitant products included TRANEXAMIC ACID (TYRODIN [TRANEXAMIC ACID]) and VITAMINS NOS for an unknown indication. On 13-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 13-Mar-2021, the patient experienced VACCINATION SITE PAIN (Severe pain), VACCINATION SITE INDURATION (more hardness at injection site), VACCINATION SITE ERYTHEMA (Redness at injection site) and VACCINATION SITE SWELLING (Swelling at injection site). On 16-Mar-2021, VACCINATION SITE PAIN (Severe pain), VACCINATION SITE INDURATION (more hardness at injection site), VACCINATION SITE ERYTHEMA (Redness at injection site) and VACCINATION SITE SWELLING (Swelling at injection site) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, SARS-CoV-2 test negative: negative (Negative) NEGATIVE. No treatment medication were provided by the reporter Company Comment :Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This case was linked to MOD-2021-285153 (Patient Link).; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

VAERS ID:	1644905 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	69.0	**Days after vaccination:**	19
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Anxiety, Arthralgia, Body temperature, Decreased appetite, Dehydration, Delirium, Diarrhoea, Dizziness, Erythema, Fatigue, Feeling abnormal, Hyperhidrosis, Myalgia, Nausea, Pain, Panic attack, Panic reaction, Pyrexia, SARS-CoV-2 test, Swelling, Vaccination site induration, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (narrow), Dementia (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypersensitivity (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VITAMINS NOS
Current Illness: Contrast media allergy; Lactose intolerant; Osteoporosis; Thyroid disorder.
Preexisting Conditions: Medical History/Concurrent Conditions: Feeling sick; Infusion (Infusion for osteoporosis); Passed out.
Allergies:
Diagnostic Lab Data: Test Name: Body temperature; Result Unstructured Data: Mostly 102F to 103.6 F; Test Name: COVID-19 PCR Test; Test Result: Negative; Result Unstructured Data: Negative.
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Delirium; Diarrhea; Dizziness; Dehydration; Sweating when fever broke; Loss of Appetite; Panic/Same panic and anxiety; Anxiety/Same panic and anxiety; Even worse swelling; More pain; More redness; Hardness at injection site; Fever (mostly 102F to 103.6F)/High fever; Fatigue to the degree of immobile/Much worse fatigue; Nausea; Vomiting; Muscle pain throughout body; Joint pain in entire arm, hand, elbow, shoulder, ribs, hip and neck on side of injection; Fatigue; Panic; Anxiety; Experience was terrifying/3 days of the same general body symptoms; This spontaneous case was reported by a consumer and describes the occurrence of DELIRIUM (Delirium) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 032B21A and 048A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Passed out, Feeling sick and Infusion (Infusion for osteoporosis). Concurrent medical conditions included Contrast media allergy, Lactose intolerant, Osteoporosis and Thyroid disorder. Concomitant products included VITAMINS NOS for an unknown indication. On 13-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 10-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 10-Apr-2021, the patient experienced DELIRIUM (Delirium) (seriousness criterion medically significant), DIARRHOEA (Diarrhea), DIZZINESS (Dizziness), DEHYDRATION (Dehydration), HYPERHIDROSIS (Sweating when fever broke), DECREASED APPETITE (Loss of Appetite), PANIC ATTACK (Panic/Same panic and anxiety), ANXIETY (Anxiety/Same panic and anxiety), SWELLING (Even worse swelling), PAIN (More pain), ERYTHEMA (More redness), VACCINATION SITE INDURATION (Hardness at injection site), PYREXIA (Fever (mostly 102F to 103.6F)/High fever), FATIGUE (Fatigue to the degree of immobile/Much worse fatigue), NAUSEA (Nausea), VOMITING (Vomiting), MYALGIA (Muscle pain throughout body) and ARTHRALGIA (Joint pain in entire arm, hand, elbow, shoulder, ribs, hip and neck on side of injection). In April 2021, the patient experienced PANIC REACTION (Panic), ANXIETY (Anxiety), FEELING ABNORMAL (Experience was terrifying/3 days of the same general body symptoms) and FATIGUE (Fatigue). On 14-Apr-2021, DELIRIUM (Delirium), DIARRHOEA (Diarrhea), DIZZINESS (Dizziness), DEHYDRATION (Dehydration), DECREASED APPETITE (Loss of Appetite), PANIC ATTACK (Panic/Same panic and anxiety), ANXIETY (Anxiety/Same panic and anxiety), SWELLING (Even worse swelling), PAIN (More pain), ERYTHEMA (More redness), VACCINATION SITE INDURATION (Hardness at injection site), FATIGUE (Fatigue to the degree of immobile/Much worse fatigue), NAUSEA (Nausea), VOMITING (Vomiting), MYALGIA (Muscle pain throughout body) and ARTHRALGIA (Joint pain in entire arm, hand, elbow, shoulder, ribs, hip and neck on side of injection) had

resolved. In April 2021, HYPERHIDROSIS (Sweating when fever broke), PANIC REACTION (Panic), ANXIETY (Anxiety), FEELING ABNORMAL (Experience was terrifying/3 days of the same general body symptoms), PYREXIA (Fever (mostly 102F to 103.6F)/High fever) and FATIGUE (Fatigue) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Body temperature: 102 to 103.6 (High) Mostly 102F to 103.6F. On an unknown date, SARS-CoV-2 test: negative (Negative) Negative. On 10-Apr-2021, the patient received second dose of Moderna vaccine and has side effects as: even worse swelling, more pain, more redness, more hardness at injection site. Fever for 54 hours, mostly 102F to 103.6F, fatigue to the degree of immobile, nausea, diarrhea, vomiting, delirium, dizziness, dehydration, muscle pain throughout body, joint pain in entire arm, hand, elbow, shoulder, ribs, hip and neck on side of injection, severe sweating when fever broke for 8 hours, loss of appetite, severe panic, and severe anxiety. Duration 4 days. Two weeks later: the patient had 3 days of the same general body symptoms, including the high fever, much worse fatigue, plus the same panic and anxiety and state that all of this experience was absolutely terrifying. Patient had all COVID-19 PCR tests before, during, and after these weeks: all negative. Patient experienced severe reactions to other vaccines in past: flu vaccine, yellow fever etc. Patient did not go anaphylactic, but does experience severe swelling. On one opportunity, as a child, received a vaccine and had swelling being so strong, that patient passed out. Patient was concerned to have a third dose in the future in part because local clinical does not have so much information on what to do. Concomitant medication included Tyrod medication and a couple of Vitamins. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This case was linked to MOD-2021-284720 (Patient Link).; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

VAERS ID:	1645185 (history)	**Vaccinated:**	2021-02-17
Form:	Version 2.0	**Onset:**	2021-02-22
Age:	88.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	631M20A / 2	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Computerised tomogram, Dizziness, Magnetic resonance imaging, Vertigo
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:

Other Medications: Metoprolol; Multivitamin [Vitamins NOS]; Lexapro; Eliquis; Glucosamine
Current Illness:
Preexisting Conditions: Comments: No medial history was reported.
Allergies:
Diagnostic Lab Data: Test Date: 202102; Test Name: CT scan; Result Unstructured Data: Normal; Test Date: 202102; Test Name: MRI; Result Unstructured Data: Normal.
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: vertigo/ extreme episode of vertigo; lightheadedness; This spontaneous case was reported by a consumer and describes the occurrence of VERTIGO (vertigo/ extreme episode of vertigo) and DIZZINESS (lightheadedness) in an 88-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 631M20A and 026A21A) for COVID-19 vaccination. No medial history was reported. Concomitant products included METOPROLOL, MULTIVITAMIN [VITAMINS NOS], ESCITALOPRAM OXALATE (LEXAPRO), APIXABAN (ELIQUIS) and GLUCOSAMINE for an unknown indication. On 17-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 17-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 22-Feb-2021, the patient experienced VERTIGO (vertigo/ extreme episode of vertigo) (seriousness criterion hospitalization) and DIZZINESS (lightheadedness) (seriousness criterion hospitalization). The patient was treated with PROMETHAZINE HYDROCHLORIDE (METHAZINE) for Adverse event, at an unspecified dose and frequency and SCOPOLAMINE [HYOSCINE] for Adverse event, at an unspecified dose and frequency. At the time of the report, VERTIGO (vertigo/ extreme episode of vertigo) and DIZZINESS (lightheadedness) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In February 2021, Computerised tomogram: normal (normal) Normal. In February 2021, Magnetic resonance imaging: normal (normal) Normal. It was reported that the patient had seen an ear, nose, throat health care provider and test were run, everything had come back as normal. The patient was hospitalized for about 3 or 4 days. The patient had a MRI and CT scan and everything came back normal. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.; Sender''s Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.

VAERS ID:	1649507 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8729 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Cardiac discomfort, Fatigue, Headache, Hypoaesthesia, Myalgia, Nausea, Vaccination site pain
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy

(broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MOTRIN [IBUPROFEN]; TYLENOL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Drug allergy (Allergies to medications); Spondylolisthesis
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021403776
Write-up: Numbness in left arm and neck; Vice grip feeling around heart; Injection site pain; Headache; Nausea; Muscle pain; Extreme tiredness; This is a spontaneous report from a contactable consumer, the patient. A 62-year-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: ER8729) via an unspecified route of administration in the left arm on 12Apr2021 at 10:00 (at the age of 62-year-old) as a single dose for COVID-19 immunisation. Medical history included spondylolisthesis. The patient had allergies to medications (not specified). Concomitant medications included ibuprofen (MOTRIN) and paracetamol (TYLENOL) both for unknown indications from an unknown date and unknown if ongoing. It was unknown if the patient was diagnosed with COVID-19 prior to the vaccination. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 12Apr2021 at 10:15, the patient experienced injection site pain, headache, nausea, vice grip feeling around heart, numbness in left arm and neck, muscle pain and extreme tiredness. The events did not result in doctor or other healthcare professional office/clinic visit, and emergency room/department or urgent care. Therapeutic measures were not taken as a result of the events. Since the vaccination, the patient had not been tested for COVID-19.The clinical outcome of the events injection site pain, headache, nausea, vice grip feeling around heart, numbness in left arm and neck, muscle pain and extreme tiredness was not resolved at the time of report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1649588 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	EW0158 / 1	LA / -

PFIZER/BIONTECH		

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dysgeusia, Memory impairment, Mental fatigue, Parosmia
SMQs:, Taste and smell disorders (narrow), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DULOXETINE; ESTROGEN NOS;PROGESTERONE; ADDERALL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Drug allergy (NSAID); Penicillin allergy
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021405309
Write-up: Extreme mental fatigue; Forgetfulness; Metallic taste in mouth; Metallic smell in nose; This is a spontaneous report from a contactable consumer, the patient. A 32-year-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0158) via an unspecified route of administration in the left arm on 12Apr2021 at 12:30 (at the age of 32-year-old) as a single dose for COVID-19 immunisation. Medical history included penicillin allergy and non-steroidal anti-inflammatory drug allergy (NSAID). Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included duloxetine (MANUFACTURER UNKNOWN), progesterone (PROGESTIN)/ estrogen nos (MANUFACTURER UNKNOWN) and amfetamine aspartate, amfetamine sulfate, dexamfetamine saccharate, dexamfetamine sulfate (ADDERALL XR) all for unspecified indications from an unknown date and unknown if ongoing. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 12Apr2021 at 13:00 the patient experienced extreme mental fatigue, forgetfulness, metallic taste in mouth and metallic smell in nose. The events did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. No therapeutic measures were taken as a result of the events. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events extreme mental fatigue, forgetfulness, metallic taste in mouth and metallic smell in nose were unknown. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1650694 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Fatigue
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: GABAPENTIN; NORTRIPTYLINE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Fibromyalgia
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021426441
Write-up: Fatigue; This is a spontaneous report from a non-contactable pharmacist. A 67-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot Number: UNKNOWN) via an unspecified route of administration on an unknown date in Apr2021 (at the age of 67-year-old) as a single dose for COVID-19 immunisation. Medical history included fibromyalgia. Concomitant medications included gabapentin (MANUFACTURER UNKNOWN) and nortriptyline (MANUFACTURER UNKNOWN), all from unknown dates and for unknown indications. The patient previously took first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot Number: UNKNOWN) via an unspecified route of administration on an unknown date in Mar2021 (at the age of 67-year-old) as a single dose for COVID-19 immunisation. The patient had no known drug allergies (NKDA). Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On an unknown date in Apr2021, the patient experienced fatigue. The adverse event did not result in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. Therapeutic measures were not taken as a result of the reported events. The clinical outcome of the event fatigue was recovered on an unknown date in Apr2021. No follow-up attempts are possible; Information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	1651027 (history)	**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-04-30
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0173 / 1	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: Anger, Emotional disorder, Feeling abnormal
SMQs:, Dementia (broad), Hostility/aggression (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FLUOXETINE; LYRICA; NAPROXEN; TYLENOL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Sulfonamide allergy (known allergies: Sulfa)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021487105
Write-up: felt a surge of anger; overwhelming feeling; became very emotional.; This is a spontaneous report from a contactable consumer, the patient. A 42-year-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0173) via an unspecified route of administration in left arm on 30Apr2021 at 14:00 (at the age of 42-year-old) as a single dose for COVID-19 immunisation. Medical history was not reported. The patient had allergy to sulfa. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included fluoxetine (MANUFACTURER UNKNOWN), pregabalin (LYRICA), naproxen (MANUFACTURER UNKNOWN), paracetamol (TYLENOL) and multi city (MANUFACTURER UNKNOWN)) all for unknown indications from an unknown date and unknown if ongoing. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 30Apr2021 at 15:30, an hour and a half after receiving the vaccine the patient felt a surge of anger, overwhelming feeling and became very emotional. The events did not result in a visit to the doctors or other healthcare professional office/clinic visit and emergency room/department or urgent care. Therapeutic measures were not taken as a result of adverse events. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events felt a surge of anger, overwhelming feeling and became very emotional was recovered at the time of report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1651102 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-03
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0175 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Dyskinesia, Gait disturbance, Hypoaesthesia, Paraesthesia, Peripheral coldness, Stress
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021493459
Write-up: Entire body became numb/Her legs are numb and tingly when shes walking, and her arms.; Fingertips and toes are ice cold/ her fingers are ice cold; Having a hard time moving her legs/ it feels like she is walking through water or sand on the beach; Her entire body went numb and tingly, all extremities; Shes moving in slow motion; Shes a little stressed; This is a spontaneous report from a contactable consumer (patient) via Medical Information team. A 36-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Lot Number: EW0175) dose 1 via an unspecified route of administration in left arm on 03May2021 at 09:00 (at the age of 36-year-old) as single dose for COVID-19 immunisation. Medical history was none. Concomitant medications included ongoing multivitamin gummy to have vitamins. No prior vaccinations within 4 weeks. No events following prior vaccinations. She received the first dose this morning at 9 am on 03May2021. She waited at the vaccination site for 15 minutes and she felt fine. About 20 minutes after as she walked to her car her entire body became numb and her fingertips and toes were ice cold and she was having a hard time moving her legs. It felt like she was walking through water or sand on the beach. This has persisted since leaving the vaccination site. She would also like to know if she should receive the second dose due to her reaction. She does not have a doctor or health insurance so she feels like she is being left alone to deal with her reaction. She was trying to follow directions in getting vaccinated. She was calling to make sure some side effects are normal. About 15 minutes ago, her entire body went numb and tingly, all her extremities. It was like she was moving in slow motion, little stressed, she needs to make sure its normal or if she needs to go to the doctor. Her

legs were numb and tingly when she was walking, and her arms. Her fingers are ice cold. All of her symptoms are on-going and persisting. She would like to know if she should go to a doctor for her reaction the Pfizer COVID vaccine. A visit to emergency room or physician office was not required. The outcome of events was not recovered. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1651193 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	60.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-08-28
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 2	RA / -

Administered by: Public **Purchased by:** ?
Symptoms: Dehydration, Dizziness, Hypertension, Nausea
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Vestibular disorders (broad), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LYRICA; LOSARTAN; TYLENOL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Failure kidney (Stage 3 kidney failure); Idiopathic peripheral autonomic neuropathy (idiopathic (likely gluten) peripheral neuropathy); Obesity; Raynaud''s syndrome (Reynaud''s)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021503668
Write-up: severe dizziness; nausea; Blood pressure was unusually high during this period; Dehydrated; This is a spontaneous report from a contactable consumer, the patient. A 60-year-old male patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: ER8737) via an unspecified route of administration in the arm right on 06Apr2021 at 16:00(at the age of 60-year-old) as a single dose for COVID-19 immunisation. Medical history included Stage 3 kidney failure, obesity, idiopathic (likely gluten) peripheral neuropathy, and Raynaud''s syndrome. Concomitant medications included pregabalin (LYRICA), losartan (MANUFACTURER UNKNOWN) and paracetamol (TYLENOL); all from unknown date for

unspecified indication. The past drug history was reported that patient had many drugs reaction. The patient previously received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EN6198) via an unspecified route of administration in the arm right on 16Mar2021 at 14:15(at the age of 60-year-old) as a single dose for COVID-19 immunisation. Prior to the vaccination, it was unknown whether the patient was diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 08Apr2021 at 10:00 approximately 32 hours after the vaccination, the patient experienced severe dizziness and nausea and Blood pressure was unusually high during this period. On an unknown date in Apr2021 the patient experienced dehydrated. It was reported approximately 32 hours post vaccine severe dizziness and nausea, had to return to bed. Somewhat improved approx. 8 hours later, could carefully move about. Less severe but remained approximately 6 days. Did continue 3 more days before the patient realized he was dehydrated and that was likely reason it continued. The patient had a history of drug reactions to a great number of medications. The patient was very drug sensitive. Blood pressure was unusually high during this period. The patient did not bother the physician as he never felt anything more than inconvenience after the first day of onset. The adverse events did not result in a visit to the doctor or other healthcare professional office/clinic visit, and emergency room/department or urgent care. The patient did not receive any treatment for the events. The clinical outcome of dizziness, nausea, dehydrated and blood pressure high were resolving. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1652106 (history)	**Vaccinated:**	2021-05-17
Form:	Version 2.0	**Onset:**	2021-05-17
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0185 / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Ageusia, Chills, Decreased appetite, Fatigue, Headache, Pain, Pyrexia, Somnolence, Vaccination site pain
SMQs:, Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CHASTE TREE [VITEX AGNUS-CASTUS FRUIT]; DOXYCYCLINE; HERBAL NOS;MINERALS NOS;VITAMINS NOS
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Gallbladder disease (gallbladder disease/sludge)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021579707
Write-up: Fever; Chills; Headache; Fatigue; Appetite lost; loss of taste; Drowsiness; sore left arm (site of injection); random sharp pains; This is a spontaneous report from a non-contactable consumer, the patient. A 31-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE;Lot Number: EW0185) via an unspecified route of administration on the left arm on 17May2021 at 12:00(at the age of 31-year-old) as a single dose for COVID-19 immunisation. Medical history included gallbladder disease. Concomitant medications included vitex agnus-castus (CHASTE TREE), doxycycline (MANUFACTURER UNKNOWN) and vitamins nos, minerals nos, herbal nos (HERBAL NOS;MINERALS NOS;VITAMINS NOS)all from an unknown date for unknown indication The patient previously took Cefadroxil for unknown indication and unknown date and and experienced drug allergy . The patient previously took first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0171) via an unspecified route of administration in the left arm on 26Apr2021 as a single dose for COVID-19 immunisation. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 17May2021 at 22:00 the patient experienced Fever, chills, headache, fatigue, random sharp pains, loss of appetite, some loss of taste, drowsiness, sore left arm (site of injection). No therapeutic measures were taken as a result of the events. The clinical outcome of the events Fever, chills, headache, fatigue, random sharp pains, loss of appetite, some loss of taste, drowsiness, sore left arm (site of injection)were recovered on an unknown date in May2021 No follow-up attempts are possible. No further information expected.

VAERS ID:	1652388 (history)	**Vaccinated:**	2021-05-25
Form:	Version 2.0	**Onset:**	2021-05-26
Age:	49.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Contusion

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hypertension (HTN)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021612540
Write-up: Bruising on the lateral side of lower legs, bilateral.; This is a spontaneous report from a contactable consumer, the patient. A 49-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0191) via an unspecified route of administration on 25May2021 at 10:00 (at the age of 49-year-old) as a single dose for COVID-19 immunisation. Medical history included hypertension (HTN). The patient had no known allergies. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. The patient did not receive any medication within two weeks of vaccination. Concomitant medications were not reported. The patient previously received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: ER8729) via an unspecified route of administration on 04May2021 at 16:00 (at the age of 49-year-old) as a single dose for COVID-19 immunisation. On 26May2021 at 06:00 the patient experienced bruising on the lateral side of lower legs, bilateral. The event resulted in doctor or other healthcare professional office/clinic visit. The patient did not receive any treatment for the event. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the event bruising on the lateral side of lower legs, bilateral was recovering at the time of this report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1655275 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-05-02
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0169 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Body temperature, Chills, Fatigue, Peripheral swelling, Pyrexia

SMQs:, Cardiac failure (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METHOTREXATE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Arthritis (Possible arthritis); Blood pressure high (Borderline high blood pressure)
Allergies:
Diagnostic Lab Data: Test Date: 20210502; Test Name: Body temperature; Result Unstructured Data: Test Result:fever of 100.5
CDC Split Type: USPFIZER INC2021511240
Write-up: Swelling under left arm; fever of 100.5; chills; fatigue; This is a spontaneous report from a contactable nurse, the patient. A 65-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, lot number: EW0169) via an unspecified route of administration in the left arm on 01May2021 at 10:00 (at the age of 65-year-old) as a single dose for COVID-19 immunisation. Medical history included arthritis and borderline high blood pressure. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included methotrexate (MANUFACTURER UNKNOWN) for unknown indication on unknown date and unknown if ongoing. The patient had no known allergies. The patient previously received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, lot number: ER2613) via an unspecified route of administration in the left arm on 03Apr2021 at 16:15 (at the age of 65-year-old) as a single dose for COVID-19 immunisation. On 02May2021, the patient experienced swelling under left arm, fever of 100.5 (unspecified units), chills and fatigue. On 02May2021, the patient underwent lab tests and procedures which included body temperature and the fever was 100.5. The events did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. No therapeutic measures were taken as a result of the reported events. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of events swelling under left arm, fever of 100.5 (unspecified units), chills and fatigue was resolved on an unknown date in May2021. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1658635 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	67.0	**Days after vaccination:**	80
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	042L20A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Discomfort, Erythema, Immune-mediated adverse reaction, Pain in extremity, Peripheral swelling, Pruritus, Rash, SARS-CoV-2 test negative, Skin discolouration, Vasodilatation
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin; Chlorthalidone; Losartan; Metoprolol XL; Pantoprazole; Flomax; Potassium Citrate SR; Chromium Sodium; nasal cram; Multi Vitamin; Colace; Aspirin; Psyllium (Metamucil): Probiotic
Current Illness: None
Preexisting Conditions: Obesity; Diabetes (type 2) but it''s well controlled - wasn''t then taking anything particular for it; fatty liver; arthritis; acid reflux (GERD); Essential Tremor - form of palsy; Hypertension well controlled
Allergies: Levaquin; Hay fever
Diagnostic Lab Data: No PCR test April 19th, 2021 negative result before the exposure. I didn''t have one after I got COVID toes.
CDC Split Type: vsafe
Write-up: COVID/related - COVID toes - peritonitis - caused by many different causes - an immune response - it only appeared on my toes. On my left foot first with a rash and prominent blood vessels appearing purple. It then went to my right foot which my big toe and my next three toes next to it turned glowing bright red and swelled up and hurt a lot. And it was itching. And then that eventually turned purple. I immediately started searching what it might be. I contacted Medical Clinic and told me doctor and they said I did not need to come in unless it got worse. I talked to Dr. during the course of it all. I talked to a Dermatologist on June 15. She confirmed the diagnosis. And told me to keep using the cream. OTC - Hydrocortisone cream - 1% and that took away the itching as I kept using it. It was generic brand. The initial pain receded after a a couple or three days. The discomfort (from the swelling) and the itching lasted a long time. My time for ultimate resolution was 62 days that it took. Over production of Interferon 1 and Adam 17 - that is what they are saying that causes it. I had no COVID positive test. I had a negative PCR test (April 19th, 2021). I only had the "COVID toes" and no other symptoms. Note: Exposed to a virus on May 12th. I was sitting in place was coughing and sneezing and refusing to wear a mask.

VAERS ID:	1658640 (history)	**Vaccinated:**	2021-08-30
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	43.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-08-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EWO180 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Extra dose administered, Interchange of vaccine products
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: n/a
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: On 08/30/2021, at approximately at 1630, a 43-year-old non-immunocompromised male entered the Covid-19 vaccination clinic. Patient had scheduled an appointment to receive the Covid-19 Pfizer vaccine. Once he arrived at the clinic he went to check in and stated he was "here for his second Pfizer shot". Check-in personnel interpreted this as he had previously received a Pfizer shot as part of the normal two-shot Covid-19 vaccination series and was there for the second vaccination. He then filled out and read over the Pre-vaccination checklist, Emergency Use Authorization sheet, Covid-19 Vaccine Patient Information sheet, V-Safe After Vaccination Health Check sheet and Pfizer Vaccine Information Fact Sheet. Once finished filling out and reading over the vaccination paperwork, he was seated at vaccine station where employee signed off on the completed paperwork and entered patient''s number into the database and confirmed information listed. (Note that no previous vaccination had been documented into the database) employee then administered the Pfizer vaccine to patient. Once administered, patient removed his vaccination card from his pocket to which employee noticed that he had previously received one (1) dose of the Janssen Covid-19 vaccine; not the Pfizer Covid-19 vaccine. Employee wrote the vaccination lot number (EWO180) and expiration (08/2021) of the Pfizer dose given onto patient''s vaccination card, and then reported to clinic supervisors of the error in vaccine given. Patient then waited the recommended 15 minutes after the vaccine was administered and went to the check out station. At check out, he attempted to schedule an additional dose of the Pfizer vaccine. Patient was denied his request to do so. Senior staff educated patient on adverse reactions and

potential side effects of Pfizer vaccination and that the potential side effects are listed on the informational sheets. Patient was informed to contact his primary care provider or go to his local emergency department if he experienced any adverse reactions and/or side effects. The patient acknowledged the information provided by Senior Staff. Patient then questioned "so if I had went to a different clinic without my vaccine card I could get an additional dose?" Senior staff and check-out personnel explained why there was no need to do so as he was considered fully vaccinated at this time. Patient left the clinic. Upper management were informed about the situation. Patient''s pertinent information including name, DOB, and address were acquired and documented appropriately. Summary: Pt received Pfizer vaccine after previous Janssen dose. NO ADVERSE REACTION REPORTED

VAERS ID:	1660887 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-09-01
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Disseminated varicella zoster virus infection, Illness, Varicella virus test negative
SMQs:, Sepsis (broad), Opportunistic infections (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: METHOTREXATE; ENBREL; PREDNISONE
Current Illness: Seronegative arthritis
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: Varicella serologies; Test Result: Negative
CDC Split Type: US0095075132108USA006604
Write-up: Disseminated VZV; Patient is quite ill; This spontaneous report was received from a physician, and refers to a 33 year old male patient. The patient''s concurrent conditions included seronegative inflammatory arthritis, and his concomitant medications included methotrexate, etanercept (ENBREL), and prednisone (all given for the concurrent condition). The patient had no prior history of primary varicella. On an unknown date (reported as one month prior), the patient was vaccinated with varicella virus vaccine live (oka/merck) (VARIVAX) for prophylaxis (dose, route, anatomical location, lot #, and expiration date were not provided) as his serologies were negative for varicella. On an unknown date, the patient experienced disseminated varicella zoster virus (VZV) and was quite ill (illness). Subsequently, on an unknown date, the patient was

admitted to hospital because of the events. The outcome of the events was unknown. The reporter''s causality assessment between the events and the suspect vaccine was not provided. Upon internal review, disseminated varicella zoster virus (VZV) was determined to be a medically significant event.

VAERS ID:	1662626 (history)	**Vaccinated:**	2021-08-30
Form:	Version 2.0	**Onset:**	2021-08-30
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EWO180 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Mobility decreased, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Parkinson-like events (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: done aware of
Preexisting Conditions: none aware of
Allergies: unknown
Diagnostic Lab Data: none
CDC Split Type:
Write-up: approx. 5hours after receiving 3rd covid had arm pain. unable to move arm- developed upper arm edema without redness

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VAERS ID:	1665337 (history)	**Vaccinated:**	2021-08-12
Form:	Version 2.0	**Onset:**	2021-08-12
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
MENB: MENINGOCOCCAL B (BEXSERO) / NOVARTIS VACCINES AND DIAGNOSTICS	ABXB35AA / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Injection site pain, Injection site rash, Lip swelling, Pruritus, Sensation of foreign body
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: EMGALITY
Current Illness: Allergic reaction
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: EPIPEN (ADRENALIN), Continue: true, Comment: has an allergic history/has an epi-pen
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202117
Write-up: Long rash on left arm; Arm pain (at the injection site); Allergic reaction on left side; Allergic-type reaction: lip swelling; Face got really itchy; Felt like lump in her throat; Extreme fatigue; This case was reported by a consumer via call center representative and described the occurrence of injection site pain in a 18-year-old female patient who received Men B NVS (Bexsero) (batch number ABXB35AA, expiry date 30th July 2022) for prophylaxis. Co-suspect products included meningococcal B recom vaccine + aloh + omv pre-filled syringe device (Bexsero Pre-Filled Syringe Device) injection syringe for prophylaxis. Previously administered products included Covid vaccine with an associated reaction of injection site rash (received on an unknown date and experienced rash at the injection site after Covid 19 shot). Concurrent medical conditions included allergic reaction and epipen (has an allergic history/has an epi-pen). Concomitant products included galcanezumab (Emgality). On 12th August 2021, the patient received the 1st dose of Bexsero (intramuscular) and Bexsero Pre-Filled Syringe Device. On 12th August 2021, less than an hour after receiving Bexsero and Bexsero Pre-Filled Syringe Device, the patient experienced injection site pain, allergic reaction, lip swelling, pruritus facial, lump feeling in throat and fatigue. On 19th August 2021, the patient experienced rash. The patient was treated with benadryl (nos) (Benadryl Oral), dexamethasone (Dexamethasone Oral) and steroids nos (Steroid (Not Specified)). On 19th August 2021, the outcome of the allergic reaction, lip swelling, pruritus facial, lump feeling in throat and fatigue were recovered/resolved. On an unknown date, the outcome of the injection site pain and rash were not recovered/not resolved. The reporter considered the injection site pain, allergic reaction, lip swelling, pruritus facial, lump feeling in throat, fatigue and rash to be related to Bexsero and Bexsero Pre-Filled Syringe Device.

This report is made by GSK without prejudice and does not imply any admission or liability for the incident or its consequences. Additional details were provided as follows: The case was reported by the mother of the patient. The reporter is the mother. The patient is the daughter. The patient received dose 1 of Bexsero (BEXSERO SUSP 1D/O.5ML PFS X10 10 PFS/CARTON) intramuscularly in the left deltoid. The reporter stated that, the patient would not be getting dose 2, Within 30 minutes of the injection the patient experienced an allergic-type reaction, lip swelling, face got really itchy, she felt like she had a lump in her throat, extreme fatigue almost instantly, and left arm pain (at the injection site). The patient was taken to urgent care where she was given oral Benadryl and oral dexamethasone. The reporter stated that, these medications helped, none of her symptoms got worse, most of her symptoms got better (everything except the arm pain) but they did not resolve entirely. The patient was sent home with steroid tablets, two days later she was still reacting/still itchy,so she took one of the steroid tablets and that cleared it up again. As of today on 19th August 2021) all of the mentioned symptoms have fully resolved except for the arm pain. The patient has had significant arm pain (at the injection site) for the past week. Today on 19th August 2021, the patient has a rash on her left arm, the rash showed up today. The rash was not exactly where the injection was given but slightly toward the inside of her upper arm. It was a long rash, this has not resolved. The reporter consented to follow up.

VAERS ID:	1666279 (history)	**Vaccinated:**	2021-05-20
Form:	Version 2.0	**Onset:**	2021-05-21
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1821286 / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Fatigue, Feeling abnormal, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a very healthy, physically fit.
Allergies: n/a
Diagnostic Lab Data: have not gone to dr since
CDC Split Type:

Write-up: high fever, fatigue, body ache for 48 hours severe headache lasting more than 2 weeks brain fog over 1 month chronic hip joint pain onset within 24 hours of injection and continuing.

VAERS ID:	1671782 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	37.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Granuloma annulare
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Paxil
Current Illness: None
Preexisting Conditions: Anxiety
Allergies: None
Diagnostic Lab Data: Was determined to be an annulare granuloma by doctor at year physical in August.
CDC Split Type:
Write-up: Developed a annulare granuloma on right arm.

VAERS ID:	1673338 (history)	**Vaccinated:**	2021-06-01
Form:	Version 2.0	**Onset:**	2021-08-17
Age:		**Days after vaccination:**	77
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210817; Test Name: COVID-19 antigen test; Test Result: Positive ; Test Date: 202107; Test Name: COVID-19 PCR test; Test Result: Negative ; Test Date: 20210817; Test Name: COVID-19 PCR test; Test Result: Positive
CDC Split Type: USPFIZER INC202101090107
Write-up: Tested positive to COVID 19 on both an antigen and PCR test; Tested positive to COVID 19 on both an antigen and PCR test; This is a spontaneous report from a contactable consumer. A 13-year-old female patient received BNT162B2 (COMIRNATY; solution for injection), via an unspecified route of administration in Jun2021 (lot number was not reported) as dose 2, single for COVID-19 immunization. The patient''s medical history and concomitant medications were not reported. The patient previously received BNT162B2 (COMIRNATY) on an unspecified date (lot number was not reported) as dose 1, single for COVID-19 immunization. The patient received her 2nd dose of BNT162B2 in mid Jun2021 and she tested positive on both an antigen and PCR test on 17Aug2021 while traveling in Ireland. The patient was asymptomatic. She had a previous PCR test in Jul2021 that was negative. The outcome of the event was unknown. Event occurred in a country different from that of the reporter. This may be a duplicate if the reporter also submitted directly to his/her local agency. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	1674372 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-12
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	LA / -

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Diarrhoea, Dizziness, Heart rate, Heart rate decreased, Migraine, Rash, Vision blurred, Vomiting
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210512; Test Name: Heart rate; Result Unstructured Data: Test Result:low
CDC Split Type: USPFIZER INC2021542933
Write-up: After 30hrs severe migraine; chest rash; vomiting; diarrhea; low-heart rate; dizziness; blurry vision; This is a spontaneous report from a contactable consumer or other non-healthcare professional. A 41-years-old female patient (non-pregnant) received bnt162b2 (BNT162B2, PFIZER-BIONTECH COVID-19 VACCINE, Solution for Injection), via an unspecified route of administration, administered in Arm Left on 11May2021 17:15 (Batch/Lot number and Expiry date was not reported) (at the age of 41-years-old) as DOSE NUMBER UNKNOWN, SINGLE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously took tramadol and experienced allergy. The patient did not receive any other vaccine within 4 weeks of covid vaccine. The patient did not receive any medication within 2 weeks of covid vaccine. The patient did not have covid prior vaccination and was not tested for covid post vaccination. On 12May2021 18:00, the patient experienced after 30hrs severe migraine, chest rash, vomiting, diarrhea, dizziness and blurry vision. Laboratory tests on 12May2021 included heart rate: low. The events resulted in Doctor or other healthcare professional office/clinic visit. It was unknown if any treatment was received for the events. The clinical outcome of the events was not recovered. No follow-up attempts are possible, information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	1674590 (history)	**Vaccinated:**	2021-08-20
Form:	Version 2.0	**Onset:**	2021-08-21
Age:	30.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-04

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0180 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Intermenstrual bleeding, Pain in extremity, Vaginal haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Postnatal vitamin, sunflower Lecithin, Sulfurzyme (magnesium)
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Extremely sore arm for 3 days. Vaginal bleeding (one week before expected cycle), bright red, heavy bleeding for 7 days, then some spoting for 2 days. Normal period has 2-3 days of red, then some brown spotting for 3-4 days.

VAERS ID:	1675554 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	34.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Polymenorrhoea
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Calcific tendinitis
Preexisting Conditions:
Allergies: Sulfa drugs, Cephalosporins
Diagnostic Lab Data:
CDC Split Type:
Write-up: Frequent menstruation for months after 2nd vaccine - May 4, May 18, June 3, June 18

VAERS ID:	1675596 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	49.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-09-06
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Chest discomfort, Chest pain, Fatigue, Headache, Jaundice
SMQs:, Cholestasis and jaundice of hepatic origin (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Biliary system related investigations, signs and symptoms (narrow), Biliary tract disorders (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: cod liver oil
Current Illness: migraines, Gilbert''s syndrome
Preexisting Conditions: see above
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tightness, heat, pain in chest radiating out to armpits and arms. Lasted about 2 months. Also developed jaundice, fatigue and headache.

VAERS ID:	1675634 (history)	**Vaccinated:**	2021-08-02
Form:	Version 2.0	**Onset:**	2021-08-07
Age:	55.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939893 / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hot flush, Hypoaesthesia, Migraine, Pyrexia
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Hepatitis A Vaccine, Severe Hives, 2005
Other Medications: Synthroid
Current Illness: none
Preexisting Conditions: Hashimoto''s Thyroiditis
Allergies: Hepatitis A Vaccine Sulfa
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Migrane headackes, Hot Flashes, Fevers, numb face

VAERS ID:	1677321 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	33.0	**Days after vaccination:**	33
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pityriasis rosea
SMQs:
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SPIRONOLACTONE; VITAMIN D [COLECALCIFEROL]; IRON
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Migraine
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202100958372
Write-up: pityriasis rosea developed on her abdomen and spread across torso, back, and legs; This is a spontaneous report from a contactable consumer (patient). A 33-year-old female patient received bnt162b2, dose 2 via an unspecified route of administration, administered in left arm on 12Apr2021 (Lot Number: EW0158) as dose 2, single at the age of 33-year-old for COVID-19 immunisation. Medical history included migraines from an unknown date. No known allergies. The patient was not pregnant. Historic vaccine was bnt162b2 received via an unspecified route of administration, administered in left arm on 22Mar2021 (Lot Number: EN6204) as dose 1, single at the age of 33-year-old for COVID-19 immunization. Concomitant medications included spironolactone; supplements included colecalciferol (VITAMIN D) and iron, all taken for an unspecified indication, in two weeks. No other vaccine in four weeks. No Covid prior vaccination. No Covid tested post vaccination. The patient experienced pityriasis rosea developed on her abdomen and spread across torso, back, and legs on 15May2021. The event resulted in: doctor or other healthcare professional office/clinic visit. Treatment received which included antihistamines and topical medicine. The outcome of event was not recovered. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1677947 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-02
Age:	37.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Headache, Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021477114
Write-up: Injection site soreness; Fatigue; Mild headache; This is a spontaneous report from a non-contactable pharmacist. A 37-year-old male patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration on an unknown date in Apr2021 (at the age of 37-years-old), as a single dose for COVID-19 immunisation. The patient had no medical history. The patient did not have any allergies to medications, food, or other products. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any medications within 2 weeks of the vaccination and other vaccines within four weeks prior to the COVID vaccine. On 02Apr2021, the patient experienced injection site soreness, fatigue and mild headache. The events did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. Therapeutic measures were not taken as a result of the events. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events injection site soreness, fatigue and mild headache were resolving at the time of this report. The patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration on 22Apr2021 (at the age of 37-years-old), as a single dose for COVID-19 immunisation. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected

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VAERS ID:	1678850 (history)	**Vaccinated:**	2021-08-30
Form:	Version 2.0	**Onset:**	2021-09-03
Age:	42.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0180 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Pain in extremity, Sensory disturbance, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine 100mcg, multi-vitamin, Vitamin D, flaxseed oil
Current Illness: None
Preexisting Conditions: Hashimoto''s disease, Arthritis, Mitral valve regurgitation, Gilbert disease, Raynauds phenomenon
Allergies: Albuterol, Nitrofurantoin Monohyd/M-Cryst, Polymyxin B Sulf-Trimethoprim, Polymyxin B. Lactose intolerant, allergic to some adhesives
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I started getting hives on Friday 9/3, after receiving my shot on Monday, 8/30. Then on 9/7, my left arm became really sensitive and sore and a large red circle about the size of an egg appeared. The red circle included the injection site at the bottom and spread up towards my shoulder.

VAERS ID:	1678895 (history)	**Vaccinated:**	2021-09-03
Form:	Version 2.0	**Onset:**	2021-09-04
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / IM

Administered by: Work **Purchased by:** ?
Symptoms: Arthralgia, Axillary pain, Chills, Epistaxis, Fatigue, Lymph node pain, Lymphadenopathy, Pain, Pyrexia
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: After second dose of COVID 19 vaccination, similar effects no lymphadenopathy

Other Medications: Pepcid, methotrexate, hydroxychloroquine, Anastrazole
Current Illness: None
Preexisting Conditions: Rheumatoid arthritis, breast cancer
Allergies: Sulfa, Cipro, adhesive tape
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, chills, body and joint aches, fatigue and lymph node enlargement and tenderness in the axilla on the shot side. Lasting 24 hours except for the lymph nodes which are still enlarged and painful. Nosebleed x 2 on 9/5.

VAERS ID:	1684398 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0167 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site pain, Vaccination site swelling
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ATENOLOL; DULOXETINE; LOSARTAN
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021538206
Write-up: Pain at injection site; Swelling at injection site; This is a spontaneous report from a contactable consumer, the patient. A 61-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot number: EW0167) via an unspecified route of administration in the left arm on 07May2021 at 13:15 (at the age of 61-years-old) as a single dose for COVID-19 immunisation. Medical history was not reported. The patient had no known allergies to medications, food or other products. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the COVID vaccine. Concomitant medications included atenolol (MANUFACTURER UNKNOWN), duloxetine (MANUFACTURER UNKNOWN) and losartan

(MANUFACTURER UNKNOWN); all taken for unknown indications from unknown dates and unknown if ongoing. The patient previously received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot number: EW0161) via an unspecified route of administration in the left arm on 16Apr2021 at 09:15 (at the age of 61-years-old) as a single dose for COVID-19 immunisation. On 07May2021, the patient experienced pain and swelling at injection site which persisted for 5 days after injection. The events did not result in doctor or other healthcare professional office/clinic, emergency room/department or urgent care. Since the vaccination, the patient had not been tested for COVID-19. Therapeutic measures were not taken as a result of the reported events. The clinical outcome of the events pain at injection site and swelling at injection site was not resolved at the time of this report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1684792 (history)	**Vaccinated:**	2021-09-08
Form:	Version 2.0	**Onset:**	2021-09-09
Age:	31.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Intermenstrual bleeding, Polymenorrhoea
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies: Allergic to Keflex
Diagnostic Lab Data:
CDC Split Type:
Write-up: Every time I have gotten the Pfizer vaccine, it starts my period or causes spotting (menstrual bleeding).

VAERS ID:	1685657 (history)	**Vaccinated:**	2021-09-01
Form:	Version 2.0	**Onset:**	2021-09-09
Age:	36.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Pain in extremity, Pain of skin
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Skin on back and neck hurts (feels sunburnt) Low fever 100? F Headache Chills Fatigue Arm soreness All still ongoing from 16 hours after vaccination until now (26 hours after vaccination)

VAERS ID:	1686608 (history)	**Vaccinated:**	2021-09-08
Form:	Version 2.0	**Onset:**	2021-09-09
Age:	13.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram normal, Pericarditis, Pleuritic pain
SMQs:, Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: zafemy birth control patch
Current Illness: none
Preexisting Conditions: Exercise induced asthma
Allergies: Amoxicillin- Rash; Penicillins - rash
Diagnostic Lab Data: EKG - normal on 9/9/21 Limited cardiac ultrasound - no sign of pericardial effusion
CDC Split Type:
Write-up: The patient developed pleuritic chest pain 1 day after receiving 2nd COVID vaccination with mRNA Pfizer vaccine. We are treating her for presumed pericarditis that is mild.

VAERS ID:	1688828 (history)	**Vaccinated:**	2021-08-27
Form:	Version 2.0	**Onset:**	2021-08-31
Age:	38.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3183 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood pressure increased, Dizziness, Joint lock, Joint range of motion decreased, Muscle spasms, Pain, Syncope, Vision blurred, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Hypertension (narrow), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril Metoperal Daily Vitamin & Mineral
Current Illness:
Preexisting Conditions: High Blood Pressure
Allergies: Cephalosporins Penicillin
Diagnostic Lab Data: Electrolyte count, glucose test, kidney function, Covid test, bloood panel
CDC Split Type:
Write-up: Dizzyness, lightheaded, fainting, vomiting, blurred vision, extreme full body pain, extreme cramping, multiple joints locked up causing a temporary but frequent inability to move, reduced range of motion, elevated blood pressure

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VAERS ID:	1689190 (history)	**Vaccinated:**	2021-09-09
Form:	Version 2.0	**Onset:**	2021-09-09
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient was under 12 years old as parent lied about age.

VAERS ID:	1691099 (history)	**Vaccinated:**	2021-07-06
Form:	Version 2.0	**Onset:**	2021-07-06
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	S037497 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132108USA003537
Write-up: no adverse event; MMR II was improperly stored and administered; This spontaneous report was received from a nurse practitioner referring to a patient of unknown age and gender. The patient''s pertinent medical history, concomitant therapies and drug reactions/allergies were not reported. Since 08-JUN-2021, measles, mumps, and rubella (wistar ra 27-3) virus vaccine, live (recombinant Human albumin (rHA)) (M-M-R II) was stored at 55 Fahrenheit (product storage error). The vaccine had no other previous temperature excursion. On 06-JUL-2021, the patient was vaccinated with this improperly stored measles, mumps, and rubella (wistar ra 27-3) virus vaccine, live (rHA) (M-M-R II) for prophylaxis (strength, dose, and route of administration were not reported; lot number S037497 was verified to be valid lot number, expiration date was 20-NOV-2021). No additional adverse event was reported. The vaccine was stored at 55 Fahrenheit until 03-AUG-2021.

VAERS ID:	1691922 (history)	**Vaccinated:**	2021-08-27
Form:	Version 2.0	**Onset:**	2021-08-28
Age:	25.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Pain, Pruritus, Vaccination site erythema, Vaccination site rash, Vaccination site warmth
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEVOTHYROXINE; CETIRIZINE; FAMOTIDINE; METFORMIN; LEXAPRO
Current Illness: Acid reflux (esophageal); Allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: hot to the touch; itching; very painful; big, red rash around injection site; big, red rash around injection site; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE WARMTH (hot to the touch), PRURITUS (itching), PAIN (very painful), VACCINATION SITE ERYTHEMA (big, red rash around injection site) and VACCINATION SITE RASH (big, red rash around injection site) in a 25-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. Concurrent medical conditions included Allergy and Acid reflux (esophageal). Concomitant products included FAMOTIDINE for Acid reflux (esophageal), CETIRIZINE for Allergy, LEVOTHYROXINE, METFORMIN and ESCITALOPRAM OXALATE (LEXAPRO) for an unknown indication. On 27-Aug-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 28-Aug-2021, the patient experienced VACCINATION SITE RASH (big, red rash around injection site). On an unknown date, the patient experienced VACCINATION SITE WARMTH (hot to the touch), PRURITUS (itching), PAIN (very painful) and VACCINATION SITE ERYTHEMA (big, red rash around injection site). The patient was treated with PARACETAMOL (TYLENOL) for Adverse reaction, at an unspecified dose and frequency; IBUPROFEN for Adverse reaction, at an unspecified dose and frequency and DIPHENHYDRAMINE HYDROCHLORIDE (BENADRYL [DIPHENHYDRAMINE HYDROCHLORIDE]) for Adverse reaction, at an unspecified dose and frequency. At the time of the report, VACCINATION SITE WARMTH (hot to the touch), PRURITUS (itching), PAIN (very painful), VACCINATION SITE ERYTHEMA (big, red rash around injection site) and VACCINATION SITE RASH (big, red rash around injection site) outcome was unknown.

VAERS ID:	1692425 (history)	**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	2021-02-18
Age:	89.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / -

Administered by: Work **Purchased by:** ?
Symptoms: Eye irritation
SMQs:, Corneal disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SERTRALINE; PRESERVISION; SYSTANE; TACROLIMUS; LATANOPROST.
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergy to metals; Drug allergy.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021178207
Write-up: Very intense burning in both eyes; This is a spontaneous report from a contactable consumer. A 89-years-old female patient received bnt162b2 (Pfizer-BioNTech COVID-19 Vaccine, solution for injection), dose 1 via an unspecified route of administration, administered in Arm Right on 18Feb2021 11:45 (at the age of 89-years-old) (Batch/Lot number was not reported) as DOSE 1, SINGLE for covid-19 immunisation. Medical history included known allergies to opioids and metal/jewelry from an unknown date and unknown if ongoing. Concomitant medication included sertraline, ascorbic acid/betacarotene/cupric oxide/tocopheryl acetate/zinc oxide (PRESERVISION), macrogol 400/propylene glycol (SYSTANE), tacrolimus and latanoprost all drugs were taken for an unspecified indication, start and stop date were not reported. The patient experienced very intense burning in both eyes on 18Feb2021 13:00. The patient had not received any other vaccine within 4 weeks. Patient had not been diagnosed with COVID-19 prior to vaccination and had not been tested since the vaccination. Treatment included cold compress and Advil for the event. Outcome of the event was recovering. Information about the lot/batch number has been requested. Follow-up attempts are completed. No further information is expected.

VAERS ID: 1693017 (history)		**Vaccinated:**	2021-09-10
Form:	Version 2.0	**Onset:**	2021-09-10
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Simvistatin. Claritin, Vit B, Vit D, dosusate
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillin, atorvastatin
Diagnostic Lab Data: N/a
CDC Split Type:
Write-up: Muscle aches, rigors, chills. Took ibuprofen, acetaminophen.

VAERS ID: 1694289 (history)		**Vaccinated:**	2021-09-12
Form:	Version 2.0	**Onset:**	2021-09-12
Age:	59.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Headache and fatigue Shingrix shot 1 in April 2021 - patient age 59
Other Medications: FEOSOL iron supplement, Omeprazole 40mg, tadalafil 2.5mg,, Diltiazem 240mg (budesonide 3mg to 9mg - to treat small intestine ulcers - last taken 45 days prior)
Current Illness: Small intestine ulcers with bleeding , treating with Budesonide but currently off Budesonide
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Onset of the following events beginning 6 hours post injection - headache, fatigue, fever 101.2, shivering, nausea - took 500mg Tylenol every 4 hours. Fever began to drop after 20 hours, shivering subsided after 17 hours, headache responds to Tylenol, reduced fatigue continues at 24 hours

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VAERS ID:	1694385 (history)	**Vaccinated:**	2021-08-31
Form:	Version 2.0	**Onset:**	2021-08-31
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017E21A / 2	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Interchange of vaccine products, No adverse event
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: NO Adverse Reaction, Denies any reaction to vaccination.
CDC Split Type:

Write-up: Moderna was the second injection in the series. First injection in the series was Pfizer in January of 2021.

VAERS ID:	1695482 (history)	**Vaccinated:**	2021-09-02
Form:	Version 2.0	**Onset:**	2021-09-03
Age:	34.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Fibrin D dimer, Gait inability, Impaired work ability, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Anticholinergic syndrome (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Celexa 10mg
Current Illness: None
Preexisting Conditions: None
Allergies: Allergies to pertussis vaccine and amoxicillin
Diagnostic Lab Data: D-dimer at ER.
CDC Split Type:
Write-up: Arm swollen and extremely painful. Morning after vaccine same reaction on lower leg. Went to ER and they refused an ultrasound to check for blood clot but did a d-diner. Same place on leg has gotten worse, unable to walk right. Fatigue so bad I am unable to get out of bed to work. Had not ever felt this way prior to this vaccine.

VAERS ID:	1696335 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-09-13
Age:	26.0	**Days after vaccination:**	248
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, Nasal discomfort, SARS-CoV-2 test positive
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Penicillin and amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: I tested positive for COVID 9/8/21 and have developed an uncommon symptom of COVID which is intense burning sensation in nostrils

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VAERS ID:	1696675 (history)	**Vaccinated:**	2021-09-04
Form:	Version 2.0	**Onset:**	2021-09-04
Age:	31.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1816022 / 1	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Anxiety, Chills, Fatigue, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1 to 8 hour after injection was fatigue 8 hours after the injection there was fatigue, fever, chills, body aches, headache 4 days after to present- occasional feelings of anxiety that did not pre-exist

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VAERS ID:	1700166 (history)	**Vaccinated:**	2021-06-13
Form:	Version 2.0	**Onset:**	2021-06-20
Age:	36.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0168 / 2	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0186 / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain upper, Diarrhoea, Faecal calprotectin, Irritable bowel syndrome
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None before vaccination.
Allergies: None
Diagnostic Lab Data: My doctor had me do a stool sample where my calprotectin level came out at 65, quite high. I had bloodwork done as well though most things were semi-normal. I was referred to a GI doctor and now have a colonoscopy scheduled in a few weeks. I did not have IBS before this shot.
CDC Split Type:

Write-up: Exactly 1 week after getting my second Pfizer Covid dose I hadn what I consider now to be, an IBS flare. I was very close to going to the ER because the diarrhea and and stomach sensations were so painful. I''ve never experienced anything like that before. I''ve had a few episodes since then as well and have begun to work with doctors to figure out what is going on.

VAERS ID:	1703468 (history)	**Vaccinated:**	2021-06-10
Form:	Version 2.0	**Onset:**	2021-06-21
Age:	62.0	**Days after vaccination:**	11
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Condition aggravated, Musculoskeletal stiffness, Neck pain
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Neck pain (during outbreak); Shingles (had outbreak 35 years ago); Stiff neck (during outbreak)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202119
Write-up: stiff neck; painful neck; This case was reported by a consumer via call center representative and described the occurrence of stiff neck in a 62-year-old male patient who received Herpes zoster (Shingrix) for prophylaxis. The patient''s past medical history included shingles (had outbreak 35 years ago), neck pain (during outbreak) and stiff neck (during outbreak). On 10th June 2021, the patient received the 1st dose of Shingrix (intramuscular) .5 ml. On 21st June 2021, 11 days after receiving Shingrix, the patient experienced stiff neck and neck pain. On 21st June 2021, the outcome of the stiff neck and neck pain were recovered/resolved. It was unknown if the reporter considered the stiff neck and neck pain to be related to Shingrix. Additional details were reported as follows: The case was reported by the patient. The patient received dose of Shingrix and approximately 11 days after receiving the Shingrix dose he had the same stiff and painful neck, which resolved on the same day. The patient consented to follow up with his physician.

VAERS ID: 1706723 (history)		**Vaccinated:**	2021-03-16
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	68.0	**Days after vaccination:**	16
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Dyspnoea, Extra dose administered
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BIKTARVY; AMLODIPINE; IRBESARTAN; BIOTIN; ASPIRIN [ACETYLSALICYLIC ACID]
Current Illness: HIV infection
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Patient reeived third dose; had an episode where he could not breathe / could not get air in for about 45 seconds; This spontaneous case was reported by a consumer and describes the occurrence of DYSPNOEA (had an episode where he could not breathe / could not get air in for about 45 seconds) and EXTRA DOSE ADMINISTERED (Patient reeived third dose) in a 68-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 040B21A, 047C21A and 048A21A) for COVID-19 vaccination. Concurrent medical conditions included HIV infection. Concomitant products included BICTEGRAVIR SODIUM, EMTRICITABINE, TENOFOVIR ALAFENAMIDE FUMARATE (BIKTARVY) for HIV infection, AMLODIPINE, IRBESARTAN, BIOTIN and ASPIRIN [ACETYLSALICYLIC ACID] for an unknown indication. On 16-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 14-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 16-Aug-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In April 2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced DYSPNOEA (had an episode where he could not breathe / could not get air in for about 45 seconds). On an unknown date, the patient experienced EXTRA DOSE ADMINISTERED (Patient reeived third dose). In April 2021, DYSPNOEA (had an episode where he could not breathe / could not get air in for about 45 seconds) had resolved. At the time of the report, EXTRA DOSE ADMINISTERED (Patient reeived third dose) had resolved.

In concomitant medications, Daily vitamin was also reported. No treatment details were reported. It has been reported that, caller says it is not true - that he had no issues whatsoever with the vaccine. Agent reviewed with the caller the previous case but he stated that he didn"t report anything. Most recent FOLLOW-UP information incorporated above includes: On 02-Sep-2021: Follow-up received, updated patient comment into inarrative

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VAERS ID:	1706748 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	65.0	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-09-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Pain, Reduced facial expression
SMQs:, Parkinson-like events (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: Unable to move the left side of her face 3 to 4 times a week; Pain; Chills; This spontaneous case was reported by a consumer and describes the occurrence of REDUCED FACIAL EXPRESSION (Unable to move the left side of her face 3 to 4 times a week), PAIN (Pain) and CHILLS (Chills) in a 65-year-old patient of an unknown gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 03-Apr-2021, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced REDUCED FACIAL EXPRESSION (Unable to move the left side of her face 3 to 4 times a week), PAIN (Pain) and CHILLS (Chills). At the time of the report, REDUCED FACIAL EXPRESSION (Unable to move the left side of her face 3 to 4 times a week), PAIN (Pain) and CHILLS (Chills) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were reported. Treatment information was not provided.

VAERS ID:	1711494 (history)	**Vaccinated:**	2021-01-15
Form:	Version 2.0	**Onset:**	2021-08-01
Age:	23.0	**Days after vaccination:**	198
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	RA / -

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101134035
Write-up: I got COVID; I got COVID; This is a spontaneous report from a contactable nurse (patient). A 24 years old non-pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Right on 15Jan2021 08:00 (Batch/Lot number was not reported) at age of 23 years old as a single dose for covid-19 immunisation. The patient was not pregnancy at time of vaccination. The patient had no medical history. There were no concomitant medications. The patient got covid in Aug2021. The outcome of the event was resolving. No treatment received. There was no COVID prior vaccination or COVID tested post vaccination. No other vaccine received in four weeks. No other medications received in two weeks. The lot number for BNT162b2 was not provided and will be requested during follow up.

VAERS ID:	1712286 (history)	**Vaccinated:**	2021-02-15
Form:	Version 2.0	**Onset:**	2021-02-15
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Eructation, Flatulence
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LUNESTA; ALPRAZOLAM; LORAZEPAM
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma; COVID-19; Gluten sensitivity
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021209452
Write-up: Significant gas; mostly flatulence; some burping; This is a spontaneous report from a contactable consumer (patient). A non-pregnant 52-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, Lot Number: EN6201, Expiration date: unknown) via an unspecified route of administration in arm right on 15Feb2021 11:00 (Age at vaccination: 52-years-old) as dose 1, single for COVID-19 immunisation. Medical history included asthma from an unknown date and unknown if ongoing , covid-19 from an unknown date and unknown if ongoing , gluten sensitivity from an unknown date and unknown if ongoing. Concomitant medication(s) included eszopiclone (LUNESTA) taken for an unspecified indication, start and stop date were not reported; alprazolam (ALPRAZOLAM) taken for an unspecified indication, start and stop date were not reported; lorazepam (LORAZEPAM) taken for an unspecified indication, start and stop date were not reported. On 15Feb2021 05:00 PM, patient experienced significant gas, mostly flatulence, some burping. Facility type vaccine was other. Other vaccine in four weeks was none. No treatment received for Adverse event. COVID was present prior vaccination. No COVID tested post vaccination. The outcome of events was recovered on an unspecified date in 2021. Follow-up attempts completed. No further information expected.

VAERS ID: 1712970 (history) **Vaccinated:** 2021-04-16
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Male **Entered:** 2021-09-18
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Seasonal allergy
SMQs:, Conjunctival disorders (narrow), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021438161
Write-up: seasonal allergy; This is a spontaneous report from a contactable consumer (patient) via -sponsored program Support. A male patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number: not reported) via an unspecified route of administration on 16Apr2021 as DOSE 1, SINGLE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient experienced seasonal allergy on an unspecified date. He was wondering if he can take allergy medication in case his allergy triggers. The outcome of event was unknown. No follow-up attempts are possible. Information about lot/batch number cannot be obtained.

VAERS ID: 1714923 (history) **Vaccinated:** 2021-04-18
Form: Version 2.0 **Onset:** 2021-06-11
Age: 48.0 **Days after vaccination:** 54
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0164 / 1	AR / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EV0173 / 2	AR / IM

Administered by: Other **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: zyrtec 5 mg QHS
Current Illness: none
Preexisting Conditions: allergic rhinitis
Allergies: bee stings - local swelling (not anaphalaxis)
Diagnostic Lab Data: none, haven"t been able to get in to see a doctor yet about this, I have an appointment October 18, of note I myself am an internal medicine physician i have done things to rule out external source of the noise such as turn off the circuit breaker in my home (noise continues with power off so not coming from a home appliance) and do hear the hum when i am away from home am discontinuing use of earpods & noise cancelling headphones on the chance the hum might be related to headphone use
CDC Split Type:
Write-up: tinnitus, in June i began to hear a constant low rumbling hum, at first i assumed it was something in the house or outside, but have ruled out external noise, i notice it mostly at night when it is quiet more recently, perhaps september i also began to hear a faint high pitched ringing sound, again more noticeable when it is quiet the low hum seems to localize left while the high pitched ringing seems to localize right

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VAERS ID:	1715584 (history)	**Vaccinated:**	2021-09-20
Form:	Version 2.0	**Onset:**	2021-09-20
Age:	87.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) / SEQIRUS, INC.	- / 1	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Facial pain, Flushing, Headache, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Retroperitoneal fibrosis (broad), Glaucoma (broad),

Hypersensitivity (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atenolol, Losartan/Hydrochlorothiazide, and Simvastatin Calcium, Centrum Silver 55 Plus, OsteoBiflex, Baby Aspirin
Current Illness: None
Preexisting Conditions: Pre-Diabetes, Hypercholesterolemia, Hypertension
Allergies: Carbocaine, ACE Inhibitors (cough), Procardia XL, Prazosin Clams and Swordfish
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: A few minutes after receiving the Fluad Quad 65+ vaccine, the patient had pain in her legs, back, and face. Her face felt flushed and she had a headache. It only lasted about 5-7 minutes and then she felt ok. The patient was monitored for 1 hour and she was given water.

VAERS ID:	1718185 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	56.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6204 / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Migraine, Tinnitus, Vertigo
SMQs:, Hearing impairment (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high; Breast cancer female (Three years of out breast cancer); Migraine; Penicillin allergy; Seizure
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101004955
Write-up: loud tinnitus; vertigo; An increase in frequency of and intensity of migraines; This is a spontaneous report from a contactable consumer or other non-HCP (patient herself). A 56-year-old female patient received first dose of BNT162b2 (PFIZER BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Lot Number- EN6204) via an unspecified route of administration in right arm on 19Mar2021 13:00 as dose 1, single (at the age of 56-years-old) for COVID-19 immunization. Patient was not pregnant at the time of vaccination. Patient medical history included migraines, seizure disorder, three years of out breast cancer, high blood pressure. Patient known allergies included allergies to penicillin. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The concomitant medications were not reported. The patient did not receive any other vaccines within four weeks prior to the vaccination. The patient experienced very loud tinnitus in right ear, self spinning vertigo and an increase in frequency of and intensity of migraines on 23Mar2021. The adverse events resulted in a visit to Doctor or other healthcare professional office/clinic visit. Therapeutic measures were taken as a result of loud tinnitus, vertigo, migraines. The outcome of the event was not recovered. No Follow-up attempts are possible. Information about lot/batch number cannot be obtained. Follow-up attempts have been completed and No further information is expected.

VAERS ID:	1718954 (history)	**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	72.0	**Days after vaccination:**	15
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 2	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Biopsy, Blood test, Giant cell arteritis, Polymyalgia rheumatica
SMQs:, Optic nerve disorders (broad), Vasculitis (narrow), Arthritis (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions: High blood pressure
Allergies:
Diagnostic Lab Data: Blood work
CDC Split Type: vsafe
Write-up: I was diagnosed with Polymyalgia rheumatica, which is inflammation of the joints. They also diagnosed with giant cell arthritis, which I had a biopsy for this. I had server pain in my joints and lost function in my shoulders.

VAERS ID:	1719026 (history)	**Vaccinated:**	2020-12-28
Form:	Version 2.0	**Onset:**	2021-02-16
Age:	36.0	**Days after vaccination:**	50
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dysmenorrhoea, Heavy menstrual bleeding
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bupropion- daily, Fluoxetine-daily, Clonazepam - rarely(as needed)
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Adverse event - since receiving the vaccine monthly periods have been extremely painful with a very heavy flow and multiple large clots. Previously periods were uncomfortable but not painful, flow was normal to light and there were occasional small blood clots. Treatment - tylenol, aleeve, etc. These only dull the pain a little. Outcome - 1-2 days of period are extremely painful and it is very hard to work - laying down is the most comfortable position, sitting for an extended period of time is near impossible, the cramps are unbearable and I have to get up and move around, or lay down.

VAERS ID: 1719491 (history)		**Vaccinated:**	2021-09-21
Form:	Version 2.0	**Onset:**	2021-09-21
Age:	31.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058E21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Seizure
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: allergy history not known
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient had a seizure within a minute of receiving his first Moderna COVID vaccine.

VAERS ID: 1722174 (history)		**Vaccinated:**	2021-06-15
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-09-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	UNK / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Feeling abnormal, Headache, Nausea
SMQs:, Acute pancreatitis (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: Everyone thinks he"s being crazy and he feels terrible; headache constantly; feels nausea everyday; This spontaneous case was reported by a consumer and describes the occurrence of FEELING ABNORMAL (Everyone thinks he"s being crazy and he feels terrible), HEADACHE (headache constantly) and NAUSEA (feels nausea everyday) in a male patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. UNK) for COVID-19 vaccination. No Medical History information was reported. On 15-Jun-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced FEELING ABNORMAL (Everyone thinks he"s being crazy and he feels terrible), HEADACHE (headache constantly) and NAUSEA (feels nausea everyday). At the time of the report, FEELING ABNORMAL (Everyone thinks he"s being crazy and he feels terrible), HEADACHE (headache constantly) and NAUSEA (feels nausea everyday) outcome was unknown. No concomitant medications were provided. No treatment medications were provided. Everyone thinks it must be from something else but patient feels confident its from vaccine. Patient states that no one is helping him.

VAERS ID:	1726160 (history)	**Vaccinated:**	2021-06-30
Form:	Version 2.0	**Onset:**	2021-07-13
Age:	40.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022B21A / UNK	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	051C21A / UNK	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Balance disorder, Blood test, Computerised tomogram, Dizziness, Electrocardiogram, Eye movement disorder, Nausea, Syncope, Tremor, Vertigo
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (narrow), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Migraines
Allergies: none
Diagnostic Lab Data: CT Scan EKG Blood tests Medication therapies PT ENT Consult and Audiogram to follow Neuro consult to follow
CDC Split Type:
Write-up: Extreme Dizziness, Vertigo, Syncope, Unsteadiness, Bouncy vision Nystagmus, Nausea, Shakiness Balance issues weakness

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VAERS ID:	1726197 (history)	**Vaccinated:**	2021-02-23
Form:	Version 2.0	**Onset:**	2021-02-25
Age:	73.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: Lipitor; Tylenol with Codeine; Prednisone;

Diagnostic Lab Data: N/A
CDC Split Type: vsafe
Write-up: I went to urgent care, the PA looked at it and at the time I didn''t even know what it was. I thought maybe I was bit by something. I had bumps on both my hands. He prescribed Zyrtec and he said to go ahead and get the second shot, which I did and had no problem with it. I took Zyrtec and Prednisone prior to my second dose also. The rash type symptoms on my hands from the first dose lasted from about February 25 2021 to March 7 2021.

VAERS ID:	1726573 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	48.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-09-23
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Bell's palsy, Fatigue
SMQs:, Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 10 MG Lexapro Omega Vitex Berry EHT Brain Supplement Youth Factor Night Chews Day Chews goli chews
Current Illness: No
Preexisting Conditions: No
Allergies: None Known other than this vaccine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Day 1 extreme exhaustion Day 12 Covid ARM Day 29 Bells Palsy

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VAERS ID:	1730546 (history)	**Vaccinated:**	2021-03-05
Form:	Version 2.0	**Onset:**	2021-03-05
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-24

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH6201 / 1	RA / -

Administered by: Public **Purchased by:** ?
Symptoms: Insomnia, Mobility decreased, Pain in extremity, Rotator cuff syndrome, Sneezing
SMQs:, Anaphylactic reaction (broad), Parkinson-like events (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HYDROCHLOROTHIAZIDE; ATORVASTATIN
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021252641
Write-up: My arm as so sore I couldn''t lift it.; My arm as so sore I couldn''t lift it.; Felt like I had rotator cuff issues; I sneezed about 200 times; Couldn''t sleep for two nights; This is a spontaneous report from a contactable consumer (patient). A 69-years-old non-pregnant female patient received BNT162b2 (Pfizer-BioNTech Covid-19 mRNA Vaccine, Solution for injection, Batch/Lot number: EH6201 and Expiration date was not reported) via an unspecified route of administration, administered in right arm on 05Mar2021 at 09:15 hours as dose 1, single (at the age of 69 years old) for Covid-19 immunisation. Patient had no medical history and had no known allergies. Patient did not receive any other vaccine in four weeks. Concomitant medication within two weeks included hydrochlorothiazide and atorvastatin (both taken for an unspecified indication, start and stop date were not reported). Patient was not diagnosed with Covid-19, prior to vaccination and had not been tested for Covid-19, post vaccination. On 05Mar2021, at 11:00 hours, patient arm was so sore as she could not lift it, felt like she had rotator cuff issues, sneezed about 200 times and stated that she was not exaggerating, and patient could not sleep for two nights. Patient received no treatment for all the events. The outcome of all the events was recovered on Mar2021. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1734520 (history)	**Vaccinated:**	2021-09-22
Form:	Version 2.0	**Onset:**	2021-09-24
Age:	37.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30145BA / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Lymphadenopathy, Oedema peripheral, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None known
Preexisting Conditions: N/a
Allergies: Penicillin
Diagnostic Lab Data: None at this time
CDC Split Type:
Write-up: Sore swollen arm, edema to left armpit, swollen supraclavlicular lymph node onset 2 days post vaccine

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VAERS ID:	1736021 (history)	**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-06-01
Age:	22.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0101 / 2	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Borrelia test, C-reactive protein increased, Computerised tomogram thorax normal, Ehrlichia test, Erythema, Full blood count, Joint swelling, Parasite blood test, Red blood cell sedimentation rate, Streptococcal infection, Tenderness, Treponema test, Urine analysis
SMQs:, Anaphylactic reaction (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mirena
Current Illness: none
Preexisting Conditions: SIBO
Allergies: none
Diagnostic Lab Data: CT chest 7/2021: negative for evidence of sarcoidosis CBC, ESR, CRP, UA, strep, RPR, tick borne illness: Lyme, Babeiosis, Ehrlichiosis,
CDC Split Type:
Write-up: Around June 1st insidious onset of generalized joint pain and swelling associated with stiffness. A week after joint pain developed tender nodules that began on her shins then became generalized. Patient was diagnosed with E. nodusum. Had extensive work up done for etiology, none identified. By 8/2/21 symptoms had essentially resolved and patient was feeling much better.

VAERS ID:	1736450 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-05-10
Age:	19.0	**Days after vaccination:**	20
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026B21A / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal discomfort, Abdominal pain, Arthralgia, Blood test, Computerised tomogram, Decreased appetite, Endoscopy, Lymph node pain, Nausea, Neck pain, Neuralgia, Pain in extremity, Urine analysis, Vomiting, Weight decreased
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Retroperitoneal fibrosis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:

Other Medications: Omeprazole Northethindrone Acetazolamide
Current Illness:
Preexisting Conditions: Idiopathic Intercranial Hypertension
Allergies:
Diagnostic Lab Data: Blood/Urine work (multiple times) Cat Scan Upper Endoscopy Small Bowel Follow Through/ Upper GI
CDC Split Type:
Write-up: Constant severe nausea, severe abdominal burning and cramping, vomiting, loss of appetite, weight loss, severe lymph node pain in arm, neck, shoulder leading to nerve pain in arm.

VAERS ID:	1736935 (history)	**Vaccinated:**	2021-09-21
Form:	Version 2.0	**Onset:**	2021-09-23
Age:	74.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3183 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prilosec, Prednisone, Synthroid, Methadone, Tylenol, Sinemet,
Current Illness: Parkinsons, chronic degenerative arthritis
Preexisting Conditions: as above
Allergies: Penicillin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Herpes Zoster, right upper chest, axilla and right upper back.

VAERS ID:	1737577 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-03
Age:	58.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Joint range of motion decreased, Mobility decreased, Pain, Pain in extremity, Periarthritis, Rheumatoid factor negative, X-ray limb normal
SMQs:, Parkinson-like events (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mirtazapine 30 mg Simvastin 40 mg Soolantra cream 1% Metronidazole 1%
Current Illness: None
Preexisting Conditions: High Cholesterol Rosacea
Allergies: None
Diagnostic Lab Data: Xrays on hands and shoulders have shown no arthritis etc. Testing for Rhuematiod arthritis in hands were also negative.
CDC Split Type:
Write-up: April 3rd... Woke up thinking I had broken my left thumb.. severe pain in my thumb. April 4th... Woke up with no range of motion and sharp pain in my left shoulder. My Physician describes as frozen shoulder. April 9th... Severe Pain creeps into my right hand, accompanied by a loss of function. April 15th... By mid April the loss of range motion and Sharp pain is also in my Right Shoulder. Again my physician describes as frozen shoulder. All 4 of these Body Parts have been limited in functionality since April on, All have short periods where they cycle through highs and lows but on no day since have any been at the Pre-april State. For Self Preservation I stopped using my hands in June as simple usage triggers worseing loss of functionality and increased pain. Shoulders have essentially been frozen without relief since early april. For Reference. Covid Vaccine injections on April 1st and April 21st. Conditions in my hands and shoulders have persisted through the current date of Sept 27th 2021 with no abatement or relief in sight.

VAERS ID:	1741464 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048C21A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin Multiple Vitamins tablet 1 tab(s) orally once a day. Nicotine Patch 21 mg/24 hr film, extended release 1 PATCH transdermally once a day. BuPROPion (Eqv-Wellbutrin SR)(buPROPion) 150 mg/12 hours tablet, extended release 1 tab(s
Current Illness: N/A
Preexisting Conditions: History of substance abuse Ankylosing spondylitis of lumbar region Anxiety Tobacco abuse Chronic otitis externa of left ear, unspecified type
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient was due for her second COVID-19 Moderna vaccination. Patient was given a dose of COVID-19 Moderna vaccination that had been open for approximately one week in the right deltoid. No immediate reaction.

VAERS ID:	1741858 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30145BA / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Nurse drew up one dose of Pfizer vaccine before diluent added, and administered all 6 doses to patient instead of one dose. Patient was informed and will watch for adverse reactions. We are reporting the vaccine administration error, as required in the CDC guidance on vaccine administration errors.

VAERS ID:	1743033 (history)	**Vaccinated:**	2020-12-01
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	51.0	**Days after vaccination:**	57
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cardiac stress test, Dyspnoea, Echocardiogram, Electrocardiogram, Tachycardia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Fliconizole
Current Illness: None
Preexisting Conditions: None
Allergies: No
Diagnostic Lab Data: Echocardiogram, nuclear stress test, EKGs, all in September 2021
CDC Split Type:
Write-up: At the second injection became tachicartic and short of breath. This was reported by the facility. After that had sporadic tachycardia events that have become progressively more

frequent. Now occurring several times per day.

VAERS ID:	1743465 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-06-22
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-09-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	Z05A21A / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Ankle brachial index, Blood test, Formication, Oedema, Pain in extremity, Paraesthesia, Rash, Rash pruritic, Ultrasound Doppler
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20210720; Test Name: Venous Doppler; Result Unstructured Data: The blood test ruled out a blood clot; Test Date: 20210803; Test Name: Ankle brachial index; Result Unstructured Data: Negative for claudication; Test Name: Blood test; Result Unstructured Data: Ruled out having cellulitis or diabetes
CDC Split Type: USJNJFOC20210950009
Write-up: RASH VERY ITCHY AND THERE ARE LITTLE RED DOTS LIKE A VEIN PROBLEM AROUND IT; LEG HURT LIKE THERE IS A PRESSURE INSIDE; LITTLE EDEMA WHERE SHE HAS A RASH; WEIRD CRAWLING SENSATION IN SKIN ON RASH AREA; RASH ON LEFT LEG BETWEEN ANKLE AND KNEE; STRANGE FEELING OF TINGLY SENSATION OF THE WHOLE LEG; This spontaneous report received from a patient concerned a 73 year old female. The patient''s height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Z05A21A, expiry: UNKNOWN) dose was not reported, administered on 30-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 22-JUN-2021, the patient experienced rash on left leg between ankle and knee. On 22-JUN-2021, the patient experienced strange feeling of tingly sensation of the whole leg. On 20-

JUL-2021, Laboratory data included: Venous Doppler (NR: not provided) The blood test ruled out a blood clot. On 03-AUG-2021, Laboratory data included: Ankle brachial index (NR: not provided) Negative for claudication. On an unspecified date, the patient experienced weird crawling sensation in skin on rash area, rash very itchy and there are little red dots like a vein problem around it, leg hurt like there is a pressure inside, and little edema where she has a rash. Laboratory data (dates unspecified) included: Blood test (NR: not provided) Ruled out having cellulitis or diabetes. Treatment medications (dates unspecified) included: mupirocin. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from rash on left leg between ankle and knee, and rash very itchy and there are little red dots like a vein problem around it, and the outcome of strange feeling of tingly sensation of the whole leg, weird crawling sensation in skin on rash area, leg hurt like there is a pressure inside and little edema where she has a rash was not reported. This report was non-serious.

VAERS ID:	1744989 (history)	**Vaccinated:**	2021-09-29
Form:	Version 2.0	**Onset:**	2021-09-29
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	T010293 / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient administered vaccine expiration past due. Expiration date was 08/30/2021 and the vaccine was administered on 09/29/2021. The manufacturer was contacted and they stated they have in house date to support that no additional vaccination was required and the potency of the vaccine is supported. Patient was also notified of the incident and will be followed up with to ensure no side effects arise.

VAERS ID:	1745541 (history)	**Vaccinated:**	2021-09-29
Form:	Version 2.0	**Onset:**	2021-09-29
Age:	92.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2589 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Extra dose administered, Hyperhidrosis
SMQs:, Neuroleptic malignant syndrome (broad), Medication errors (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received booster dose of Covid-19 Pfizer vaccine. Patient was observed in exit area for 15 minutes post vaccination with no complaints. As patient was exiting vaccine clinic, patient reported feeling sweaty and sat down on bench outside. Volunteer alerted public health nurse on site and nurse assessed patient. Patient was given bottled water and granola bar. She stated she felt better after water and snack, said she felt well enough to go home. Public health nurse advised patient to follow up with primary care doctor if she has any new symptoms. Patient was able to leave with daughter who brought her to the appointment.

VAERS ID:	1745960 (history)	**Vaccinated:**	2021-08-30
Form:	Version 2.0	**Onset:**	2021-08-31
Age:	54.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939901 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: non
Preexisting Conditions: asplenia
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: after receiving a third dose the patient experienced lightheadedness, dizziness, a fever of 99.8, and body aches the day following administration

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VAERS ID:	1750142 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine was given SubQ instead of IM

VAERS ID:	1750144 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Administered SubQ instead of IM

VAERS ID:	1750148 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Given SubQ instead of IM

VAERS ID:	1750151 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM.

VAERS ID:	1750321 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered vaccine SubQ instead of IM.

VAERS ID: 1750325 (history)		**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	39.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered vaccine SubQ instead of IM.

VAERS ID: 1750332 (history)		**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM

VAERS ID:	1750340 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM.

VAERS ID:	1750343 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM.

VAERS ID:	1750347 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM.

VAERS ID:	1750351 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM.

VAERS ID:	1750355 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM.

VAERS ID:	1750358 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered injection SubQ instead of IM.

VAERS ID:	1750367 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) / SEQIRUS, INC.	312846 / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM.

VAERS ID:	1750369 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM

VAERS ID:	1750370 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	X2K7D / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: RN administered SubQ instead of IM

VAERS ID:	1753320 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	71.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	019B21A / 2	LA / SYR

Administered by: Private **Purchased by:** ?

Symptoms: Dyspnoea, Pulmonary function test decreased
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: metoprolol er succinate 50 mg pravastatin 20mg omeprazole 20mg trelogy 100 multi-vitamin
Current Illness: none
Preexisting Conditions: early stage COPD
Allergies: none
Diagnostic Lab Data: pulmonary test, oxygen prescribed, pulmonary rehab
CDC Split Type:
Write-up: Ability to breath diminished almost 50% from where it was prior to vaccination.

VAERS ID:	1755678 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-10-02
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPAB: HEP A + HEP B (TWINRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Booster dose missed, Social problem
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SEASONAL FLU SHOT
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS2021AM
Write-up: was not able to get out to get the booster due to Covid; This case was reported by a consumer via call center representative and described the occurrence of social problem in a 61-year-old patient who received HAB (Twinrix) for prophylaxis. Co-suspect products included hepatitis A and hepatitis B vaccine pre-filled syringe device (Twinrix Pre-Filled Syringe Device) injection syringe for prophylaxis. Previously administered products included Twinrix (received rapid 3-doses in August- September 2019). Concomitant products included INFLUENZA VACCINE (SEASONAL FLU SHOT). On an unknown date, the patient received Twinrix and Twinrix Pre-Filled Syringe Device. On an unknown date, unknown after receiving Twinrix and Twinrix Pre-Filled Syringe Device, the patient experienced social problem. On an unknown date, the outcome of the social problem was unknown. This report is made by GSK without prejudice and does not imply any admission or liability for the incident or its consequences. Additional details were provided are as follows: The case was reported by patient himself/herself. The age at vaccination was not applicable for this report. The patient received rapid 4-dose course of Twinrix for Hepatitis A and B in August - September 2019 and was due for 12 month booster dose in September 2020, but due to Covid and various precaution was not able to get out to get the 12 month booster dose. The patient also received seasonal flu shot a week before reporting. The patient asked the pharmacist that if it was too late (24 months, rather than 12 months) to get the 4th and final Twinrix dose, to finish the series, and he/she did not know was there any value in getting the final booster at this point or would he/she need to went through the whole series again, the next time he/she travel. The patient stated that he/she was not planning on any International travel anytime in the foreseeable future, but if he/she finish the series now, would it offer him/her any basic protection.

VAERS ID:	1756803 (history)	**Vaccinated:**	2021-10-01
Form:	Version 2.0	**Onset:**	2021-10-01
Age:	63.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / 3	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Error: Wrong Dose of Vaccine - Too High-

VAERS ID:	1757159 (history)	**Vaccinated:**	2021-02-24
Form:	Version 2.0	**Onset:**	2021-02-24
Age:	37.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022MZ0A / 2	LA / ID

Administered by: Work **Purchased by:** ?
Symptoms: Audiogram abnormal, Deafness neurosensory, Ear pain, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin C, Vitamin D3, Zinc
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillin
Diagnostic Lab Data: Audiogram on September 10th showed sensorineural hearing loss
CDC Split Type:
Write-up: tinnitus, Progressive sensorineural hearing loss, and ear ache

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VAERS ID:	1757425 (history)	**Vaccinated:**	2021-10-02
Form:	Version 2.0	**Onset:**	2021-10-02
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	212A21A / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: No adverse event, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient came in for COVID vaccine - did not realize he was under 18 until after patient had already receive his dose, sat for 15 minutes, and had already left. No adverse events occurred.

VAERS ID:	1757434 (history)	**Vaccinated:**	2021-09-30
Form:	Version 2.0	**Onset:**	2021-10-02
Age:	55.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Chills, Cough, Feeling cold, Injection site pain, Injection site swelling, Injection site warmth, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: lobster & peanuts
Diagnostic Lab Data:
CDC Split Type:
Write-up: 10-1 -2021 had slight ache in the arm at site of shot; 10-2-2021 in the morning, still achy at site of shot and hot to touch. in the late afternoon had the chills and could not get warm, then became weak, with 2 hours developed fever of 103.7F which didn''t go down for 12 hours, even after taking ibuprofen. Arm at site of shot very hot and swollen; 10-3-2021 Fever finally decreased to 100.7 by 12:00pm. Developed cough and blood oximeter reading at 92. 5:00pm - still with temperature of 100.7F, with cough and blood oximeter reading of 94. Feeling a little better though.

VAERS ID:	1761635 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	32.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dyspnoea, Inflammation, Myocarditis, Pain, Pericarditis
SMQs:, Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: n/a

Diagnostic Lab Data:
CDC Split Type:
Write-up: Myocarditis or Pericarditis. Inflammation in the pectoral muscle and tissue surrounding the heart. Pain, difficulty breathing normally, inflammation, soreness.

VAERS ID:	1761662 (history)	**Vaccinated:**	2021-03-27
Form:	Version 2.0	**Onset:**	2021-03-27
Age:	74.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Back pain, Injection site pain, Mobility decreased, Pain, Pain in extremity
SMQs:, Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pressure-Vision Areds-2 Losartan Potassium 50 mg Atorvastatin Calcium 10 mg
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: I went to my GP, and she referred me to ORTHOPAEDICS and from there I went for rehabilitation services. I am scheduled for an MRI on my upper left arm.
CDC Split Type:
Write-up: About 5 hours after the shot I started experiencing extreme pain in my left elbow. the pain traveled down my arm and up my arm and eventually affected my back. The pain was so extreme that I could not use my arm for simple daily chores. There is a still bunch on my upper left arm - seven months later, the area of the injection.

VAERS ID:	1761976 (history)	**Vaccinated:**	2021-10-05
Form:	Version 2.0	**Onset:**	2021-10-05
Age:	28.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA6780 / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was accidentally given a 4th Pfizer dose instead of the flu vaccine.

VAERS ID:	1762091 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-10-01
Age:	73.0	**Days after vaccination:**	182
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8732 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cerebrovascular accident, Dyspnoea, Fatigue, Laboratory test, Memory impairment
SMQs:, Anaphylactic reaction (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: A-fib
Allergies: NKDA
Diagnostic Lab Data: all kinds of tests, lab work
CDC Split Type: vsafe
Write-up: I ended up with mild stroke and a hospital stay, could not drive for three months. I also had to see a neurologist. I have trouble remembering things. I also feel tired and winded all the time. I had all kinds of tests done at the hospital. I think it is coincidental, I do not feel like myself at all since the vaccine.

VAERS ID:	1764238 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	73.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-10-06
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain upper, Asthenia, Chills, Diarrhoea, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LOPERAMIDE
Current Illness: Arthritis; Irritable bowel syndrome
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213

Write-up: Felt very weak within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot; Distinct prolonged/protracted episodes of diarrhea for about 2 months and was still slight issue; Stomach cramps/symptoms were "getting better but started all over again" after she received the second shot; Low grade fever within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot; Chills within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot; Minor nausea/symptoms were "getting better but started all over again" after she received the second shot; This spontaneous case was reported by a physician and describes the occurrence of ASTHENIA (Felt very weak within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot), DIARRHOEA (Distinct prolonged/protracted episodes of diarrhea for about 2 months and was still slight issue), ABDOMINAL PAIN UPPER (Stomach cramps/symptoms were "getting better but started all over again" after she received the second shot), PYREXIA (Low grade fever within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot) and CHILLS (Chills within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot) in a 73-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Irritable bowel syndrome and Arthritis. Concomitant products included LOPERAMIDE for Diarrhea. On 19-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 19-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced ASTHENIA (Felt very weak within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot), DIARRHOEA (Distinct prolonged/protracted episodes of diarrhea for about 2 months and was still slight issue), ABDOMINAL PAIN UPPER (Stomach cramps/symptoms were "getting better but started all over again" after she received the second shot), PYREXIA (Low grade fever within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot), CHILLS (Chills within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot) and NAUSEA (Minor nausea/symptoms were "getting better but started all over again" after she received the second shot). At the time of the report, ASTHENIA (Felt very weak within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot), DIARRHOEA (Distinct prolonged/protracted episodes of diarrhea for about 2 months and was still slight issue), ABDOMINAL PAIN UPPER (Stomach cramps/symptoms were "getting better but started all over again" after she received the second shot), PYREXIA (Low grade fever within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot), CHILLS (Chills within 24 to 30 hours of vaccine/symptoms were "getting better but started all over again" after she received the second shot) and NAUSEA (Minor nausea/symptoms were "getting better but started all over again" after she received the second shot) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. The patient got product via intramuscular injection in deltoid. No concomitant product use was provided by the reporter. Treatment medication included the patient sought medical attention from her gastroenterologist, which caller states was "reassuring", and had since been taking a "tiny amount" of 2mg loperamide anti-diarrheal tablet when needed, which helps the symptoms. This case was linked to MOD-2021-333370 (Patient Link).

VAERS ID:	1764553 (history)	**Vaccinated:**	2021-04-27
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	38.0	**Days after vaccination:**	14
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	204A21A / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Alopecia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Daily multi vitamin, Krill Oil, Glucosamine Chondroitin
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Spots of hair loss on face, neck and head Hair will no longer grow in those locations.

VAERS ID:	1766787 (history)	**Vaccinated:**	2021-09-29
Form:	Version 2.0	**Onset:**	2021-09-29
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	T010293 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132109USA007574
Write-up: No additional adverse event reported; Expired Pneumovax23 was administered; This spontaneous report was received from a medical assistant and refers to a patient of unknown age and gender. The patient''s concurrent conditions, drug reactions or allergies, pertinent medical history and concomitant therapy were not reported. On 29-SEP-2021, the patient was vaccinated with 0.5 milliliter of an expired dose of pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX23) lot # T010293, expiration date 30-AUG-2021 (route was not reported) for prophylaxis (expired product administered). No additional adverse event and no product quality complaint were reported.

VAERS ID:	1766902 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	2020-02-20
Age:	73.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-10-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain upper, Asthenia, Chills, Diarrhoea, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LOPERAMIDE
Current Illness: Arthritis; Irritable bowel syndrome
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: diarrhea started after that/distinct prolonged/protracted episodes of diarrhea for about 2 months; stomach cramps; minor nausea; chills within 24 to 30 hours of vaccine; felt very weak within 24 to 30 hours of vaccine; low grade fever within 24 to 30 hours of vaccine; This spontaneous case was reported by a physician and describes the occurrence of ASTHENIA (felt very weak within 24 to 30 hours of vaccine), DIARRHOEA (diarrhea started after that/distinct prolonged/protracted episodes of diarrhea for about 2 months), ABDOMINAL PAIN UPPER (stomach cramps), NAUSEA (minor nausea) and CHILLS (chills within 24 to 30 hours of vaccine) in a 73-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Co-suspect product included non-company product LOPERAMIDE for an unknown indication. Concurrent medical conditions included Irritable bowel syndrome and Arthritis. On 19-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient started LOPERAMIDE (unknown route) 2 mg. On 20-Feb-2020, the patient experienced PYREXIA (low grade fever within 24 to 30 hours of vaccine). On 20-Feb-2021, the patient experienced ASTHENIA (felt very weak within 24 to 30 hours of vaccine) and CHILLS (chills within 24 to 30 hours of vaccine). On 21-Feb-2021, the patient experienced DIARRHOEA (diarrhea started after that/distinct prolonged/protracted episodes of diarrhea for about 2 months), ABDOMINAL PAIN UPPER (stomach cramps) and NAUSEA (minor nausea). At the time of the report, ASTHENIA (felt very weak within 24 to 30 hours of vaccine), DIARRHOEA (diarrhea started after that/distinct prolonged/protracted episodes of diarrhea for about 2 months), ABDOMINAL PAIN UPPER (stomach cramps), NAUSEA (minor nausea), CHILLS (chills within 24 to 30 hours of vaccine) and PYREXIA (low grade fever within 24 to 30 hours of vaccine) was resolving. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medication was reported by the reporter. This case was linked to MOD-2021-333465 (Patient Link).

VAERS ID:	1767601 (history)	**Vaccinated:**	2021-08-10
Form:	Version 2.0	**Onset:**	2021-08-10
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EU0168 / 1	LA / OT

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Contusion
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: none
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101282680
Write-up: Bruising; This is a spontaneous report from a contactable other health care professional (patient). A 36-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection; lot number: EU0168 and expiration date: not reported), via intramuscular, in Left Deltoid, on 10Aug2021 (at the age of 36-year-old) as DOSE 1, SINGLE for covid-19 immunization. Relevant medical history and concomitant medications were reported as none. The patient didn''t receive any other vaccines within 4 weeks prior to the COVID -19 vaccine. The patient experienced bruising on 10Aug2021. No treatment was received for the adverse event. The outcome of event was not recovered at time of report.; Sender''s Comments: The event of bruising is assessed as possibly related to the suspect vaccine Comirnaty based on strong temporal association "The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate."

VAERS ID:	1768682 (history)	**Vaccinated:**	2021-10-04
Form:	Version 2.0	**Onset:**	2021-10-04
Age:	60.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA6780 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Interchange of vaccine products
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient completed the Moderna vaccine series and received a Pfizer Booster.

VAERS ID:	1770422 (history)	**Vaccinated:**	2021-05-10
Form:	Version 2.0	**Onset:**	2021-07-24
Age:	47.0	**Days after vaccination:**	75
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022B21A / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CLONAZEPAM; WELLBUTRIN; EFFEXOR
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Patient administered second dose of the Moderna COVID-19 vaccine more than 35 days after the first dose; Patient administered second dose of the Moderna COVID-19 vaccine from an expired vial; This spontaneous case was reported by a pharmacist and describes the occurrence of INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient administered second dose of the Moderna COVID-19 vaccine more than 35 days after the first dose) and EXPIRED PRODUCT ADMINISTERED (Patient administered second dose of the Moderna COVID-19 vaccine from an expired vial) in a 47-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 022B21A and 054C21A) for COVID-19 vaccination. Concomitant products included CLONAZEPAM, BUPROPION HYDROCHLORIDE (WELLBUTRIN) and VENLAFAXINE HYDROCHLORIDE (EFFEXOR) for an unknown indication. On 10-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine)

(Intramuscular) 1 dosage form. On 24-Jul-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 24-Jul-2021, the patient experienced INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient administered second dose of the Moderna COVID-19 vaccine more than 35 days after the first dose) and EXPIRED PRODUCT ADMINISTERED (Patient administered second dose of the Moderna COVID-19 vaccine from an expired vial). On 24-Jul-2021, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient administered second dose of the Moderna COVID-19 vaccine more than 35 days after the first dose) and EXPIRED PRODUCT ADMINISTERED (Patient administered second dose of the Moderna COVID-19 vaccine from an expired vial) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Pharmacist reported that they had two vials of the Moderna COVID-19 vaccine which were received and refrigerated since 23JUN2021 . The vials did not experience a temperature excursion and were stored at the appropriate refrigerated temperatures through 30 days. The pharmacist wanted to know if the vials can be used beyond 30 days of storage in a refrigerator.The pharmacist asked whether the patient will have to be given the dose again, given that the dose administered was from an expired vial. No treatment information was provided. Most recent FOLLOW-UP information incorporated above includes: On 23-Sep-2021: Follow up received contains, Mail Id and contact number updated, events outcome updated to recovered.

VAERS ID:	1773537 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-10-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Thrombosis
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: blood clots; This spontaneous case was reported by a health care professional and describes the occurrence of THROMBOSIS (blood clots) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced THROMBOSIS (blood clots) (seriousness criteria medically significant and life threatening). At the time of the report, THROMBOSIS (blood clots) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. patient who got their first dose back in April No concomitant medication was reported. No treatment medication use was reported. The patient did not experience any other known symptoms, and they are not sure about any treatments given. For their second dose of the vaccine now the provider gave this patient an anticoagulant to take 30 minutes prior to receiving the vaccine to try and prevent further clotting. This case concerns a female patient (Unknown age) with no relevant medical history, who experienced the unexpected event of Thrombosis. The event occurred on an unspecified date after the first dose of mRNA-1273 (Moderna Covid-19 vaccine). The rechallenge was not applicable, as the event happened after the first dose. Limited information provided precludes a complete medical and causal assessment of this case. The benefit-risk relationship of mRNA-1273 (Moderna Covid-19 vaccine) is not affected by this report.; Sender''s Comments: This case concerns a female patient (Unknown age) with no relevant medical history, who experienced the unexpected event of Thrombosis. The event occurred on an unspecified date after the first dose of mRNA-1273 (Moderna Covid-19 vaccine). The rechallenge was not applicable, as the event happened after the first dose. Limited information provided precludes a complete medical and causal assessment of this case. The benefit-risk relationship of mRNA-1273 (Moderna Covid-19 vaccine) is not affected by this report.

VAERS ID:	1773727 (history)	**Vaccinated:**	2021-03-15
Form:	Version 2.0	**Onset:**	2021-03-15
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Headache, Pain in extremity, Vaccination site pain
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021325712
Write-up: it is aching into her shoulder, shoulder blade and in the front; my arm started hurting/aching at injection site,; arm sore; headache; This is a spontaneous report from a contactable consumer or other non hcp (patient). A 71-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA vaccine, Solution for injection), dose 1 via an unspecified route of administration, administered in arm left on 15Mar2021 13:15 (Batch/Lot number was not reported: Expiry date: unknown) as dose 1, single for covid-19 immunisation (at the age 71-years-old). The patient medical history and concomitant medications were not reported. The patient doesn''t have family history. No relevant tests were conducted. The patient did not receive any other vaccines within 4 weeks prior to the covid 19 vaccine. On 15Mar2021, the patient experienced headache for a day then it was gone. On 22Mar2021, the patient experienced arm sore then last night it was really painful; and today it is aching into her shoulder, shoulder blade and in the front and she also reported yesterday on 23Mar2021, her arm started hurting/aching at injection site, going up into her shoulder. Reporter said and enquired for information about this and some information says a delayed onset can happen. The outcome of the event headache was recovered; arm sore was not recovered and for the remaining events it was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

VAERS ID:	1775506 (history)	**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	2021-02-20
Age:	70.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024M20A / 1	LA / SC

Administered by: Public **Purchased by:** ?
Symptoms: Chest discomfort, Dyspnoea exertional, Fatigue, Malaise
SMQs:, Anaphylactic reaction (broad), Pulmonary hypertension (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin C 500 mg qd
Current Illness: none
Preexisting Conditions: none until this vaccine
Allergies: none
Diagnostic Lab Data: I did not see a provider. If this still continues I am considering doing this, even at this late date, as I am unhappy with my current level of activity intolerance.
CDC Split Type:
Write-up: chest discomfort and dyspnea on mild exertion, such as walking up a gentle incline, malaise, easily fatigued. This improved somewhat and slowly but was renewed after the 2nd vaccine 3 weeks later. It never got as significant as the initial symptoms but has persisted over these months, still affecting stamina and activity level. Some sense of chest pressure, dyspnea on exertion, easily fatigued, need to rest frequently are significant still. I had not seen a physician about this as it did seem to be diminishing but has leveled rather than cleared.

VAERS ID:	1778765 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-13
Age:	32.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0153 / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood test, Lymphadenopathy, Menstruation irregular, Ultrasound scan
SMQs:, Fertility disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: prenatal vitamin, xanax ER,
Current Illness:
Preexisting Conditions:
Allergies: Bactrim
Diagnostic Lab Data: Ultrasound of thyroid, lots of blood work,
CDC Split Type: vsafe
Write-up: It started with swollen lymph nodes all over my body and also since them I have not had menstrual cycle since vaccine. I also have been experiencing rapid weight gain. I"m seeing a

gynecologist, Rheumatologist, and endocrinologist. I have taken progesterone to see if it would kick start my periods again but it has not.

VAERS ID:	1779150 (history)	**Vaccinated:**	2021-09-30
Form:	Version 2.0	**Onset:**	2021-10-03
Age:	0.33	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	MK944 / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ472AC / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	EC6449 / 2	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1705097 / 2	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Brain operation, Condition aggravated, Hydrocephalus, Irritability, Laboratory test normal, Lethargy, Magnetic resonance imaging head abnormal, Vomiting
SMQs:, Acute pancreatitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Hypoglycaemia (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 6 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: acetaminophen
Current Illness:
Preexisting Conditions:
Allergies: none
Diagnostic Lab Data: Normal lab studies. MRI showing hydrocephalus
CDC Split Type:
Write-up: Pt developed emesis, irritability and lethargy on 10/3. Had some mild fussyness and cold at the time of the vaccines on 9/30. Presented to ED and found to have communicating hydrocephalus and underwent procedure to fix.

VAERS ID:	1779365 (history)	**Vaccinated:**	2021-10-12
Form:	Version 2.0	**Onset:**	2021-10-12
Age:	16.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30145BA / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Loss of consciousness, Visual impairment
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vision sift then passed out, for a few seconds, water @1212, ambulatory at 1219.

VAERS ID:	1779692 (history)	**Vaccinated:**	2021-04-12
Form:	Version 2.0	**Onset:**	2021-05-30
Age:	66.0	**Days after vaccination:**	48
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test normal, Cataract, Computerised tomogram normal, Cytomegalovirus infection, Dizziness, Dizziness exertional, Fatigue, Gait disturbance, Hyperhidrosis, Impaired driving ability, Nausea, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Cardiomyopathy (broad), Lens disorders (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Opportunistic infections (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine; supplements
Current Illness: N/A
Preexisting Conditions: Hypothyroidism; bone marrow transplant Recipient; EBV after transplant; CMV Positive after vaccine
Allergies: Levaquin; multiple medication sensitivities; Topical allergies; bees; wasps; shrimp
Diagnostic Lab Data: 06/07/2021 ER Hospital. Multiple Testing, CT Scan, Blood Work.
CDC Split Type: vsafe
Write-up: About six weeks after getting the second dose of the vaccine I was experiencing dizziness. I had these symptoms for about five days and one night I fainted and also vomited for no reason. I was very nauseous and sweating. I think I had Vertigo. I felt a little better after vomiting but I was still dizzy. I was very dizzy for three days and I couldn"t even walk. I went to the ER four days later and all tests were negative. I got Meclizine and I took it for a while. I could not drive and on 06/08/2021 I saw a Physical Therapist. I was still dizzy and it improved. I could not turn my head. I got more used to feeling like that and I was more able to deal with it. I was fatigued and I saw an optometrist and was diagnosed with a Cataract. On 06/30/2021 It has been four months and I am still dizzy when I move quickly.

VAERS ID:	1780816 (history)	**Vaccinated:**	2021-10-12
Form:	Version 2.0	**Onset:**	2021-10-12
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /		

PFIZER/BIONTECH	FF2589 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Interchange of vaccine products
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Error: Wrong Vaccine Formulation (ex. different manufact. initial and booster)-

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VAERS ID:	1782519 (history)	**Vaccinated:**	2021-10-09
Form:	Version 2.0	**Onset:**	2021-10-11
Age:	92.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / 3	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Peripheral swelling, Urticaria
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis
Current Illness: na
Preexisting Conditions: na
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Her arm became very red and swollen and she also broke out in hives.

VAERS ID:	1782620 (history)	**Vaccinated:**	2021-10-08
Form:	Version 2.0	**Onset:**	2021-10-09
Age:	39.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FD0810 / 3	LA / SYR

Administered by: Senior Living **Purchased by:** ?
Symptoms: Axillary pain, Breast swelling, Discomfort, Dyspnoea, Injection site pain, Injection site swelling, Oedema peripheral, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Women"s multi vit, immune booster vit, flownase
Current Illness:
Preexisting Conditions: asthma (not problematic for years)
Allergies: yellow jackets, wasps, regland
Diagnostic Lab Data:
CDC Split Type:
Write-up: Site pain and swelling, under arm swelling and soreness that began the day after the vaccine. Swelling increased over next four days to the point of fluid build up in L arm, L breast, L back, L shoulder causing shortness of breath and discomfort. I followed up with my PCP due to the shortness of breath and continued swelling.

VAERS ID:	1784634 (history)	**Vaccinated:**	2021-10-11
Form:	Version 2.0	**Onset:**	2021-10-12
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8020 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Axillary pain, Lymphadenopathy, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Carpal tunnel-like symptoms in BL hands night after #1. Headache, body aches following #2.
Other Medications: Meloxicam
Current Illness: Mild cold
Preexisting Conditions:
Allergies: Sulfa abx
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling and pain left armpit for $g3 days. Fever and body aches for 1 full day. Both starting about 18 hours following vaccine.

VAERS ID:	1784854 (history)	**Vaccinated:**	2021-09-27
Form:	Version 2.0	**Onset:**	2021-09-29
Age:	84.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Rash, Rash erythematous, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None.
Preexisting Conditions: None.
Allergies: None.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Very itchy red skin rash all over back, abdomen, arms, upper legs, for two weeks.

VAERS ID:	1784956 (history)	**Vaccinated:**	2021-09-09
Form:	Version 2.0	**Onset:**	2021-09-10
Age:	92.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Pain
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis Metoprolol Florastor probiotic
Current Illness:
Preexisting Conditions: Venous insufficiency History of DVT in legs
Allergies: Penicillin Amoxicillin Fluroquinolones Ampicillin Clindamycin

Diagnostic Lab Data:
CDC Split Type:
Write-up: Very red arm at injection site Pain lifting arm Lasting 5Days

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VAERS ID:	1786197 (history)	**Vaccinated:**	2021-10-14
Form:	Version 2.0	**Onset:**	2021-10-14
Age:	49.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8020 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: This patient''s booster dose was administered too early. He received his second dose on 5/8/2021 and was given his booster dose on 10/14/2021. The patient was informed of this administration error and counseled to expect routine vaccine side effects and that the dose does not need to be repeated.

VAERS ID:	1787790 (history)	**Vaccinated:**	2021-10-06
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	65.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-10-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Herpes zoster, Influenza like illness, Pyrexia, Rash
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: "flu-like symptoms" for 12 hours, day after 2nd pfizer covid vaccine.
Other Medications: levothyroxine
Current Illness: none
Preexisting Conditions: none
Allergies: mRI contrast dye
Diagnostic Lab Data:
CDC Split Type:
Write-up: "Flu like symptoms" the day after third dose of vaccine, including low-grade fever, lasting 1 day. Rash on day 3 post-vaccine, diagnosed 2 days later as shingles. Currently on anti-viral medication as shingles is running its course.

VAERS ID:	1791879 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 1	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PAROXETINE; ZALEPLON; VIT D [VITAMIN D NOS]; ASHWAGANDHA; IBUPROF
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Drug allergy (known allergies: sensitive to steroids)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021259394
Write-up: Fatigue; Headache; Pain at injection site; This is a spontaneous report from a non-contactable consumer, the patient. A 56-year-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EN6198) via an unspecified route of administration in the left arm on 03Mar2021 at 17:45 (at the age of 56-years-old) as a single dose for COVID-19 immunisation. Medical history included known allergy to steroids. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included paroxetine (MANUFACTURER UNKNOWN), zaleplon (MANUFACTURER UNKNOWN), vitamin d nos (MANUFACTURER UNKNOWN), withania somnifera (ASHWAGANDHA) and ibuprofen (IBUPROF); all taken for an unknown indication from an unknown date and unknown if ongoing. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 04Mar2021 the patient experienced fatigue, headache and pain at injection site. The event did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. Therapeutic measures were not taken as a result of the event. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events fatigue, headache and pain at injection site was resolving at the time of this report. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1792250 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	49.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6208 / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain in extremity, Rash papular, Throat irritation, Vaccination site pruritus
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021293853
Write-up: Itchy throat within hours. Still occurring 3 days post injection.; Sore left arm within hours of injection.; 3 days post injection the surrounding area of site is now itchy; 3 days post injection the surrounding area of site is now itchy with a red bumpy rash.; This is a spontaneous report from a contactable consumer, the patient. A 49-year-old male patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EN6208) via an unspecified route of administration in the left arm on 11Mar2021 at 09:30 (at the age of 49-years-old) as a single dose for COVID-19 immunisation. The patient''s medical history reported was not applicable. The patient had no known allergies. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not take any concomitant medications within 2 weeks of vaccination. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 11Mar2021 at 16:00 the patient experienced itchy throat within hours, still occurring 3 days post injection, sore left arm within hours of injection, 3 days post injection the surrounding area of site was itchy with a red bumpy rash. The events did not result in doctor or other healthcare professional office/clinic visit, and emergency room/department or urgent care. Therapeutic measures were not taken as a result of the events. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events itchy throat within hours, still occurring 3 days post injection, sore left arm within hours of injection, 3 days post injection the surrounding area of site was itchy with a red bumpy rash was not recovered at the time of this report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1793906 (history)	**Vaccinated:**	2021-10-15
Form:	Version 2.0	**Onset:**	2021-10-16
Age:	24.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8020 / 3	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chest pain, Dyspnoea, Flank pain, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: None
Preexisting Conditions: HTN
Allergies: No
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Right sided chest pain, right sided flank pain, right knee pain, fever of 101. F, dyspnea while ambulatory. Easier not to talk

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VAERS ID:	1794122 (history)	**Vaccinated:**	2021-10-11
Form:	Version 2.0	**Onset:**	2021-10-14
Age:	69.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Acute respiratory failure
SMQs:, Anaphylactic reaction (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Hypersensitivity (broad), Respiratory failure (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:

Other Medications: Torsemide, metformin, cozaar, asa, Lipitor, gabapentin
Current Illness:
Preexisting Conditions: HTN, DM II, Prostate CA (remission), gout, hypercoagulable state
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Acute Hypoxic Respiratory Failure. Patient is still admitted to hospital

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VAERS ID:	1794123 (history)	**Vaccinated:**	2021-01-04
Form:	Version 2.0	**Onset:**	2021-01-05
Age:	35.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Influenza, Malaise, Myalgia, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrochloroquine Allegra Singulair Prednisone
Current Illness:
Preexisting Conditions: Asthma Lupus MCAS
Allergies: Orange Erythromycin Sulfa Azythromycin ASA Ibuprofen Benadryl Wellbutrin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Flu symptoms, malaise, headache, arm pain, muscle aches, fever.

VAERS ID: 1794126 (history)		**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-02-03
Age:	35.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Eye pain, Fatigue, Migraine, Pain, Pain of skin, Pyrexia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Glaucoma (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: First COVID vaccine, 01/21 flu like symptoms
Other Medications: Hydrochloroquine Singulair Allegra Zyrtec
Current Illness:
Preexisting Conditions: Asthma Lupus MCAS
Allergies: ASA Ibuprofen Erythromycin Azythromycin Sulfa Wellbutrin Benadryl Tegaderm Orange
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever over 101 Chills Body aches Skin pain Migraine Body shakes Vomiting Extreme fatigue Eye pain

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VAERS ID: 1794834 (history)		**Vaccinated:**	2021-10-14
Form:	Version 2.0	**Onset:**	2021-10-15
Age:	73.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site induration
SMQs:, Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none
Preexisting Conditions:
Allergies: Codeine, PCN
Diagnostic Lab Data:
CDC Split Type:
Write-up: 5 cm x 5 cm induration surrounding injection site

VAERS ID:	1797671 (history)	**Vaccinated:**	2021-10-16
Form:	Version 2.0	**Onset:**	2021-10-17
Age:	72.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF3809 / 3	AR / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site mass
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Blood Pressure meds, blood thinner meds
Current Illness: NONE
Preexisting Conditions: High blood pressure
Allergies: Licinopril
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lump around injection site

VAERS ID:	1797920 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	50.0	**Days after vaccination:**	23
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	043A21A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cardiac disorder
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole
Current Illness: lyme disease
Preexisting Conditions: lyme disease
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: 6 weeks after vaccine, heart inflammation

VAERS ID:	1798062 (history)	**Vaccinated:**	2021-10-19
Form:	Version 2.0	**Onset:**	2021-10-19
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	XH2DF, / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient came to the office for flu shot and shingrix #2. I administered both vaccines, Flu in LT, shingrix in LT. When I went to enter the shingrix in the mmunization registry the patient had already had 2 shingrix vaccines. We only had record of one in our database, I had given patient Shingrix in 02/2020 and that''s all I had listed in our database. It showed in the vaccine registry that this patient also recevied a dose of shingrix in 2018 so this one I gave her today 10/19/2021 would be a third (extra) dose of shingrix vaccine.

VAERS ID:	1800173 (history)	**Vaccinated:**	2021-10-04
Form:	Version 2.0	**Onset:**	2021-10-04
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	S036495 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132110USA001692
Write-up: No additional AE; a single dose of expired PENUMOVAX 23 was admnistered to a patient; This spontaneous report as received from a medical assistance refers to a patient of

unknown age and gender. The patient''s pertinent medical history, drug reactions or allergies, and concomitant therapies were not reported. The medical assistance reported that on 04-OCT-2021, the patient was vaccinated with a single dose of expired pneumococcal vaccine, polyvalent (23-valent) (PNEUMOVAX23) lot number S036495 with expiration date 13-SEP-2021, for prophylaxis (dosage, route of administration and anatomical location were not reported). The vaccine had been stored in recommended range and had never undergone a temperature excursion. No additional adverse event (AE).

VAERS ID:	1802392 (history)	**Vaccinated:**	2021-10-20
Form:	Version 2.0	**Onset:**	2021-10-20
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1822809 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Paraesthesia, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: penicillin - hives
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was observed for 15 minutes following vaccination and then left the pharmacy feeling fine. Patient returned to the pharmacy about 45 minutes later reporting throat tightness and tingling in the face. Pt reported symptoms seemed to be getting worse. 911 was called and paramedics arrived to the pharmacy. Pt was evaluated and given the option of going to the hospital for further monitoring but declined. Pt purchased Benadryl and was instructed by EMTs to call 911 if symptoms changed/worsened.

VAERS ID:	1804045 (history)	**Vaccinated:**	2021-10-12
Form:	Version 2.0	**Onset:**	2021-10-18
Age:	90.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PAA73696 / 3	- / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Diarrhoea
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: baclofen, vit b12, 2.0 cal house supplement, escitalopram, tylenol extra strength, metoprolol succinate, senna, eucerin cream, colace, aspirin ec, calcium vitamin d tab, vitamin d
Current Illness: n/a
Preexisting Conditions:
Allergies: amoxacillan, fosamax,
Diagnostic Lab Data:
CDC Split Type:
Write-up: diarrhea x2 days. Resident unable to describe further symptoms.

VAERS ID:	1804050 (history)	**Vaccinated:**	2021-10-12
Form:	Version 2.0	**Onset:**	2021-10-18
Age:	85.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PAA73696 / 3	- / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Diarrhoea, Vomiting

SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: mirtzapine, maalox, tylenol extra strength, tums, cyancobalamin, vit d, ascorbic acid, aspirin,
Current Illness: n/a
Preexisting Conditions:
Allergies: doxycycline
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: vomiting and diarrhea x2-3 days.

VAERS ID:	1804059 (history)	**Vaccinated:**	2021-10-12
Form:	Version 2.0	**Onset:**	2021-10-18
Age:	90.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PAA73696 / 3	- / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Diarrhoea
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: doneprezil, amlodapine
Current Illness: n/a

Preexisting Conditions: dementia
Allergies: no known allergies
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: diarrhea x1-2 days

VAERS ID:	1804064 (history)	**Vaccinated:**	2021-10-12
Form:	Version 2.0	**Onset:**	2021-10-18
Age:	82.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PAA73696 / 3	- / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Diarrhoea, Fatigue
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: prns
Current Illness: n/a
Preexisting Conditions:
Allergies: aspirin
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: diarrhea, fatigue for 1-2 days

VAERS ID:	1804372 (history)	**Vaccinated:**	2021-10-04
Form:	Version 2.0	**Onset:**	2021-10-06
Age:	59.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019F21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Burning sensation, Chills, Interchange of vaccine products, Joint range of motion decreased, Pain in extremity, Periarthritis
SMQs:, Peripheral neuropathy (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: only ibuprophen or acetominephen as needed
Current Illness: none
Preexisting Conditions: I had Rotator Cuff surgeries on my right shoulder in June 2020 and on my left shoulder in March 2021. I have been doing PT since. These surgeries were the result of long-standing calcific tendonitis.
Allergies: only seasonal allergies to pollens
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I had already had a J&J vaccine where I live on 4/5/21 (Lot EN1808978). I was getting extremely anxious about the Delta variant and reports of the declining efficacy of the Janssen vaccine so when visiting family, I went to pharmacy to get a booster of the Moderna vaccine. I had to claim I had not been vaccinated before to be eligible to get the shot, which was uncomfortable and why I hesitated to report my reaction initially. I had the usual chills after the vaccine which were fine. But about 36-48 hours after receiving the shot, my shoulder (neck, upper left back, left shoulder) began to completely freeze up. Since I have been doing PT for rotator cuff surgery for months, I know what frozen shoulder feels like. The only pain I had was along the line of my bicep tendon from the humeral head to my elbow. It was a burning pain. But my whole shoulder was completely stiff. This was very different than the shoulder soreness at the injection site and stiffness that I felt after my shingles vaccine. In the hours after my shot, I was still doing my PT exercises which included range of motion (ROM) and strength exercises for my left shoulder. However, once this reaction started, I could barely move it in any direction even with the assistance of a pulley or my other arm. This persisted for about 5 more days before it started to subside. I was about to report it to my orthopedic surgeon when it started to subside. It still is not completely back to normal ROM. None of the information I read anywhere suggested that this might be a possible reaction. I took my sister-in-law''s Nabumetone (she has lupus) for about a week because Ibuprophen was doing nothing, and it seemed to be a severe inflammatory reaction. The only list of symptoms which accorded with mine were ones I read online related to SIRVA, but I assume that that was not the cause here because my shoulder has begun to unfreeze. (I sure hope I don''t have any permanent RTC damage.) I want to report this because it is a serious side affect in case others experience this. I don''t recall if my J&J shot was in my left arm as well and if this might have made a difference. Please feel free to call me if you have any questions.

VAERS ID:	1804750 (history)	**Vaccinated:**	2021-10-15
Form:	Version 2.0	**Onset:**	2021-10-15
Age:	0.17	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	47CX9 / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ513ABA / 1	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	DW3409 / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1691303 / 1	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given HIB that was reconstituted with sterile water instead of the packaged diluent. Patient will have HIB repeated as soon as possible with correct diluent.

VAERS ID:	1807482 (history)	**Vaccinated:**	2021-03-19
Form:	Version 2.0	**Onset:**	2021-03-19
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 1	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anxiety, Discomfort, Dry mouth, Pruritus
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LOSARTAN; CLONAZEPAM; BABY ASPIRIN; TAMSULOSIN HYDRCHLORIDE; FINASTERIDE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure abnormal; Diverticulitis (Onset Date: 30 yrs ago); Enlarged prostate; Enucleation of eyeball (Onset Date: 10yrs ago); Eye injury (Onset Date: 30 yrs ago); Heart attack (Stent inserted No heart damage); Hernia repair (Onset Date: 5 yrs ago); Nephrectomy (Onset Date: 5 yrs ago); Sleep disorder; Stent insertion NOS (Pertinent Details:Stent inserted, No heart damage)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101234405
Write-up: dry mouth; itching/ severe itching (Face-Nose); it was very uncomfortable; He''s been anxious for days to talk to someone about this; The initial safety information received was reporting only non-serious adverse drug reaction(s). Upon receipt of follow-up information on 08Oct2021, this case now contains serious adverse reaction. Information processed together. This is a spontaneous report from a contactable consumer (patient). A 70-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), dose 1 via an unspecified route of administration, administered in Arm Right on 19Mar2021 11:00 (Batch/Lot Number: EN6205) (at the age of 70 years) as DOSE 1, SINGLE, dose 2 via an unspecified route of administration in Arm on 09Apr2021 12:10 (Batch/Lot Number: EW0151) (at the age of 70 years)as DOSE 2, SINGLE for covid-19 immunisation. Medical history included blood pressure (abnormal), prostate enlargement from an unknown date and unknown if ongoing, myocardial infarction from 2002 to an unknown date (Stent inserted No heart damage), stent placement from 2002 to an unknown date, diverticulitis from 1991 (Removal of intestine 1/3 due to diverticulitis, Onset Date: 30 yrs ago), eye excision from 2011 (Onset Date: 10yrs ago), eye injury from 1991 (Onset Date: 30 yrs ago), nephrectomy from 2016 (Onset Date: 5 yrs ago), hernia repair from 2016 (Onset Date: 5 yrs ago), sleep disorder. Concomitant medications included losartan taken for blood pressure, start and stop date were not reported; clonazepam taken for sleep disorder from an unspecified start date and ongoing; acetylsalicylic acid (BABY ASPIRIN) taken for an unspecified indication from an unspecified start date and ongoing; tamsulosin hydrochloride taken for prostatic disorder, start and stop date were not reported; finasteride taken for prostatic disorder from 24Jul2021 to an unspecified stop date. Patient got the first dose of the Pfizer Biontech

COVID19 vaccine on 19Mar2021 and the second dose was on 09Apr2021. Patient experienced dry mouth and itching which lasted for quite a few months already. Patient was not sure if it was after the first or second one. Patient said his doctor already gave him lozenges and it had been two months already (as reported). Patient also reported that his arm was being injected, as soon as he got injected, his mouth got very dry, it felt like cotton was in it, it was very uncomfortable. So he has been hanging it out, he told his primary, the doctor told him to suck on lozenges, which he''s done, lemon, and went to the dry mouth shelves and bought all the medications. He stated he had temporary relief from things like hot water, baking soda and water, but he''s afraid he''s going to hurt himself. His question was, nobody seemed to understand or know anything other than do lozenges, so it leaves him questioning what he should do next. He was inquiring when it was going to stop. It was reported that it was not something that''s disabling but it''s aggravating. He stated that it''s been 3 months, he doesn''t know what to do now. He also has itching all over his body, very slight, all over, face, neck, arms, since the day he got the shot. He''s been anxious for days to talk to someone about this. He stated during the shot, for the second shot, he''s only guessing; he was not sure if it was after the first or second one. He confirmed it began in Mar2021 or Apr2021, confirms it did begin in 2021. Itching and dry mouth were ongoing and persistent. As of 08Oct2021, patient reported that severe dry mouth and severe itching (face-nose) was confirmed with onset of 19Mar2021 and was now considered as serious due to Persistent/ Significant disability/ Incapacity and medically significant. Severe dry mouth required treatment of mouth drops (Biotene), and severe itching required treatment of Infusing finasteride + Flo-max. Patient reported these for finding cure for symptoms (dry mouth + itching). These were reported as experiences patient had after taking Pfizer vaccines 1 and 2. The events all required physician office visit. The outcome of events was not recovered.

VAERS ID:	1807964 (history)	**Vaccinated:**	2021-10-19
Form:	Version 2.0	**Onset:**	2021-10-19
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2581 / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Back pain, Dysphagia, Dyspnoea, Eye swelling, Fatigue, Feeling abnormal, Headache, Hemianaesthesia, Hypoaesthesia, Lip swelling, Nausea, Neck pain, Swelling face
SMQs:, Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (narrow), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? Yes

Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Effexor 37.5 mg once daily
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: 10/20/21 admission to hospital emergency department see medical records
CDC Split Type:
Write-up: Immediate head fogginess and headache (< 15 min) Fatigue and nausea Body numbness (entire right side of body went numb 1-12 hours) Difficulty breathing (1-12 hours) Difficulty swallowing (1-12 hours) Swollen face, swollen eyes, swollen lips (6-12 hours) Neck and back pain (6-12 hours)

VAERS ID:	1808269 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-09
Age:	58.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Biopsy bone marrow, Blood test, Computerised tomogram, Follicular lymphoma, Lymphadenopathy, Neoplasm, Positron emission tomogram, Surgery, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Malignant lymphomas (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Haematological malignant tumours (narrow), Non-haematological tumours of unspecified malignancy (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 1 days
Extended hospital stay? No

Previous Vaccinations: Flu vaccine injected into the bursa.
Other Medications: Multi vitamin, calcium
Current Illness:
Preexisting Conditions: Eight days after the 2nd dose of Pfizer Covid vaccine I developed a lump in my groin that needed surgery. After the surgery I was told the lump was a tumor on my lymph node and was diagnosed with Follicular Lymphoma. Since the covid vaccine in April of 2021 my lympnnodes in my neck, groin and armpits have been enlarged and changing. Never before the covid vaccine had my lymphnodes ever been an issue. I believe the covid vaccine is responsible for my changing lymphnodes.
Allergies: Tramadol
Diagnostic Lab Data: Surgery 4/10/21, bone marrow biopsy 5/10/21, Petscan 5/13/21, CT Scan 09/13/21, blood tests 5/10/21, 09/13/21,
CDC Split Type:
Write-up: Eight days after the 2nd dose of Pfizer Covid vaccine I developed a lump in my groin that needed surgery. After the surgery I was told the lump was a tumor on my lymph node and was diagnosed with Follicular Lymphoma. Since the covid vaccine in April of 2021 my lympnnodes in my neck, groin and armpits have been enlarged and changing. Never before the covid vaccine had my lymphnodes ever been an issue. I believe the covid vaccine is responsible for my changing lymphnodes.

VAERS ID:	1810553 (history)	**Vaccinated:**	2021-10-06
Form:	Version 2.0	**Onset:**	2021-10-06
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Formication, Headache, Pain
SMQs:, Peripheral neuropathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: USPFIZER INC202101352543
Write-up: severe pain; severe headache.; Skin crawling / painful; This is a spontaneous report from a contactable consumer via Pfizer colleague. A 60-year-old female patient (not pregnant) received the third dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot number unknown), via an unknown route, on 06Oct2021 (at the age of 60-year-old) at single dose for COVID-19 immunisation. The patient received the first and the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on unknown date for COVID-19 immunisation. On 06Oct2021, the patient developed severe pain, severe headache and skin crawling / painful. No seriousness criteria were provided. The patient was not treated for the events. The patient had recovered from the events on unknown date in 2021. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.

VAERS ID:	1810785 (history)	**Vaccinated:**	2021-02-22
Form:	Version 2.0	**Onset:**	2021-02-23
Age:	82.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Diarrhoea, Gastric disorder, Investigation, Vomiting
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Gallbladder disorder (She going through a bout right now with gall bladder problems.); Gallbladder operation (she has gall stones and she has to have her gall bladder removed.)
Allergies:
Diagnostic Lab Data: Test Name: tested; Result Unstructured Data: Test Result:gall stones
CDC Split Type: USPFIZER INC2021206062
Write-up: Vomiting/ threw up; Diarrhea; Sick to her stomach; This is a spontaneous report from a contactable consumer (patient) and other health care professional. An 82-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, solution for injection, Batch/Lot Number: EN6201, Expiry Date: unknown), via an unspecified route of

administration on 22Feb2021 (at the age of 82-year-old) as a single dose for covid-19 immunisation. The patient medical history included gallbladder disorder and gallbladder operation (She was going through a bout right then with gall bladder problems that was why she said she does not know if that was the cause or if it seemed like it was gall bladder. She had been dealing with the gall bladder problems for about a year or more. She was tested again and again, and they finally said she has gall stones, and she has to have her gall bladder removed. The patient concomitant medications were not reported. On 23Feb2021 at 01:00 the patient experienced vomiting/ threw up, sick to her stomach, diarrhea. The reporter stated that the patient had the shot on Monday (22Feb2021), and everything was fine until 23Feb2021 (yesterday) afternoon she was sick to her stomach really bad and then during that night at about 23:30 or 24:00 she threw up and had diarrhea and she did not know if that was something that could be related to the vaccine. It was not on the sheet; nausea is but not diarrhea or throwing up. She asked if there had been anyone else call with these same symptoms. Right then it was not worse, it was worse last night, she was just sick to her stomach, she had diarrhea once again today. The patient underwent lab tests and procedures which included investigation: gall stones on unspecified date. The clinical outcome of the events was unknown. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1811525 (history)	**Vaccinated:**	2021-04-07
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	39.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP00151 / 2	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Ear discomfort, Fatigue, Feeling abnormal, Nausea, Tinnitus, Vertigo
SMQs:, Acute pancreatitis (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hearing impairment (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021465704
Write-up: Vertigo; Nausea; Ear fullness; Slight tinnitus; Fatigue; Brain fog; This is a spontaneous report from a contactable consumer, the patient. A 39-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EP00151) via an unspecified route of administration in the left arm on 07Apr2021 at 11:00 (at the age of 39-years-old) as a single dose for COVID-19 immunisation. The patient did not have any relevant medical history. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID-19 vaccine. The patient did not receive any other concomitant medications. The patient previously received erythromycin (MANUFACTURER UNKNOWN) on an unknown date and experienced drug allergy. The patient previously received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EN6208) via an unspecified route of administration in the left arm on 10Mar2021 at 11:00 (at the age of 38-years-old) as a single dose for COVID-19 immunisation. On 16Apr2021 at 07:45, the patient experienced sudden onset and lasting vertigo, nausea, ear fullness, slight tinnitus, brain fog and fatigue. The events resulted in doctor or other healthcare professional office/clinic visit. Since the vaccination, the patient had not been tested for COVID-19. Therapeutic measures were taken as a result of events and included treatment with physical therapy from an unknown start date. The clinical outcome of the events lasting vertigo, nausea, ear fullness, slight tinnitus, brain fog and fatigue was not recovered at the time of this report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1813186 (history)	**Vaccinated:**	2021-09-30
Form:	Version 2.0	**Onset:**	2021-10-07
Age:	42.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	051C21A / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Gait disturbance, Peripheral swelling, Rash, Rash pruritic, Skin ulcer, Urine analysis
SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril HTC Bupropion Focalin
Current Illness: None
Preexisting Conditions: High blood pressure (controlled with medication)
Allergies: None
Diagnostic Lab Data: Urine analysis. I am not aware of the results at this time.
CDC Split Type:
Write-up: Sever painful and itchy rash on both arms, similar to hives. Sores/rash on knees, hips, lower back and feet. Rash/sores in feet made it difficult to walk. Swollen hands and feet. Unable to close right hand for several days. Mild shortness of breath.

VAERS ID:	1814673 (history)	**Vaccinated:**	2021-10-18
Form:	Version 2.0	**Onset:**	2021-10-21
Age:	37.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8020 / 3	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Asthenia, Fatigue, Headache, Migraine with aura, Nausea
SMQs:, Acute pancreatitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pfizer COVID-19 vaccine, 01/09/2021. Same migraine symptoms happened after 2nd Pfizer dose.
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Approximately 3 days following the vaccine, I developed a severe migraine (aura, severe headache and nausea) that lasted for about 4 hours followed by 24 hours of fatigue and weakness.

VAERS ID:	1814680 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	36.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Asthenia, Fatigue, Headache, Migraine with aura, Nausea
SMQs:, Acute pancreatitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Approximately 3 days after receiving vaccine, developed severe migraine (aura, sharp headache and nausea) that lasted about 4 hours followed by 24 hours of fatigue and weakness.

VAERS ID:	1814883 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016M20A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Decreased appetite, Fatigue, Feeling abnormal, Feeling cold, Headache, Malaise, Nausea, Pain, Pyrexia, Thinking abnormal, Tremor, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Psychosis and psychotic

disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acyclovir Multi vitamin Dietary supplements: d3, fish oil, beets and greens, milk thistle and a few others
Current Illness: None
Preexisting Conditions: Menapausal hormonal imbalances Postural orthostatic tachycardia Seasonal allergies
Allergies: Sulfa antibiotics Pink dye
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Starting 4 hours post injection, I had uncontrollable shaking, feeling freezing cold and could not get warm, exhaustion, 103+ fever, body aches, chills, then I woke up 8 hours post injection with violent vomitting, SEVERE headache, severe nausea, unable to keep down any fluids. These symptoms lasted 48 hours. I continued to feel exhausted, unable to think clearly, mild fever(100) and headache, decreased appetite, slight nausea for 5 additional days. Then brain fog and malaise for another 5 full weeks.

VAERS ID:	1814935 (history)	**Vaccinated:**	2021-10-23
Form:	Version 2.0	**Onset:**	2021-10-23
Age:	48.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: Ulcerative colitis (in remission).
Preexisting Conditions: Asthma
Allergies: seafood, tetracycline, bee stings
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hives on the back of both arms, approximately 3 hours after vaccination. Resolved with benadryl.

VAERS ID:	1815327 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	69.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	UN / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Computerised tomogram, Dizziness, Magnetic resonance imaging
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan
Current Illness: None
Preexisting Conditions: Hypertension
Allergies: None
Diagnostic Lab Data: CT, MRI, ENT and audiology referrals, OTC motion sickness medication
CDC Split Type:
Write-up: Dizziness ever since

VAERS ID:	1818051 (history)	**Vaccinated:**	2021-10-25
Form:	Version 2.0	**Onset:**	2021-10-25
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	T021329 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NA
Current Illness: NA
Preexisting Conditions: NA
Allergies: NA
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Pt given vaccination that expired 10/03/2021 and will require revaccination.

VAERS ID:	1818188 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-08-17
Age:	48.0	**Days after vaccination:**	116
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B1A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Sleep disorder
SMQs:, Retroperitoneal fibrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Insulin
Current Illness: N/A
Preexisting Conditions: Diabetes

Allergies: N/A
Diagnostic Lab Data: X-Ray
CDC Split Type: vsafe
Write-up: Back pain - was waking up several times a night in pain. I went to Hospital ER on Saturday (it started on a Tuesday or Wednesday). They gave me muscle relaxers, Lidocaine patches and hydrocodone. After I started taking the relaxers, I was better after another day or two. Follow up check - with doctor.

VAERS ID:	1818575 (history)	**Vaccinated:**	2021-10-15
Form:	Version 2.0	**Onset:**	2021-10-18
Age:	62.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2590 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Joint injury, Vitreous floaters
SMQs:, Accidents and injuries (narrow), Retinal disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: meloxicam
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: no
CDC Split Type:
Write-up: A couple days after taking the vaccine she started nothing something in her left eye. She stated it was almost like floating dots. Start experiencing problems in her left ankle.

VAERS ID:	1818645 (history)	**Vaccinated:**	2021-10-26
Form:	Version 2.0	**Onset:**	2021-10-26
Age:	16.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U7140BA / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Loss of consciousness, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: URI with cough and congestion
Preexisting Conditions: Obesity
Allergies: Penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered. Patient got up and ambulated to the check out desk. While there, he began to feel faint. He went to the bathroom and vomited. The nurses assisted him to ambulate to the nearest exam room and lay down. He stated that he blacked out. The nurses gave juice, crackers, and a cool washcloth. His blood pressure after that was still 88/54 in a sitting position. APRN was asked to see the patient at that point.

VAERS ID:	1820607 (history)	**Vaccinated:**	2021-10-07
Form:	Version 2.0	**Onset:**	2021-10-07
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30130D7 / 3	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anger, Confusional state, Depressed mood, Dizziness, Fatigue, Malaise, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (narrow), Depression (excl suicide and self injury) (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma (Stated that he has had asthma for a few years. Stated that he was diagnosed two years ago.)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101342925
Write-up: This is a spontaneous report from a contactable consumer or other non hcp. A 64-years-old male patient received bnt162b2 (BNT162B2 PFIZER-BIONTECH COVID-19 MRNA VACCINE; Solution for injection (Batch/Lot Number: 30130D7), dose 3 via an unspecified route of administration, administered in Arm Right on 07Oct2021 07:55 as dose 3 (booster), single for covid-19 immunisation. Medical history included asthma Stated that he has had asthma for a few years. Stated that he was diagnosed two years ago.The patient''s concomitant medications were not reported. Patient previously took first dose 1 and second dose of bnt162b2 (BNT162B2, solution for injection), via unspecified route of administration, administered on unknown date (Batch/Lot Number: unknown), as single dose for covid-19 immunisation. It was reported that, on 07Oct2021 20:00 patient experienced tired, dizzy, nauseous and had confusion, about 5 minutes after the shot at 8:00pm. Stated that he felt depressed and angry after 8pm.The outcome of the event malaise was unknown and rest all other events were not recovered. Follow-Up (15Oct2021): Follow-up attempts are completed. No further information is expected.

VAERS ID:	1820979 (history)	**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-09-12
Age:	60.0	**Days after vaccination:**	145
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Anosmia, Back pain, Bacterial infection, COVID-19, Chromaturia, Cough, Culture urine positive, Dysuria, Impaired work ability, Micturition urgency, Nasal disorder, Red blood cell count increased, SARS-CoV-2 test, Sinus disorder, Streptococcal infection, Urinary tract infection, Urine analysis abnormal, White blood cell count increased
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Retroperitoneal fibrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingles in July with fatigue, chills and sore arm for 24hrs
Other Medications: Vitamin D Calcium Claritin
Current Illness: No
Preexisting Conditions: No
Allergies: Sulfa Environmental Allergies
Diagnostic Lab Data: Urine analysis and cultures showed increased white and red blood count and evidence of bacteria Streptococcus B infection COVID-19
CDC Split Type: vsafe
Write-up: UTI started with pain in urination, discolored and urgency and left back pain. 1st day was telemedicine, and they gave me prescription for an antibiotic. It didn''t work because it came back. Next week went on another antibiotics 9/26/2021 Amoxicillin clavulanate for one week. After a week, it came back again on 12Oct2021 and got prescribed Nitrofurantoin Monohydrate. I felt better for a week and still experiencing it and going to see doctor again today 10/28/2021. COVID-19 had 20 sep2021 with sinus and nasal symptoms, loss smell for 24 hours and coughed for 2 days, no shortness of breath or gastrointestinal symptoms.

VAERS ID:	1821450 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-08-19
Age:	63.0	**Days after vaccination:**	120
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	044821A / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Blood test, Cerebrovascular accident, Computerised tomogram, Magnetic resonance imaging, Myocardial infarction, Thrombosis
SMQs:, Myocardial infarction (narrow), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 5 days
Extended hospital stay? No
Previous Vaccinations: flu vaccine about 28 years ago
Other Medications: Synthroid. multivita min, B-6, B-12, fish oil, curcumin, folic acid and D-3
Current Illness: Occulo-pharyngeal muscular dystrophy, Paroxysmal supraventricular tachycardia
Preexisting Conditions: as above
Allergies: Codiene, Dilaudid, Clindamycin, Neomycin, Prednisone, Protonix
Diagnostic Lab Data: MRI, CT scans, multiple bood drawsl August 19 and 20 and 21. September 4and5
CDC Split Type:
Write-up: Stroke on right side from foot to top of head. Iv medication to embolyze the clot(s) given with 2 days in hospital. generalized weakness for about a week after. 2 weeks later experienced a mild heart attack and was hsopitalized for night and day

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VAERS ID:	1824310 (history)	**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 1	LA / -

Administered by: Work **Purchased by:** ?
Symptoms: Arthralgia, Back pain, Chills, Dizziness, Fatigue, Headache, Lymphadenopathy, Malaise, Myalgia, Nausea, Neck pain, Vaccination site pain
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Sulfonamide allergy (Known allergies: sulfa drug).
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021516948
Write-up: Injection site pain; Tiredness; Headache; Muscle pain; Chills; Joint pain; Nausea; Dizziness; Felt unwell; Swollen lymph nodes; Neck and back ache; Neck and back ache; This is a spontaneous report from a non-contactable consumer, the patient. A 51-year-old female patient received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0161) via an unspecified route of administration in the left arm on 16Apr2021 at 15:00 (at the age of 51-years-old) as a single dose for COVID-19 immunisation. The medical history included allergy to sulfa drugs. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. The patient did not receive any medications within two weeks of vaccination. On 16Apr2021 at 17:00, the patient experienced injection site pain, tiredness, headache, muscle pain, chills, joint pain, nausea, dizziness, felt unwell, swollen lymph nodes, neck and back ache. The adverse events did not result in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. Therapeutic measures were not taken as a result of the reported events. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events injection site pain, tiredness, headache, muscle pain, chills, joint pain, nausea, dizziness, felt unwell, swollen lymph nodes, neck and back ache were resolved on an unknown date in 2021. The patient received second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0183) via an unspecified route of administration in the left arm on 07May2021 at 15:00 (at the age of 51-years-old) as a single dose for COVID-19 immunisation. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1824377 (history)	**Vaccinated:**	2021-05-08
Form:	Version 2.0	**Onset:**	2021-05-09
Age:	43.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0183 / 2	- / -

Administered by: Unknown **Purchased by:** ?

Symptoms: Fatigue, Migraine, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NASACORT; AFRIN [OXYMETAZOLINE]
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021523751
Write-up: Extreme Migraine; Nausea; Fatigue; This is a spontaneous report from a contactable consumer, the patient. A 43-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0183) via an unspecified route of administration on 08May2021 (at the age of 43-years-old) as a single dose for COVID-19 immunisation. Medical history was not reported. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included triamcinolone acetonide (NASACORT) and oxymetazoline (AFRIN); for an unknown indication, on an unknown date and unknown if ongoing. The patient did not receive any other vaccines within four weeks prior to the vaccination. The patient previously received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0169) via an unspecified route of administration on 17Apr2021 (at the age of 43-years-old) as a single dose for COVID-19 immunisation. On 09May2021 at 10:00, the patient experienced extreme migraine, nausea and fatigue. The events did not result in doctor or other healthcare professional office/clinic visit/ emergency visit. Since the vaccination, the patient had not been tested for COVID-19. Therapeutic measures were not taken as a result of adverse events. The clinical outcome of the events extreme migraine, nausea and fatigue was recovered on an unknown date in May2021. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1824405 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	49.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0173 / 2	RA / -

Administered by: Unknown **Purchased by:** ?

Symptoms: Body temperature, Chills, Headache, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data: Test Date: 20210507; Test Name: Body temperature; Result Unstructured Data: Test Result:100-102; Comments: 100-102 degrees
CDC Split Type: USPFIZER INC2021524657
Write-up: Fever between 100-102 degrees; Nausea; Headache; Chills; This is a spontaneous report from a non-contactable consumer, the patient. A 49-year-old non-pregnant female patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0173) via an unspecified route of administration in the right arm on 05May2021 at 11:15 (at the age of 49-years-old) as a single dose for COVID-19 immunisation. The patient had no relevant medical history. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. Concomitant medications were not reported. The patient previously took amoxicillin (MANUFACTURER UNKNOWN) on an unknown date for an unknown indication and experienced drug allergy. The patient previously received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0169) via an unspecified route of administration in the right arm on 14Apr2021 at 11:15 (at the age of 49-years-old) as a single dose for COVID-19 immunisation. On 05May2021, after 12 hours of vaccination, the patient experienced headache and chills. On 07May2021 at 12:30, the patient experienced nausea and fever between 100-102 degrees through the following two days. The events did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. Therapeutic measures were not taken as a result of the event. On 07May2021, the patient underwent body temperature test and the result was 100-102 degrees (unspecified units). Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events headache, chills, nausea and fever between 100-102 degrees were resolving at the time of this report. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1825556 (history)	**Vaccinated:**	2021-10-25
Form:	Version 2.0	**Onset:**	2021-10-26
Age:	56.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA BOOSTER / 3	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	NO CLUE WHAT VE / 1	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolo 25 mgs Chlorthalidone .25 mgs Diltiazem ER 120 MG CoQ10 Asprin .81 mgs
Current Illness: None
Preexisting Conditions: none
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Was told I could get the Moderna Booster and Flu shot together. within 24 hours I had a fever of 104. Sat in cool bath for 90 minutes and took Tylenol to get it down to 100. Stayed around 100 for the remainder of the evening. I do not know which seasonal flu shot was given, so I just picked the top one.

VAERS ID:	1825634 (history)	**Vaccinated:**	2021-10-01
Form:	Version 2.0	**Onset:**	2021-10-01
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blister, Skin abrasion
SMQs:, Severe cutaneous adverse reactions (broad), Accidents and injuries (broad),

Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: hydroxyzine, escitalopram, fish oil, multivitamin
Current Illness: depression
Preexisting Conditions: hx of EtoH abuse
Allergies: naltrexone, levaquin
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Pt reports he developed a large abrasion (approx 9 cm x 4 cm, with a secondary smaller approx 4x4 cm abrasion) with bulla on right arm one week after receiving the 2nd covid vaccine.

VAERS ID:	1827983 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	32.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-10-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0150 / 2	RA / -

Administered by: Work **Purchased by:** ?
Symptoms: Abdominal distension, Blood test, Chills, Diarrhoea, Erythema, Feeling hot, Flatulence, Headache, Hypoaesthesia, Hypoaesthesia oral, Joint stiffness, Joint swelling, Mobility decreased, Pain in extremity, Peripheral swelling, Rash macular, SARS-CoV-2 test, Tenderness, X-ray
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Peripheral neuropathy (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NP THYROID
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hashimoto''s thyroiditis (Hashimoto''s Hypothyroidism); Polycystic ovarian syndrome (PCOS)
Allergies:
Diagnostic Lab Data: Test Name: Blood test; Result Unstructured Data: Test Result:Unknown result; Comments: multiple blood tests; Test Name: XRAY; Result Unstructured Data: Test Result:Unknown result; Test Date: 202104; Test Name: Nasal Swab; Test Result: Negative
CDC Split Type: USPFIZER INC2021538189
Write-up: Within the 2 weeks of "my" 2nd vaccine, "I" experienced bloating, extreme gas pains, diarrhea; Within the 2 weeks of "my" 2nd vaccine, "I" experienced bloating, extreme gas pains, diarrhea; Within the 2 weeks of "my" 2nd vaccine, "I" experienced bloating, extreme gas pains, diarrhea; Three weeks after my second vaccine "I" developed pain in the tops of "my" feet; Three weeks after "my" second vaccine "I" developed pain in the tops of "my" feet, and it gradually increased to swollen ankles, swollen legs, extreme stiffness in ankles, knees, and elbows; Three weeks after "my" second vaccine "I" developed pain in the tops of "my" feet, and it gradually increased to swollen ankles, swollen legs, extreme stiffness in ankles, knees, and elbows; Three weeks after "my" second vaccine "I" developed pain in the tops of "my" feet, and it gradually increased to swollen ankles, swollen legs, extreme stiffness in ankles, knees, and elbows; Red blotches developed on "my" legs that were hot to touch, raised and tender; "I" then developed severe headaches, decreased mobility; "I" then developed severe headaches, decreased mobility; The headaches can be so severe it causes "me" to shiver and chatter "my" teeth; "I" have experienced numbness on "my" bottom lip and chin.; Numbness on "my" bottom lip and chin; The redness and swelling have moved to my right hand; The redness and swelling have moved to "my" right hand; extreme stiffness in ankles, knees, and elbows; Red blotches developed on "my" legs that were hot to touch, raised and tender; Red blotches developed on "my" legs that were hot to touch, raised and tender; This is a spontaneous report from a contactable consumer, the patient. A 32-year-old non-pregnant female patient received second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0150) via an unspecified route of administration in the arm right on 06Apr2021 (at the age of 32-years-old) as a single dose for COVID-19 immunisation. The medical history included hashimoto''s hypothyroidism and polycystic ovarian syndrome (PCOS). Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. The concomitant medications included levothyroxine/ liothyronine (NP THYROID) for an unknown indication from an unknown date and unknown if ongoing. The patient previously received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EN6199) via an unspecified route of administration in the arm right on 17Mar2021 (at the age of 32-years-old) as a single dose for COVID-19 immunisation. On an unknown date in Apr2021, within the 2 weeks of second vaccine, the patient experienced bloating, extreme gas pains and diarrhea. On an unknown date in 2021, three weeks after second vaccine, the patient developed pain in the tops of feet and it gradually increased to swollen ankles, swollen legs, extreme stiffness in ankles, knees, and elbows. Red blotches were developed on her legs that were hot to touch, raised and tender.

The patient then developed severe headaches and decreased mobility. The headaches was so severe and it caused shiver and chatter her teeth. The patient experienced numbness on the bottom lip and chin. The redness and swelling were moved to her right hand. On an unknown date in Apr2021, the patient underwent SARS-CoV-2 test via nasal swab and the result was negative. On an unknown date, the patient had taken an X-ray and underwent multiple blood tests and the result were unknown. The adverse events resulted in doctor or other healthcare professional office/clinic visit. Since the vaccination, the patient had been tested for COVID-19. The clinical outcome of the events bloating, extreme gas pains, diarrhea, pain in the tops of feet, swollen ankles, swollen legs, extreme stiffness in ankles, knees, and elbows, red blotches legs that were hot to touch, raised and tender, severe headaches, decreased mobility, the headaches was so severe it causes shiver and chatter teeth, numbness on bottom lip and chin and redness and swelling moved to right hand were not resolved at the time of this report. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1830665 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-10-07
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-10-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	- / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Herpes ophthalmic
SMQs:, Ocular infections (narrow), Opportunistic infections (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202122
Write-up: herpes in eye; This case was reported by a consumer via call center representative and described the occurrence of herpes ophthalmic in a 88-year-old male patient who received Herpes zoster (Shingrix) for prophylaxis. On an unknown date, the patient received the 1st dose of Shingrix (intramuscular). On 7th October 2021, less than 5 months after receiving Shingrix, the patient experienced herpes ophthalmic (serious criteria GSK medically significant). The patient was treated with valaciclovir hydrochloride (Valtrex). On an unknown date, the outcome of the herpes ophthalmic was recovering/resolving. It was unknown if the reporter considered the herpes

ophthalmic to be related to Shingrix. Additional details were provided as follows: The case was reported by the patient''s wife. The age at vaccination was not reported, but it could be 87 or 88 years. In June or July 2021, the patient received Shingrix in an unknown arm. On 7th October 2021, the patient was diagnosed by the eye doctor with early herpes in the eye (unknown eye). The eye doctor treated the early herpes with Valtrex for 2 weeks which was completed at the time of reporting. The eye doctor reported that, the patient''s eye looked good after treatment with Valtrex. The reporter did not consent to follow up. The reporter did not give permission for GlaxoSmithKline to contact healthcare professional.

VAERS ID:	1830971 (history)	**Vaccinated:**	2021-09-28
Form:	Version 2.0	**Onset:**	2021-09-28
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / OT

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Immunisation, Off label use, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101295892
Write-up: Fatigue; Chills/shivering; Headache; Body rash; Off label use; A third (booster) dose was administered.; This is a spontaneous report from a non-contactable pharmacist. A 77-year-old non-pregnant female patient received the third dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via intramuscular route of administration on 28Sep2021 as a single dose for COVID-19 immunisation. Medical history and concomitant medications were not reported. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the COVID-19 vaccine. On 29Sep2021, the patient experienced fatigue, chills/shivering, headache and body rash. The events did not result in doctor or other healthcare professional office/clinic visit,

emergency room/department or urgent care. Therapeutic measures were not taken as a result of the events. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events fatigue, chills/shivering, headache and body rash was resolving at the time of this report. The lot number for BNT162b2 was not provided and will be requested during follow up.

VAERS ID:	1832063 (history)	**Vaccinated:**	2021-10-29
Form:	Version 2.0	**Onset:**	2021-10-29
Age:	79.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-10-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	051E21A / UNK	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Fatigue, Injection site discomfort, Injection site pain, Injection site swelling, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: second dose of Covid 19 Moderna - fever, chills, tiredness etc. lasted about two days. age 79
Other Medications: 81 mg aspirin, multi vitamin
Current Illness:
Preexisting Conditions:
Allergies: shellfish
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Prolonged swelling and pain at injection site. Started about eight to ten hours after injection . There is still some swelling and discomfort after 48 hours. Only other side effect was tiredness.

VAERS ID:	1833023 (history)	**Vaccinated:**	2021-10-29
Form:	Version 2.0	**Onset:**	2021-10-29
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	- / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Delirium, Diplegia, Disorientation, Fatigue, Hypersomnia, Mobility decreased, Monoplegia, Urinary incontinence
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Depression (excl suicide and self injury) (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: High blood pressure medication, Vitamins
Current Illness: None
Preexisting Conditions: High blood pressure, CLL Disease
Allergies: Pollen, Hay
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme fatigue, slept for hours, paralyzed in arm and legs, extreme weakness, couldn''t get up to use the bathroom, could hold urine, urine ran down legs. Felt delerious. Couldn''t tell where she was. Had to use clothes to soak up the urine. Tried to call doctor. Couldn''t reach him. Fortunately, son came by 24 hours and was able to help. Very frightening, very upsetting experience.

VAERS ID:	1833047 (history)	**Vaccinated:**	2021-10-23
Form:	Version 2.0	**Onset:**	2021-10-23
Age:	39.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019F21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect dose administered, No adverse event

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: No adverse event, but patient received 0.25mL for his first dose instead of 0.5mL.

VAERS ID:	1833172 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040B21A / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Burning sensation, Pyrexia, Tenderness
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ibuprofen
Current Illness: No
Preexisting Conditions: No
Allergies: Penicillin Seafood Mold Seasonal Allergies
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: Burning sensation on back of shoulder, below the neck, it started about 8 weeks ago

and it''s been ongoing. Feeling pain on armpit. Sore feeling to the touch. I have full range of motion. I had a high fever of 102 for about 4 days.

VAERS ID:	1835774 (history)	**Vaccinated:**	2021-04-22
Form:	Version 2.0	**Onset:**	2021-04-22
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood pressure measurement, Chest pain, Dyspnoea, Electrocardiogram, Erythema, Hypoaesthesia oral, Palpitations, Swelling face, Thyroid function test
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: blood pressure; Result Unstructured Data: Test Result:Normal; Test Name: EKG; Result Unstructured Data: Test Result:Normal; Test Name: thyroid test; Result Unstructured Data: Test Result:Normal
CDC Split Type: USPFIZER INC2021538708
Write-up: numbness in her mouth; swelling face; severe palpitations; shortness of breath; chest pains; severe redness in face and chest; This is a spontaneous report from a contactable consumer. A 41-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Solution for injection; Lot number: EW0170), via an unspecified route of administration on 22Apr2021 at around 15:00 (at the age of 41-year-old) in left arm as dose 2, single for covid-19 immunisation. Medical history and family medical history relevant to adverse events were reported as none. The report was not related to a study or programme. The patient''s concomitant medications were not reported. Historical vaccine included patent previously took first

dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Solution for injection; Lot number: ER8734; Expiration dates, dosages unknown), via an unspecified route of administration, administered in left arm as dose 1, single on 01Apr2021 (at the age of 41-year-old) for covid-19 immunisation. No additional vaccines administered on same date of the Pfizer suspect. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced severe redness in the face and chest, numbness of her mouth, swelling of her face, severe palpitations, chest pains on 22Apr2021 and stated that the worst part lasted 3 days, states she was three weeks in and was still experiencing these side effects. Stated the events started within 20 minutes of receiving the vaccine. Has been to the doctor, treating with Benedryl which works. Caller stated they wanted her to go to the hospital but does not have insurance so she could not go. Stated the palpitations were still there but not as severe, they come and go. Caller stated the redness in her face and chest continued but comes and goes. Shortness of breath and chest pains were in association with the palpitations that come and go throughout the day. She went to the doctor to have an EKG done, blood pressure checked, thyroid levels checked, wanted to see if it was something else, all of her other tests came back perfectly normal, exact measurements unknown. Adverse events palpitations, severe redness of face and chest, numb mouth, swelling of face, shortness of breath and chest pains were resulted in physician office. The patient underwent lab tests and procedures which included blood pressure measurement, electrocardiogram and thyroid function test were normal exact values or readings unknown on unspecified date. At the time of this report, the outcome of the event hypoesthesia oral was recovered on 23Apr2021, for palpitations was recovering and for all other event was not resolved. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1835781 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-13
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0185 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021549840
Write-up: Rashes on arm and chest; have rash all across chest and down opposite arm that I got the vaccine; This is a spontaneous report from a contactable female consumer (patient) via Pfizer-sponsored program Support. A 24-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; solution for injection, Lot Number: EW0185, expiry date: unknown), via unspecified route of administration, administered in left arm on 13May2021 at 15:00 (at the age of 24-year-old) as a dose 2, single for COVID-19 immunization. The patient medical history and concomitant medication were not reported. It was unknown that the patient was pregnant at time of vaccination. The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot number: EW0170, expiry date: unknown), via unspecified route of administration, on 22Apr2021 as a dose 1, single for covid-19 immunization. On 13May2021, the patient experienced rashes on arm and chest; have rash all across chest and down opposite arm that patient got the vaccine. The rashes were coming with the second dose and she was experiencing rashes on her arm and chest. She just got the second dose today around 15.00. The patient did not receive any treatment for the reported event. The outcome of the event was unknown. No follow-up attempts are needed. No further information is expected

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VAERS ID:	1836491 (history)	**Vaccinated:**	2021-10-19
Form:	Version 2.0	**Onset:**	2021-10-19
Age:	96.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3590 / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxin 50mcg qd Lisinopril 20 mg qd Simvastatin 40 mg qd Meloxicam 7.5mg qd prn Multi-Vitamins
Current Illness:

Preexisting Conditions: Hyperlipid, HTN, Hypthyroid, arthritis, allergic rhinittis, GERD, low back pain
Allergies: NKDA NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt had already received her Pfizer booster on 9/29/2021 - she had an appointment with Dr, at which time he offered her a Pfizer booster and she accepted. We were not aware she had received her booster prior to this visit. She had no adverse reaction to this vaccine. Her grand daughter reported it to us on 10/26/2021.

VAERS ID:	1836579 (history)	**Vaccinated:**	2021-04-03
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	29.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anxiety, Chest pain, Dyspnoea, Pain in extremity
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D3 1500iu
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Chest pain, shortness of breath, pain in left leg, anxiety

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VAERS ID:	1837202 (history)	**Vaccinated:**	2021-10-22
Form:	Version 2.0	**Onset:**	2021-10-25
Age:	51.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Activated partial thromboplastin time, Blood fibrinogen, Coagulation test, Fibrin D dimer, Full blood count, Metabolic function test, Prothrombin time, Thrombosis, Ultrasound Doppler abnormal
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: albuterol MVI melatonin cetirizine fluticasone (Flovent) inh
Current Illness: mild asthma
Preexisting Conditions: mild asthma breast cancer diagnosed 2015 stage 1a s/p radiation and partial mastectomy; normal mammogram October 2021
Allergies: adhesives claritin
Diagnostic Lab Data: Pending HIT test, CBC with diff, D-dimer, PT/PTT, CMP, coag (hold and freeze), fibrinogen right lower extremity venous duplex US confirmed presence of DVT
CDC Split Type:
Write-up: Right lower extremity DVT

VAERS ID:	1842224 (history)	**Vaccinated:**	2021-10-28
Form:	Version 2.0	**Onset:**	2021-10-28
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2590 / 3	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Diarrhoea, Fatigue, Headache, Immunisation, Vomiting

SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SUBOXONE; LYRICA; PRAMIPEXOLE; LAMICTAL; MELOXICAN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: COPD; Drug allergy (known allergies: Nausea medications); Fibromyalgia; Post laminectomy syndrome; Restless leg syndrome
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101482363
Write-up: Loose stool; Vomiting; Fatigue; Headache; Booster; This is a spontaneous report from a contactable consumer, the patient. A 51-year-old non-pregnant female patient received third dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: FF2590) via an unspecified route of administration in the left arm on 28Oct2021 at 14:00 (at the age of 51-year-old), as a single dose for COVID-19 immunisation. Medical history included chronic obstructive pulmonary disease (COPD), fibromyalgia, restless leg syndrome, post laminectomy syndrome and allergy to nausea medications. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included naloxone hydrochloride/buprenorphine hydrochloride (SUBOXONE), pregabalin (LYRICA), pramipexole (MANUFACTURER UNKNOWN), lamotrigine (LAMICTAL) and meloxicam (MELOXICAN); all for unspecified indication from unknown date and unknown if ongoing and also included influenza vaccine (MANUFACTURER UNKNOWN) via unspecified route of administration in left arm on 15Oct2021 for immunization. The patient previously received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration in the left arm on 17Mar2021 at 15:00 (at the age of 50-year-old) and received second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EWO170) via an unspecified route of administration in the left arm on 30Apr2021 at 18:00 (at the age of 50-year-old); both as a single dose for COVID-19 immunisation. On 29Oct2021 at 02:30, the patient experienced loose stool, vomiting, fatigue and headache. The events did not result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. Therapeutic measures were not taken as a result of the events. Since the vaccination, the patient had not been tested for COVID-19. The clinical outcome of the events loose stool, vomiting, fatigue and headache were resolving at the time of this report.

VAERS ID:	1843099 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	58.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	H73G2 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pneumococcal-23 Polysaccharide
Other Medications: methadone; triamcinolone acetonide 0.1 % topical cream; Nicoderm CQ 21 mg/24 hr daily transdermal patch; Ventolin HFA 90 mcg/actuation aerosol inhaler; Crestor 20 mg tablet; hydrochlorothiazide 12.5 mg capsule; Dulera 100 mcg-5 mcg/actuatio
Current Illness: N/A
Preexisting Conditions: COPD; Hx of tuberculosis; Opioid dependence; hyperlipidemia; hypertension; lung nodule; segmental bullous emphysema
Allergies: Pneumococcal 23-Valent Polysaccharide vaccine
Diagnostic Lab Data:
CDC Split Type:
Write-up: 58 year old male who had already received two doses of shingrix (on 7/14/21 and 9/14/21) received 3rd dose of Shingrix today in error. Immunization program was notified and consulted. Per Immunization program, there is no research supporting danger of getting an extra dose of shingrix. However, patient"s immune response may be more robust and he may experience stronger side effects. Patient was informed that shingrix dose he received today was in error and that he may experience increased side effects, but that it should not cause him any long-term harm.

VAERS ID:	1843432 (history)	**Vaccinated:**	2021-11-03
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939905 / 3	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Extra dose administered, Injection site erythema, Injection site pain, Injection site pruritus, Injection site warmth
SMQs:, Extravasation events (injections, infusions and implants) (broad), Medication errors (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine
Current Illness:
Preexisting Conditions:
Allergies: some blood pressure medications, patient was unsure of which ones (lisinopril and olmesartan)
Diagnostic Lab Data: No tests done
CDC Split Type:
Write-up: Around noon the day after noticed itching, noticed pain and warmness. Patient reports examining the site and noticed that it was dark pink, red and about 3 inches in diameter around the site of injection.

VAERS ID:	1844339 (history)	**Vaccinated:**	2021-11-03
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	57.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Lymphadenopathy
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Moderna 2nd vaccination in04/021
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NA
CDC Split Type:

Write-up: Massive lymph node swelling in left arm pit area. Left ar, was injected

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VAERS ID:	1846141 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2590 BOOSTER / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Feeling cold, Hyperhidrosis, Hypoaesthesia, Immunodeficiency, Pain, Peripheral coldness, Peripheral swelling, Swelling, Tenderness, Tremor
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypoglycaemia (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D
Current Illness: No e
Preexisting Conditions: None, thank goodness
Allergies: No e known
Diagnostic Lab Data: None yet
CDC Split Type:
Write-up: ant to document in my medical file the significant negative reaction to the COVID booster. I had eaten breakfast before my appointment (eggs, spinach and water) Booster administered around 9 am 1ish pm lunch In the afternoon I was very tired, could easily gone to sleep for a couple of hours but was at work. Dinner around 5:30, wS feeling a little achy so I took a Tylenol Out to watch an event in town (so sedentary) Home around 11Pm. I was cold, particularly my hands and feet. When I brushed my teeth, my saliva was mucusy I could NOT get warm. I woke up after an in and out sleep to my body shaking/shivering like I?ve never felt before. I was cold. There were pulse points(wrist, behind knee, groin) that would have a sharp pain and I was feeling parched. All I could think of was blood clots. I got up and took two 81 mg baby aspirin I shivered for a couple of hours, took huge advantage of a warm torso next to me, though my shivers kept him awake too, then fell to sleep around 3:30. Awakened by various alarms and a phone call at 7:15. My hands were swollen and asleep, and I was overly warm, slightly sweating A

shower helped but my whole body is achy and tender, and swollen. I?m a little stuffy. Jeans hard to get into, boots even harder to zip up all due to swelling.

VAERS ID:	1846220 (history)	**Vaccinated:**	2021-10-26
Form:	Version 2.0	**Onset:**	2021-11-01
Age:	55.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2587 / 3	RA / IM
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Dyspnoea, Extra dose administered, Respiratory tract congestion
SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pfizer COVID Vaccine # 2
Other Medications: Xeralto Sivastatin Prednisone Wixela Sertraline Calcium with D
Current Illness: Polymyositis Pulmonary fibrosis diagnosed after 2nd Pfizer Covid shot in January 2021
Preexisting Conditions: Polymyositis Pulmonary Emboli
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Following both my second COVID vaccine in January 2021 and my booster in October 2021 I developed severe congestion, cough and shortness of breath. It appears to have exacerbated my auto immune both times. The first episode required a trip to the ER for shortness of breath.

VAERS ID:	1846398 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846404 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846412 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846423 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Incorrect dose administered

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846429 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846436 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-04
Age:	62.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, COVID-19 pneumonia, Chest X-ray abnormal, Computerised tomogram abdomen, Computerised tomogram thorax, Echocardiogram, Fatigue, Headache, Magnetic resonance imaging head, Malaise, Pain, Pulmonary fibrosis, Pyrexia, SARS-CoV-2 test positive, Scan with contrast, Tic, Ultrasound Doppler
SMQs:, Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (broad), Dystonia (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Omeprazole 20mg 1 daily Sertraline 200mg 1 daily (10/17/2021) reduced to 150mg; will reduce to 100mg (11/14/2021) Vitamin B Complex Vitamin D
Current Illness: No
Preexisting Conditions: No
Allergies: Sulfur Drugs
Diagnostic Lab Data: COVID-19 Test Heart Ultrasound Paracardial Infusion Transthoracic ECG Cardion Chest X-Ray Scaring from COVID-19 Pneumonia 10/05/2021 MRI of Brain: with and without contract CT of Abdomen and Pelvis Full Ultrasound of both arms and legs CT of Chest Blood Oxygen to 71
CDC Split Type: vsafe
Write-up: COVID-19 positive 03/11/2020 prior year at begin of COVID-19. May 4, 2021 felt like I had milder version of COVID-19 again, have running fever every month since the vaccination. Hospital for four day 10/3/2021 9PM by ambulance with fever of 104.7 with fatigue, and body aches, head pounding. COVID-19 09/9/2021 tic, disease, stars, blood oxygen to 71; was put on oxygen.

VAERS ID:	1846438 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846442 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846445 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846453 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846461 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	64.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846462 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846469 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846475 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846477 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846485 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846495 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846499 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846505 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846510 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846520 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	28.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846525 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1846527 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	47.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.5mL given instead of 0.25mL.

VAERS ID:	1848739 (history)	**Vaccinated:**	2021-10-29
Form:	Version 2.0	**Onset:**	2021-10-30
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ775AB / UNK	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Muscle swelling, Oedema peripheral, Tenderness
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: AMOXICILLIN
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient reported right shoulder, pectoral muscle and arm pit swelling overnight with visible signs upon waking. Tender to the touch at point of swelling (not at injection site). Patient reported to the pharmacy Monday morning and said it was improved, still a little sore but swelling was down. No fever or other symptoms to report - not even sure it was from the shot but the timing coincided within 12 hours of administration and patient did not knowingly experience any other events that would have precipitated the reaction.

VAERS ID:	1848844 (history)	**Vaccinated:**	2021-11-02
Form:	Version 2.0	**Onset:**	2021-11-03
Age:	66.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	EW0185 / 1	UN / IM

PFIZER/BIONTECH		

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19 pneumonia, Condition aggravated, Hypoxia, Intensive care
SMQs:, Asthma/bronchospasm (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HEPARIN 5000 UNITS Subcutaneous Q8H for 60 Days Pending Date: 11/02/2021 COVID-19 VACC, MRNA(PFIZER) (PFIZER COVID19 VACC (EUA)) 30 MCG Intramuscular ONE TIME for 1 Doses, Clinician Dir:** TO RETURN A DOSE, PLEASE CALL TO ARRANGE FOR A PI
Current Illness: Covid pneumonia NSTEMI Rectus sheath hematoma CMV Viremia
Preexisting Conditions: s/p heart transplant February 2015 CKD4
Allergies: Compazine (dystonia) Vicodin (unknown)
Diagnostic Lab Data:
CDC Split Type:
Write-up: 66F with hx of familial non ischemic cardiomyopathy s/p OHT 2/6/15 (CMV D+/R-, EBV D+/R-, toxo D-/R-), CMV Viremia 8/2015, CKD stage 4 who presents with COVID PNA s/p 5 days Remdesivir; loading dose of 200 mg (10/25) and then 100 mg daily (10/26-10/29), and s/p 10 days Dexamethasone 6mg daily (10/25-11/04). Initially requiring hi flow nasal cannula (50L) weaned down to 3-4L NC. Received first dose of Pfizer vaccine on 11/02 with subsequent worsening of hypoxia again requiring hi flow nasal cannula at 50L and prompting transfer to the ICU.

VAERS ID:	1849303 (history)	**Vaccinated:**	2021-02-22
Form:	Version 2.0	**Onset:**	2021-03-14
Age:	68.0	**Days after vaccination:**	20
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	UN / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 2	UN / -

Administered by: Private **Purchased by:** ?
Symptoms: Arrhythmia, Asthenia, Blood test, Cerebrovascular accident, Cough, Diarrhoea, Hemiplegia, Loss of consciousness, Lumbar puncture, Magnetic resonance imaging, Pyrexia
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad),

Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Pseudomembranous colitis (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Insulin, Vitamin C
Current Illness: None
Preexisting Conditions: T2 Diabetes
Allergies: None
Diagnostic Lab Data: Multiple MRIs done, spinal tap, blood tests over the course of over five months.
CDC Split Type:
Write-up: Felt feverish, coughing, weakness, diarrhea for at least a month after injection. Symptoms progressed until victim of covid shot passed out and become unconscious on the evening of June 1, 2021. Victim went to the hospital and had a stroke, heart arrhythmia, and left side of his body paralyzed.

VAERS ID:	1849344 (history)	**Vaccinated:**	2021-11-03
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	75.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026A21A / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Abdominal discomfort, Chills, Dizziness, Dysstasia, Feeding disorder, Nausea, Sleep disorder, Vomiting projectile
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation,

ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Similar reaction to Moderna 2nd dose given 03/11/2021
Other Medications: Sertraline
Current Illness: none
Preexisting Conditions: none
Allergies: Sulfa drugs
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Extreme chills starting around 10:00 pm. Awakened at 3:00 am with violent vomiting for 30 minutes. Unable to stand. Remained in bed with chills and nausea until late morning. Unable to eat but drank liquids. Able to stand and eat lightly by afternoon. After 24 hours lightheaded with unsettled stomach. Returned to normal after 72 hours. Had similar reaction to second dose of Moderna vaccine

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VAERS ID:	1849366 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-05
Age:	70.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? No
Previous Vaccinations:
Other Medications: calcium citrate, mvi, naproxen psyllium husk
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: redness swelling below left axillae ina 4x4 cm area

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VAERS ID:	1849729 (history)	**Vaccinated:**	2021-11-05
Form:	Version 2.0	**Onset:**	2021-11-05
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	RA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Headache, Injection site erythema, Injection site induration, Injection site pain, Injection site warmth, Local reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Jansen Covid shot - right arm and neck pain.
Other Medications: Levothyroxine 75mg Topiramate 50mg Iron 25mg Vitamin D 6,000 IU
Current Illness: None
Preexisting Conditions: Hypothyroidism
Allergies: Nightshades Dairy Coconut Pineapple Mold Carrots Onions Feathers
Diagnostic Lab Data:
CDC Split Type:
Write-up: Local reaction on right arm. Hot, red, hard, sore to touch. Headache, fatigue, three days later

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VAERS ID:	1850092 (history)	**Vaccinated:**	2021-01-25
Form:	Version 2.0	**Onset:**	2021-01-27
Age:	64.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine, atorvastatin
Current Illness:
Preexisting Conditions: hypothyroidism
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I broke out with shingles within 48 hours of getting my second vaccine

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VAERS ID:	1850784 (history)	**Vaccinated:**	2021-10-29
Form:	Version 2.0	**Onset:**	2021-11-06
Age:	53.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1855194 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BUPROPION
Current Illness: NONE
Preexisting Conditions: NONE
Allergies: NONE
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: HAVE BEEN EXPERIENCING ITCHY SPOTS ON LEFT ARM, LEFT HIP WITH HIVE LOOKING BUMPS FOR SEVERAL DAYS.

VAERS ID:	1853776 (history)	**Vaccinated:**	2021-11-03
Form:	Version 2.0	**Onset:**	2021-11-05
Age:	68.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067C21A / UNK	AR / IM

Administered by: Other **Purchased by:** ?
Symptoms: Contusion, Erythema, Haemorrhage, Immediate post-injection reaction, Pruritus, Skin warm, Swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin, calcium, folic acid, omegas, vitamin C, ? generic ambient (can''t recall if I took 2.5 mg the night before the injection.)
Current Illness: None.
Preexisting Conditions: None.
Allergies: None.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Immediate bleeding at time of injection with local swelling. Approximately 55 hours later I noted extensive bruising, redness extending down the arm nearly to the elbow with slight heat,

itch and swelling--hive-like. Bleed and bruising continues one week later--some yellow/green, some blue, purple. Area of redness is smaller.

VAERS ID:	1854878 (history)	**Vaccinated:**	2021-10-18
Form:	Version 2.0	**Onset:**	2021-10-29
Age:	91.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Senior Living **Purchased by:** ?
Symptoms: Blood test, Cellulitis, Dyspnoea, Echocardiogram, Electrocardiogram, Fatigue, Feeling cold, Oedema peripheral
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: guillaine-barre, serum sickness
Other Medications: None
Current Illness: None
Preexisting Conditions: Atrial fibrillation
Allergies: Diltiazem, Ethylene, Neomycin, PCN, Tetanus toxoid vaccines, flu vaccine
Diagnostic Lab Data: Blood work, EKG, echocardiogram (results currently pending)
CDC Split Type:
Write-up: Lower extremity edema, shortness of breath, chills, fatigue, right lower extremity cellulitis, possible CHF

VAERS ID:	1856813 (history)	**Vaccinated:**	2021-10-27
Form:	Version 2.0	**Onset:**	2021-10-27
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route

Administered by: Senior Living **Purchased by:** ?
Symptoms: Chills, Dizziness, Fatigue, Headache, Immunisation, Nausea, Neck pain
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101472643
Write-up: immunization; severe headache in back of head; Dizziness/ Feeling of passing out; Neck pain; exhaustion; nausea; chills; This is a spontaneous report from a contactable other health care professional (patient). A 58-year-old non pregnant female patient (nurse) received third dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number was not reported), via an unspecified route of administration, administered in right arm on 27Oct2021 at 13:15 (at the age of 58 years) as dose 3 (booster), single for COVID-19 immunization. The patient medical history was not reported. The patient''s concomitant medications were not reported. The patient previously received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number was not reported), via an unspecified route of administration, administered in right arm on 18Jan2021 at 14:15 as dose 1, single and received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number was not reported), via an unspecified route of administration, administered in right arm on 28Jan2021 as dose 2, single for COVID-19 immunization. The patient had no known allergies. The patient did not receive any other vaccine in four weeks. The patient did not have COVID prior vaccination. The patient did not test for COVID post vaccination. On 27Oct2021 the patient experienced Dizziness/ Feeling of passing out, severe headache in back of head, neck pain, exhaustion, nausea, and chills. On 27Oct2021 at 13:15 patient reported booster. The events resulted in emergency room/department or urgent care. Tornadol, benadryl, ibprophen, fluids, all IV were taken as therapeutic measures for the events. The outcome of the events was recovering. The lot number for the vaccine, [BNT162B2], was not provided and will be requested during follow up.; Sender''s Comments: Based on the information provided and plausible temporal association, the causality between BNT162B2 and Headache, Dizziness, Neck pain, Fatigue, Nausea, Chills cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID:	1857464 (history)	**Vaccinated:**	2021-11-10
Form:	Version 2.0	**Onset:**	2021-11-10
Age:	40.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Discomfort, Feeling cold, Neck pain, Pain, Pain in extremity, Paraesthesia, Tendon pain
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Arthritis (broad), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sensation of cold on back of left shoulder, pain in infraspinatus tendon. Symptoms have progress further down arm all the way to fingers (first and second knuckles), and includes weakness, achiness, and discomfort. Some tingling noted with wrist flexion. Pain and weakness is also radiating along ipsilateral side of neck. Symptoms started minutes after vaccination and have been getting progressively worse.

VAERS ID:	1857499 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-06
Age:	33.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032F2LA / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blister, Erythema, Pain in extremity, Wound

SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Accidents and injuries (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HYDROCHLORATHIAZIDE OMEPROZOLE
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Awoke early to a pain in my leg. It was 36 hours after my vaccine. There was a large blister with a red ring around it that eventually burst about 12 hours later. Now it is an exposed wound with a red ring around it that is slowly healing.

VAERS ID:	1858131 (history)	**Vaccinated:**	2021-04-01
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	AR / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Angioedema, Arthralgia, Fatigue, Headache, Lip swelling, Nausea, Pain, Throat tightness
SMQs:, Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Parabens
Diagnostic Lab Data: Was treated with medication. No further testing. Workers comp had to pay bill since it was deemed vaccine fault.
CDC Split Type:
Write-up: Whole body hurt, felt pain in all joints, headache, nausea, exhausted, huge hives all over body which led to throat closing and swelling lips. Had to go to ER for treatment.

VAERS ID:	1858197 (history)	**Vaccinated:**	2021-11-10
Form:	Version 2.0	**Onset:**	2021-11-10
Age:	7.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Aphasia, Loss of consciousness, Pallor, Presyncope, Seizure like phenomena, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: na
Current Illness: na
Preexisting Conditions:
Allergies: none reported
Diagnostic Lab Data: 911 was called. Blood pressure was taken (80/30). EMS performed further assessments.
CDC Split Type:
Write-up: Patient experienced a vasovagal reaction to the vaccine. 911 was called to further assess as patient displayed seizure like behavior as well. He lost consciousness momentarily. When he came to, he still was not able to respond well to our questions . His pulse was steady and his breathing was not labored. He threw up 3 times. His complexion was very pale. While EMS providers evaluated him, he continued to respond better to questions, regained his color, and was ultimately able to leave the clinic with his family. EMS determined that he experienced a vasovagal reaction and all his assessments came back within normal limits.

VAERS ID:	1860666 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	65.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001B21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bilirubin urine, Chromaturia, Fatigue, Glucose urine absent, Haemorrhage, Malaise, Nitrite urine absent, Protein urine present, Red blood cells urine positive, Specific gravity urine normal, Urine abnormality, Urine analysis abnormal, Urine ketone body absent, Urine leukocyte esterase, Urobilinogen urine, White blood cells urine negative, pH urine normal
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Chronic kidney disease (broad), Proteinuria (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Nicotinamide Mononucleotide Vitamin D Zinc Picolinate 22 mg Vitamin B6/Folic Acid/B12 Astragalus
Current Illness: None

Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: RESULTS FROM OUTSIDE LAB STUDIES: TEST RESULTS REPORT 1 - ---------- LAB SOURCE Date of Report: 03/24/2021 10:31:00 Date Ordered: 03/24/2021 10:26:00 Urinalysis - -- Color -- Clarity -- Glucose -- Bilirubin -- Ketone -- Sp. Gravity -- Blood -- pH -- Protein -- Urobilinogen -- Nitrites -- Leukocytes Pink Slightly Cloudy Negative mg/dL Negative mg/dL Negative mg/dL 1.025 2+ RBC/uL 6.5 1+ mg/dL 0.2 E.U./dL mg/dL Negative 3+ WBC/uL (NL = 1.001-1.035) (NL = 5.0-9.0) F12 F12 F12 F12 F12 F12 F12 F12 F12 F12 F 12 F 12 REPORT 2 ---------- LAB SOURCE Date of Report: 03/26/2021 00:28:00 Date Ordered: 03/24/2021 10:33:00 Date Received: 03/25/2021 03:46:00 Report Status: FINAL CULTURE, URINE, ROUTINE -- CULTURE, URINE, ROUTINE Print Date: 11/11/2021 08:08:18 F Confidential Medical Record Page: 1 of 2 Visit Date: 03/24/2021 10:24 CULTURE, URINE, ROUTINE Micro Number: Test Status: Specimen Source: Specimen Quality: Adequate Result: No Growth
CDC Split Type: N/a
Write-up: About a week after receiving the first dose of the Moderna vaccine I began to feel ill. I don?t recall feeling any pain. My urine turned pink and I suspected I was bleeding, perhaps a UTI. When it continued for more than 2 days I went to a local urgent care clinic, saw a doctor there, submitted a urine sample for analysis and was sent home with a prescription for an antibiotic. However, the test result came back negative for bacteria and I discontinued the antibiotic. The bleeding eventually stopped. However, I did not feel well for several months, experiencing extreme fatigue well into the summer.

VAERS ID:	1861006 (history)	**Vaccinated:**	2021-10-23
Form:	Version 2.0	**Onset:**	2021-11-03
Age:	40.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	076C21A / 3	RA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Erythema, Pruritus, Thyroid function test normal, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine 75 MCG Sertriline 25 mg
Current Illness: n/a
Preexisting Conditions: history of asthma - however, not needed rescue inhaler in several years,

seasonal allergies, Hashimotos
Allergies: Madication: allergies to anything with menthol ex: Vicks, couph drops etc. also allergic to mint, catnip, almonds, hazel nuts, tree pollen, have had hives after taking medication with red-dye unclear if that was the cause
Diagnostic Lab Data: Thyroid levels checked - came back normal
CDC Split Type:
Write-up: Booster shot on 10/23/21 - on 11/3/21 woke with red itchy scalp took Claritan which helped - on 11/4/21 woke with red, raised hives. Took Claritan again - a few hours later it had gotten worse. Seen at doctor''s office given 8 day course of prednisone - hives continued throughout the 8 days - seen by allergist. Allergist did not believe it was in response to environmental or food cause given the length of hives and believed given my auto-immune history and history of getting hives likely due to something else that my body was reacting to such as stress or possibly the booster shot - but not able to be certain. Today is 11/11/21 - I am currently taking pepcid and Zyrtec with hives still occuring but not as severe - I would still get the booster again if deemed necessary.

VAERS ID:	1861197 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-11
Age:	58.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: Augmentin and Doxycycline
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Left axilla pain that is constant, sharp, dull, and achy.

VAERS ID:	1863674 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-11-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Nausea, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: Nausea; Vomiting; Based on the current case data, this case has been classified as invalid. This spontaneous case was reported by an other health care professional and describes the occurrence of NAUSEA (Nausea) and VOMITING (Vomiting) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced NAUSEA (Nausea) and VOMITING (Vomiting). At the time of the report, NAUSEA (Nausea) and VOMITING (Vomiting) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No Concomitant product use was reported. Treatment information provided included Hydration and antiemetics. It was reported that it was patient''s second dose of Moderna vaccine, and the patient had a reaction to the vaccine which included Nausea and vomiting and visited the Emergency room for hydration and antiemetics. The vial from which the vaccine was taken was removed from the refrigerator and administered after it was in the refrigerator for a week. The refrigerator raged from 5.2C to 6.5C while the punctured vial was in it.

VAERS ID:	1864682 (history)	**Vaccinated:**	2021-11-11
Form:	Version 2.0	**Onset:**	2021-11-12
Age:	44.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Deafness, Nausea, Tinnitus
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I feel tinnitus, hearing loss, nauseous after the booster shot (Pfizer)

VAERS ID:	1864902 (history)	**Vaccinated:**	2021-01-11
Form:	Version 2.0	**Onset:**	2021-01-12
Age:	48.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK9231 / 2	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Asthenia, Dyspnoea, Headache, Muscular weakness, Nausea, Pain, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic

syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Acetaminophen
Current Illness:
Preexisting Conditions:
Allergies: Tetracycline Terazole
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever. X 2 days (101.0 to 101.9), body aches, headache on and off for a week, recurrent nausea. Leg weakness of day 3, legs giving up while standing. Generalized weakness noticed after 2 weeks when resuming weight training and new shortness of breath when going to private residence second floo

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VAERS ID:	1865189 (history)	**Vaccinated:**	2021-11-12
Form:	Version 2.0	**Onset:**	2021-11-12
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received vaccination and was directed with parent to the exit area. As parent was scheduling second dose, patient said he felt dizzy and sat on floor and lied down. Patient did not lose consciousness and continued to communicate with parent and staff. Patient was brought to a chair to sit in. Patient still complained of dizziness and was given a juice box and pretzels. Patient improved with food and drink. Patient was observed for 30 minutes before being released to the care of his parent.

VAERS ID:	1865235 (history)	**Vaccinated:**	2021-11-09
Form:	Version 2.0	**Onset:**	2021-11-10
Age:	53.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30135BA / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Axillary mass, COVID-19, COVID-19 pneumonia, Condition aggravated, Cough, Impaired work ability, Polycythaemia vera, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (broad), Blood premalignant disorders (narrow), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: hydroCHLOROthiazide, amLODIPine
Current Illness: COVID-19, COVID Pneumonia
Preexisting Conditions: Polycythemia Versa, Hypertension, Sleep Apnea
Allergies: Animal dander
Diagnostic Lab Data: None at this point.
CDC Split Type:
Write-up: On 10/4 was positive for COVID-19. ON 10/12 was diagnosed with COVID Pneumonia.

On 10/18 returned to work and was required to obtain the COVID Vaccine. Since under 30 days from the onset of COVID-19 Dr. stated unable to receive the first vaccine until 11/4. On 11/9 went to clinic to receive first dose even still having a cough from the Pneumonia and was document as having the cough and Polycythemia Vera. It was determined as stated I should be fine and the vaccine administered. On 11/10 in the early evening discovered a lump the size of an orange under my left arm at the lymph node. Waited a day to see if it would diminish which it didn''t and on 11/12 seek medical advice. Advice was given to fill out this form, and go to acute care. Acute care didn''t look at lump and made me a phone appointment with a doctor on the next day.

VAERS ID:	1865673 (history)	**Vaccinated:**	2021-10-18
Form:	Version 2.0	**Onset:**	2021-10-21
Age:	41.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	301S58A / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Burning sensation, Feeling abnormal, Feeling hot, Temperature intolerance
SMQs:, Peripheral neuropathy (broad), Dementia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin Vitamin D Synthroid Clonazepam Paxil Metoprolol
Current Illness: No
Preexisting Conditions: Depression Anxiety I''m on medication for slight Blood Pressure
Allergies: None Known
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: I noticed that when I showered, I felt sort of like a burning sensation. My water wasn''t that hot, but it felt like I had a sunburn all over my body. It wasn''t like I had to jump out of the shower, but it was noticeable and weird. I did turn the water cooler and I still felt it. It went away once I got out of the shower. I didn''t have a rash or any hives. It was happening every time I took a shower where I felt like I had a sunburn. I tried to have the shower not be hot, but I''d still feel the sensation. I gave it time after calling the doctor, but it didn''t get better. This past week, when I was showering, I noticed it more on my hands and my face - those felt the hottest. But one night I felt it lying in bed. My body heat on the bed felt warmer than usual and the same kind of sensation. If I had one leg on top of the other, the bottom leg would get too hot. I didn''t have a fever during this or anything like that. If I moved or changed positions, or take a blanket off, it would go away. So, it

was a type of heat exposure, it seemed. I went to Urgent Care in the Hospital - they thought I was having a histamine reaction to heat. I have never had anything like that before. They put me on Zyrtec twice day for two weeks and also Pepcid - I can add that if Zyrtec doesn''t help on its own. They said right now it''s not dangerous but that it can happen and hopefully with allergy meds, it will help. I will have a follow up in two weeks to see if it''s better by then. Apparently on the 23rd, I think. It''s still the same. I have been taking the Zyrtec and the Pepcid twice a day for just a couple of days. They said it might take a while for it to go away.

VAERS ID:	1866851 (history)	**Vaccinated:**	2021-02-20
Form:	Version 2.0	**Onset:**	2021-03-04
Age:	30.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / SYR

Administered by: Work **Purchased by:** ?
Symptoms: Chest pain, Dyspepsia, Exposure during pregnancy, Painful respiration
SMQs:, Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prenatal multivitamin
Current Illness: No illness
Preexisting Conditions: Migraines
Allergies: None
Diagnostic Lab Data: None. Conversation with midwife and plan to monitor. Midwife listened with stethoscope to my heart.
CDC Split Type:
Write-up: Healthy pregnancy with no concerns, due 07/25/2021. Child born on exact date at 7lbs 8oz. Adverse event was severe chest pain, which gradually worsened over the first day. Felt painful to breathe deeply. Pain most severe when lying on left side. So severe that I could not tolerate that position for more than a second. Then chest pain resolved the following day for normal upright positions but continued when laying on left side until 03/11/2021. Initially, the cause of the pain was written off as heartburn. But I now believe it was pericarditis, due to the onset following vaccination and never experiencing anything else like it again for the duration of pregnancy.

VAERS ID:	1867082 (history)	**Vaccinated:**	2021-09-23
Form:	Version 2.0	**Onset:**	2021-10-30
Age:	45.0	**Days after vaccination:**	37
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Blister
SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: This spontaneous case was reported by a consumer and describes the occurrence of BLISTER on the Face, Collar bone area, and the opposite arm in a 45-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 076C21A and 037F21A) for COVID-19 vaccination. No Medical History information was reported. On 23-Sep-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 28-Oct-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 30-Oct-2021, the patient experienced BLISTER on the Face, Collar bone area, and the opposite arm). At the time of the report, BLISTER on the Face, Collar bone area, and the opposite arm outcome was unknown. No concomitant medications were reported. No treatment information was provided.

VAERS ID:	1867688 (history)	**Vaccinated:**	2021-11-10
Form:	Version 2.0	**Onset:**	2021-11-10
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034F21A / 1	AR / IM

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Interchange of vaccine products, Rash, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Medication errors (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: Patient stated having a heavier menstrual cycle than normal, also stated feeling dizzy the day prior to vaccination which was new for her.
Preexisting Conditions: N/A
Allergies: KNDA
Diagnostic Lab Data: Unknown, pt was transported to hospital via EMS.
CDC Split Type:
Write-up: Patient received booster dose of Moderna on 11/10/2021 around 1420. Pt had previously had the Janssen vaccine on 3/19/2021 with no s/s of allergic reaction. Approximate times 1420: Vaccine administered 1430: Pt alerted staff that she felt faint and dizzy during her 15 minutes of observation, denies any difficulty breathing or swelling of airway. 1445: Red rash noted down neck and on upper chest. Patient denies difficulty breathing, no signs of severe anaphylaxis. Vital signs: BP 130/84, HR 103, spo2 100%, RR 20. 1450: 50mg PO Benadryl administered per protocol. 1452: emergency number call/EMS called per protocol. 1510: Pt remained stable between emergency number call and EMS arrival. Report given and transferred care to EMS.

VAERS ID:	1867825 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	2021-02-20
Age:	26.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood test normal, Chest pain
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control loestrin.
Current Illness: N/a.
Preexisting Conditions: N/a.
Allergies: Bactrim.
Diagnostic Lab Data: Blood test done to ensure no blood clot, result negative.
CDC Split Type:
Write-up: Chest pains, starting 12 hours after second shot, continuing off and on for more than one month. Still occur on occasion. No hisotry of chest pains prior to vaccination.

VAERS ID:	1867971 (history)	**Vaccinated:**	2021-11-12
Form:	Version 2.0	**Onset:**	2021-11-13
Age:	52.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cough, Headache, Pain, Pyrexia, Wheezing
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Fever, headache, excessive tiredness
Other Medications: Lisinopril, loratidine, advair, nasonex, Prilosec, levothyroxine, proair,
Current Illness: None
Preexisting Conditions: Hypertension, asthma, Metabolic syndrome and hypothyroidism.
Allergies: codine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, headache, cough, wheeze, body aches

VAERS ID:	1868628 (history)	**Vaccinated:**	2021-10-29
Form:	Version 2.0	**Onset:**	2021-10-31
Age:	75.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046C21A / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood test normal, Bone pain, Dehydration, Diarrhoea, Headache, Nausea, Pyrexia, SARS-CoV-2 test, Vomiting
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Osteonecrosis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Hormones
Current Illness: Neural vestibulitis, fibromyalgia, osteoporosis, chronis dizzi Additional information for Item 11: chronic dizziness, trigeninal neuralgia, pedal edema, TMJ pain dysfunction syndrome, hiatus hernia, gluten intolerance, hippus, insomnia. iron deficiency anemia, irritable bowel (IBS)
Preexisting Conditions:
Allergies: Gluten, latex, adrenaline, Pcn, Sulfa, Iodine, Additional information for Item 10: azithromycin, bacitracin-polymyxin B, ciprofloxacin, clindamycin, levofloxacin
Diagnostic Lab Data: Blood tests and negative COVID test on 11/5.
CDC Split Type:
Write-up: Headache, nausea, vomiting, low grade fever, diarrhea, dehydration, severe bone pain. Symptoms began 10/30/2021 through 11/8/2021. Went to ER 11/5/2021 for IV treatment for dehydration.

VAERS ID:	1868630 (history)	**Vaccinated:**	2021-10-10
Form:	Version 2.0	**Onset:**	2021-10-27
Age:	65.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-14

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multi vitamin, Vit. D3, Aspirin 81 mg
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Developed hives at about 2 weeks following vaccine? started gradually but now at one month later it is debilitating.

VAERS ID:	1869040 (history)	**Vaccinated:**	2021-11-12
Form:	Version 2.0	**Onset:**	2021-11-13
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal pain upper, Chills, Fatigue, Headache, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: COVID first shot February 23, 2021 and Booster October 8, 2021.
Other Medications: Omneprisol
Current Illness: none
Preexisting Conditions: none
Allergies: hot peppers, Tylenol with codeine, flagyl, prednisone, Lipitor, Side effects wtih Pfizer first shot and booster.
Diagnostic Lab Data: none
CDC Split Type:
Write-up: For two days I experienced fever and chills with the highest at 99.7, headache, tiredness. Stomach felt like someone had punched me.

VAERS ID:	1869845 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-06-01
Age:	45.0	**Days after vaccination:**	31
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Menstrual disorder, Polymenorrhoea
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multi-vitamin vitamin c
Current Illness: none
Preexisting Conditions: TMJ; chronic neck pain; currently testing for chronic Lyme disease but not yet clear
Allergies: none
Diagnostic Lab Data: Treatment did not include tests or labs, but medications were administered. Not yet resolved.
CDC Split Type:
Write-up: Significant blood clotting in menstrual cycle; significant increased menstrual bleeding and wildly short menstrual cycles; starting with my first menstrual cycle after the 2nd dose of the covid vaccine, from June through now, my menstrual cycles and bleeding have been unlike anything I"ve experienced in my life, including significant blood clots that were large and shocking.

VAERS ID:	1870420 (history)	**Vaccinated:**	2021-11-15
Form:	Version 2.0	**Onset:**	2021-11-15
Age:	27.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Feeling abnormal
SMQs:, Dementia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Loratadine, Flovent
Current Illness: None
Preexisting Conditions: Asthma, pet and dust allergies
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sensation in face and mouth like eating something sour, continued for hours, particularly on left side. Still mild as of submitting this form

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VAERS ID:	1872387 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-04-28
Age:	49.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood pressure measurement, Chromaturia, Eating disorder, Gait disturbance,

Headache, Hypertension, Migraine, Nausea, Neck pain, Renal pain, Somnolence, Urine odour abnormal
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergy to antibiotic (Allergies: most antibiotics); Babesiosis; Drug allergy (Known allergies: some prescription pain killers); Kidney angiomyolipoma (Bilateral kidney angiolipomas); Lyme disease; Seafood allergy (Known allergies: scallops)
Allergies:
Diagnostic Lab Data: Test Date: 20210428; Test Name: Blood pressure; Result Unstructured Data: Test Result:Blood pressure was high
CDC Split Type: USPFIZER INC2021486820
Write-up: Very dark, smelly urine; Very dark, smelly urine; Woke up with savage migraine; Severe neck pain; Severe kidney pain; Could barely walk; Blood pressure was high; Headache so bad; Nausea; Barely eat food; Sleep through all day and next night; This is a spontaneous report from a contactable consumer, the patient. A 49-year-old non-pregnant female patient received second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0170) via an unspecified route of administration in the left arm on 26Apr2021, at 15:30 (at the age of 49-years-old) as dose 2, single for COVID-19 immunization. Medical history included lyme disease, babesiosis and bilateral kidney angiomyolipoma. The patient had known allergy to most antibiotic (unspecified), allergy to scallops and allergy to some prescription pain killers. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. Concomitant medications included herbal remedies (MANUFACTURER UNKNOWN) for Lyme disease from an unknown start date and unknown if ongoing. The patient previously received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EW0150) via an unspecified route of administration in the right arm on 05Apr2021, at 12:00 (at the age of 49-years-old) as a single dose for COVID-19 immunization. On 28Apr2021, at 04:00 morning, the patient woke up savage migraine, severe neck pain and kidney pain due to which she could barely walk; on same day, the patient''s blood pressure was high, headache was so bad, which brought nausea to the patient. It was reported that, the patient drank lots of water but there was no relief, could barely eat food and sleep through all day and next night. On 29Apr2021 next day, the patient experienced very dark and smelly urine (which was never happened before) but she felt better, as if she would never been

sick the day before. Weird. The events did not result in doctor or other health care professional office/clinic visit, and emergency room/department or urgent care. Therapeutic measures were taken as a result of headache and included treatment with paracetamol (TYLENOL) from an unknown start date to an unknown stop date and the TYLENOL did not help while took twice. No therapeutic measures were taken as a result of other events. Since the vaccination, the patient had not been tested for COVID-19. On 28Apr2021, the patient underwent blood pressure test and the result was blood pressure was high. The clinical outcome of the events was unknown at the time of reporting. No follow-up attempts are needed. No further information is expected.

VAERS ID:	1872664 (history)	**Vaccinated:**	2021-11-11
Form:	Version 2.0	**Onset:**	2021-11-12
Age:	44.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8028 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Site: Swelling at Injection Site-Medium.

VAERS ID:	1873075 (history)	**Vaccinated:**	2021-11-01
Form:	Version 2.0	**Onset:**	2021-11-16
Age:	36.0	**Days after vaccination:**	15
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / UNK	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Exposure during pregnancy, Headache, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft Pepcid
Current Illness:
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pregnant now due date 5/6/21, Headache since shot and muscle aches in lower legs

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VAERS ID:	1873188 (history)	**Vaccinated:**	2021-11-13
Form:	Version 2.0	**Onset:**	2021-11-13
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Adverse event, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None on patient''s prescription profile
Current Illness: None reported on patient''s profile
Preexisting Conditions: None reported on patient''s profile
Allergies: None listed on patient''s profile
Diagnostic Lab Data: None that we were notified of
CDC Split Type:
Write-up: Unknown adverse event. Pfizer pediatric vaccine was mixed using incorrect diluent--Bacteriostatic rather than NON-bacteriostatic as recommended by manufacturer.

VAERS ID:	1873339 (history)	**Vaccinated:**	2021-11-13
Form:	Version 2.0	**Onset:**	2021-11-13
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product preparation error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None on patient''s profile
Current Illness: None listed on patient''s profile
Preexisting Conditions: None listed on patient''s profile
Allergies: None listed on patient''s profile
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: Unknown adverse reaction. Pfizer vaccine mixed using the wrong diluent. Bacteriostatic 0.9% Sodium Chloride for Injection was used rather than NON-bacteriostatic as recommended per manufacturer.

VAERS ID:	1873410 (history)	**Vaccinated:**	2021-08-16
Form:	Version 2.0	**Onset:**	2021-08-17
Age:	56.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	088D21A / 2	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Gait disturbance, Myalgia, Pyrexia, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Clonopin, setraline
Current Illness: Lyme disease
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vomiting, Fever greater than 101, joint and muscle pain, unable to walk down stairs,

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VAERS ID:	1873439 (history)	**Vaccinated:**	2021-11-13
Form:	Version 2.0	**Onset:**	2021-11-13
Age:	7.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Adverse event, Product preparation issue

SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None on patient''s profile
Current Illness: None listed on patient''s profile
Preexisting Conditions: None listed on patient''s profile
Allergies: None listed on patient''s profile
Diagnostic Lab Data: Unknown
CDC Split Type:
Write-up: Unknown adverse effect. Pfizer pediatric vaccine mixed with bacteriostatic 0.9% Sodium Chloride for Injection rather than the NON-bacteriostatic recommended per manufacturer.

VAERS ID:	1874158 (history)	**Vaccinated:**	2021-11-12
Form:	Version 2.0	**Onset:**	2021-11-13
Age:	30.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067F21A / 3	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Seasonal cold 2 weeks prior to vaccination
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:

CDC Split Type:
Write-up: Large, congruent patches of hives present over $g50% of the surface area of the body including: underarms and back, behind ears, along anterior and posterior surfaces of the legs, and down both forearms.

VAERS ID:	1874163 (history)	**Vaccinated:**	2021-11-16
Form:	Version 2.0	**Onset:**	2021-11-16
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	RA / IM

Administered by: School **Purchased by:** ?
Symptoms: Loss of consciousness, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Monitoring.
CDC Split Type:
Write-up: Fainting, loss of consciousness for 15-20 seconds. Maintained strong pulse, B/P 92/60, O2 SAT 94%.

VAERS ID:	1876186 (history)	**Vaccinated:**	2021-11-09
Form:	Version 2.0	**Onset:**	2021-11-09
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Musculoskeletal stiffness, Nausea
SMQs:, Acute pancreatitis (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Hypoglycemia
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Immediate stiff neck, nausea. Lasted 2 days.

VAERS ID:	1876701 (history)	**Vaccinated:**	2021-10-29
Form:	Version 2.0	**Onset:**	2021-10-30
Age:	86.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011F21A / 3	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Limb discomfort, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Same. 85. 1/21/2021 and 2/24/2021
Other Medications: Advil
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Low energy. Swelling of upper arm. Pain in arm. Heaviness of arm.

VAERS ID:	1876977 (history)	**Vaccinated:**	2021-06-10
Form:	Version 2.0	**Onset:**	2021-06-29
Age:	38.0	**Days after vaccination:**	19
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	204A21A / 1	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Menstruation irregular
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Clonazepam, Bupropion, Duloxetine, Omeprazole, Valacyclovir, Rizatriptan, Aimovig, Methocarbamol
Current Illness: None
Preexisting Conditions: Back, joint pain, migraines. Depression., PTSD, GAD
Allergies: Sulfa drugs, Spider bites
Diagnostic Lab Data:
CDC Split Type:
Write-up: Following menstrual cycle periods were much heavier on the bleeding. A heavy pad per

hour. Significant pain and cramping were already an issue. Every month since shot period has been heavy and not as regular as I was before shot.

VAERS ID:	1877094 (history)	**Vaccinated:**	2021-11-15
Form:	Version 2.0	**Onset:**	2021-11-16
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	065F21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Angiogram, Carotid artery occlusion, Computerised tomogram head, Ischaemic stroke, Vascular occlusion
SMQs:, Ischaemic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 1 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: metformin 500mg Q DAY, omeprazole 40mg BID, Wellbutrin 150mg Q DAY, lisinopril 20mg Q DAY, Acetominophen-codeine #3 300-30mg 1 tab as needed, diclofenac topical, Duloxetine 30mg Q DAY, Famotidine 40mg QHS
Current Illness: recently diagnosed HTN
Preexisting Conditions: breast cancer thought to be in remission s/p lumpectomy, radiation, GERD, remote history of alcohol use, alcoholic pancreatitis with pseudocyst, tobacco use
Allergies: Vicodin, oxycodone, azithromycin
Diagnostic Lab Data: CTH 11/16, CTA H/N 11/16, CTH 11/17
CDC Split Type:
Write-up: Acute ischemic stroke, LVO occlusion L ICA terminus on 11/16

VAERS ID:	1877416 (history)	**Vaccinated:**	2021-11-17
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Dizziness, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: B/P 100/70, 86 pulse and 95% O2Sat. laid down for 30 minutes and was able to leave without further evaluation.
CDC Split Type:
Write-up: Vomited and felt light-headed 5 minutes after the vaccine. no fainting.

VAERS ID:	1877464 (history)	**Vaccinated:**	2021-03-01
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	68.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031L2CA / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Joint range of motion decreased, Pain in extremity, Sleep disorder, Wrong technique in product usage process
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Multivitamin, Aspirin 81mg, Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: No known allergies
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Sore arm day of vaccination and continued soreness. Increased pain recently 11/15/2021. More troublesome at night; causes wakening up 2-3 times a night. Occasionally cannot lift arm up. Medical diagnosis of a nerve hit during vaccination.

VAERS ID:	1877497 (history)	**Vaccinated:**	2021-11-16
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	32.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Dizziness, Fatigue, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Cold sore
Preexisting Conditions: Psoriasis, cold sores.
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever of 102.2, possibly higher, day after Moderna booster. Also chills, fatigue, dizziness, headache.

VAERS ID:	1878345 (history)	**Vaccinated:**	2021-11-16
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	11.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Rash pruritic, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Large hives; itchy rash on neck, stomach and back.

VAERS ID:	1880350 (history)	**Vaccinated:**	2021-11-12
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	6.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	UNKNOWN / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Culture stool, Diarrhoea haemorrhagic, Parasite stool test
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Pseudomembranous colitis (broad), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad), Noninfectious diarrhoea

(narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: O+P, stool culture, calprotectin
CDC Split Type:
Write-up: Vaccine given at school based clinic. Patient presented with bloody diarrhea of unclear etiology 7 days later. May be entirely unrelated to vaccine.

VAERS ID:	1880352 (history)	**Vaccinated:**	2021-11-17
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Anxiety, Condition aggravated, Fear, Headache, Pain, Pain in extremity, Pain in jaw, Pallor
SMQs:, Osteonecrosis (broad), Hypotonic-hyporesponsive episode (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none reported
Preexisting Conditions: none reported

Allergies: none reported
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Given a 5-11 pfizer vaccine at 1:40 pm. At 1:50 HPM was called over to first aid station where pt had been taken. She c/o jaw pain and feelings of fear stating "Is something bad going to happen to me?". HPM instructed pt to lay down on cot. 1:55 pm: HR = 110; RR = 22 BP 106/80; O2 sat 99% Alert and oriented, Respiration unlabored, Skin warm and dry, facial paleness, no rash noted, capillary refill <2 secs. HPM reassured child that she was being taken care of and other clinic RN encouraged regular steady breathing. Jaw pain subsided and pt started to c/o upper left thigh pain which subsided when she bent her leg with knee to ceiling. Mother reports that pt has anxiety around unknown situations such as the vaccine clinic and has experienced similar symptoms of increased fear in the past. Observed for 30 minutes during which pt continued to voice concern stating "I"m really scared, am I going to be o.k. Voice clear and strong, c/o headache stating "this always happen to me when I get scared". Mom speaking calmly and quietly to child which was effective in bringing anxiety down. Mom verified verbally that pt gets a headache when she is upset. 2:20 HR = 92 BP 102/72. Skin warm and dry, facial paleness resolved, no rash noted. No further complaints of pain. Walked family to car and gave instructions about when to be concerned, when to call MD (anxiety continues), when to go to ER (rash, concerned), when to call 911(swelling of tongue, throat, trouble talking, drooling, trouble breathing, loses consciousness). Mom verbalized understanding.

VAERS ID:	1884936 (history)	**Vaccinated:**	2021-11-18
Form:	Version 2.0	**Onset:**	2021-11-18
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Body temperature increased, Injection site pain, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Covid vaccine (moderna) pain in injection sight. January 5, 2021. Age 45.
Other Medications: valacyclovir
Current Illness: none
Preexisting Conditions: shingles
Allergies: none

Diagnostic Lab Data:
CDC Split Type:
Write-up: Pain in arm at injection sight. Elevated temperature. Full body aches.

VAERS ID:	1885623 (history)	**Vaccinated:**	2021-11-12
Form:	Version 2.0	**Onset:**	2021-11-16
Age:	8.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blister, Erythema, Hypotonia, Tenderness
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 4 days later noticed an area of small blisters that are now flaccid, linear redness, no crusting that you would see in herpes and no dermatomal appearance like in shingles, tender but not itchy

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VAERS ID:	1887899 (history)	**Vaccinated:**	2021-11-11
Form:	Version 2.0	**Onset:**	2021-11-19
Age:	40.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Intermenstrual bleeding, Vaginal haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: Penicillin, Ampicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Bleeding/spotting in between menstrual cycles. Menstrual cycles are very regular and I have never experienced spotting between cycles in my life.

VAERS ID:	1888119 (history)	**Vaccinated:**	2021-10-14
Form:	Version 2.0	**Onset:**	2021-10-14
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ760AA / N/A	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Injected limb mobility decreased, Pain in extremity
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine, losartan, zolpidem, atorvastatin, estradiol cream
Current Illness: unknown
Preexisting Conditions: hypothyroidism, hypertension, hypercholesterolemia
Allergies: None known
Diagnostic Lab Data: Xray and ultrasound have been ordered.
CDC Split Type:
Write-up: The patient received Fluzone HD Quad vaccine 0.7ml intramuscularly in right arm on 10/14/21. She reported arm/shoulder pain and having pain difficulty when raising her arm since receiving the vaccine. She reported this to the pharmacy the week of 11/15/21. She contacted her doctor and is having an x-ray and ultrasound performed. Her physician has been notified by the pharmacy and the patient has a follow-up appointment scheduled on December 9th.

VAERS ID:	1888790 (history)	**Vaccinated:**	2020-09-24
Form:	Version 2.0	**Onset:**	2020-09-24
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	33332-0320-01 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Allergy test negative, Dysphagia, Dysphonia, Eye discharge, Paraesthesia oral, Pharyngeal paraesthesia, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin D3 2000IU
Current Illness: None
Preexisting Conditions: None
Allergies: Penecillin
Diagnostic Lab Data: Allergy test showed no evidence of allergy to flu shot on 10/19/21.

CDC Split Type:
Write-up: Tightness in throat, trouble swallowing, unusual hoarseness,tingling feeling in mouth and throat, thick yellow discharge from eyes

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VAERS ID:	1888814 (history)	**Vaccinated:**	2021-10-19
Form:	Version 2.0	**Onset:**	2021-10-19
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	33332-0321-01 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dysphagia, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 9/24/2020, Flu vaccination Afluria Quad previously reported
Other Medications: Mulitvitamin D3 2000 IU
Current Illness: None
Preexisting Conditions: None
Allergies: Penecillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tightness in throat, trouble swallowing 3 hours after injection. Since my experience a year before (9/24/2020) I took diphenhydramine HCI 50 mg (2 Benadryl tablets) and symptoms calmed. Took another 50 mg 4 hours later and became symptom free.

VAERS ID:	1888966 (history)	**Vaccinated:**	2021-11-18
Form:	Version 2.0	**Onset:**	2021-11-20
Age:	10.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Diabetes
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mom called to report a rash about 48 hours post vaccination with Pfizer COVID vaccine. Reported that patient received the IMZ in left deltoid at about 6pm Thursday 11/18/21. At about 10pm Saturday 11/20/21 patient showed her a rash on her RIGHT arm and RIGHT leg. Described as red dots in a line from shoulder to elbow and hip to knee. Overnight a few more had appeared in each area. Each compromised of 10-12 "dots". Mom denies any report of itching, burning, erythema, involvement of the chest, jaw, lips or tongue or difficulty breathing. Recommended monitoring, diphenhydramine for worsening localized reaction and inform doctor in morning

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VAERS ID:	1889027 (history)	**Vaccinated:**	2021-11-15
Form:	Version 2.0	**Onset:**	2021-11-16
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Blood test normal, Dizziness, Head discomfort, Magnetic resonance imaging head, Supraventricular tachycardia, Vertigo
SMQs:, Anticholinergic syndrome (broad), Supraventricular tachyarrhythmias (narrow), Vestibular

disorders (narrow), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: Pneumovax (2007)
Other Medications: Plavix, Atenolol, Allegra
Current Illness: Tinnitus, BPPV, Anxiety Disorder, SVT
Preexisting Conditions: (2016) Stroke with sensorineural deficits SVT Anxiety PTSD Obesity
Allergies: Propylene Glycol
Diagnostic Lab Data: mri head, bloodwork wnl
CDC Split Type:
Write-up: 18 hr post vaccination extreme persistent dizziness, vertigo, head pressure and SVT requiring local emergency evaluation. Work up unremarkable referred to Neurology by PCP for further evaluation.. Treated with Meclezine with x4 days patient reporting 85% improvement. Previous documented sx s/p series 2 administration: Persistent cough, Lung hyperinflation r/o URI, chronic Lung disease resolved with steroid course.

VAERS ID:	1889760 (history)	**Vaccinated:**	2021-11-18
Form:	Version 2.0	**Onset:**	2021-11-19
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034F21A / N/A	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Axillary pain, Lymph node pain, Oedema peripheral, Tenderness
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: zyrtec
Current Illness: head cold (15 days prior)

Preexisting Conditions:
Allergies: sulfa
Diagnostic Lab Data: none
CDC Split Type:
Write-up: tenderness in arm pit noticed 18 hours post vaccination general swelling in arm pit & painful lymph nodes began 36 hours post vaccine pain in armpit area continued for 72 hours post-vaccine swelling and tenderness still present 90 hours post-vaccinate

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VAERS ID:	1890023 (history)	**Vaccinated:**	2021-11-18
Form:	Version 2.0	**Onset:**	2021-11-19
Age:	71.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034F21A / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Extra dose administered, Headache, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydrochlorothiazide, Gabapentin, Losartan, Metformin, Fish Oil, Vitamin D
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A.
CDC Split Type:
Write-up: After receiving the 3rd Booster of Moderna 11/18/2021, patient started experiencing symptoms 11/19/2021 of fever (101.0), headache and chills. 11/21/2021 symptoms subsided. No noted primary visit/communications.

VAERS ID:	1890637 (history)	**Vaccinated:**	2021-11-10
Form:	Version 2.0	**Onset:**	2021-11-10
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030MZ0A / 2	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	054C21A / 3	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Chills, Headache, Hypersomnia, Lethargy, Nausea, Rash, Rash erythematous, Rash pruritic, Restlessness, Somnolence
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Akathisia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Mold
Diagnostic Lab Data:
CDC Split Type:
Write-up: Moderna COVID-19 Vaccine EUA Got the chills and had restless sleep the first night after receiving the shot. Lethargy the next day. Nausea and light headaches also began a daybor two after. Then a red rash of tiny dots appeared all over my body about a week later. The rash is itchy and I"m still nauseous. I have no energy to do anything and I"m sleepy all the time. I"m sleeping 16 hours a day. I usually sleep 9 or 10 hours.

VAERS ID:	1891226 (history)	**Vaccinated:**	2021-11-16
Form:	Version 2.0	**Onset:**	2021-11-19
Age:	78.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	065F21A / 3	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia

and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D, Amlodipine, HCTZ, baby Aspirin, Ibuprofen
Current Illness:
Preexisting Conditions: High blood pressure, hearing loss
Allergies: Bivalves, nitrous oxide
Diagnostic Lab Data: N/A.
CDC Split Type:
Write-up: Red rash and extreme itch on the underside of the arm where injection took place.

VAERS ID:	1893644 (history)	**Vaccinated:**	2021-11-23
Form:	Version 2.0	**Onset:**	2021-11-23
Age:	30.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: The vial was reconstituted incorrectly. Rather than adding 1.8 ml of diluent, 0.8 ml of diluent was added.

VAERS ID:	1893649 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2021-11-22
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The vial was reconstituted incorrectly. Rather than adding 1.8 ml of diluent, 0.8 ml of diluent was added.

VAERS ID:	1893654 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2021-11-22
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-23

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The vial was reconstituted incorrectly. Rather than adding 1.8 ml of diluent, 0.8 ml of diluent was added.

VAERS ID:	1894336 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2021-11-23
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	3P3TY / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Vyvanse 50 mg daily
Current Illness: none
Preexisting Conditions: ADHD
Allergies: No know allergies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: As of 11/23/21 only a sore arm

VAERS ID:	1894490 (history)	**Vaccinated:**	2021-11-19
Form:	Version 2.0	**Onset:**	2021-11-23
Age:	45.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034F21A / 3	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Erythema, Fatigue, Feeling of body temperature change, Malaise, Pain in extremity, Peripheral swelling, Tachycardia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol HFA, chlorthalidone, trulicity, jardiance, advair diskus inhaler, lisinopril, metformin ER, omeprazole, crestor, imitrex, topamax
Current Illness: Unknown
Preexisting Conditions: Reactive airway disease, asthma, mild intermittent asthma, essential HTN, hyperlipidemia, AUB, thyroid nodule, thyromegaly, Type 2 DM, Obesity, GERD without esophagitis, biliary calculus, IIH, OSA
Allergies: demerol, black flies, "unknown pain med possibly IV"
Diagnostic Lab Data: Patient was advised to report to ER
CDC Split Type:
Write-up: Day after she felt fatigued, hot cold chills, unwell Sxs then began on 11/23 as follows: swollen, red, painful L arm, tachycardia (HR 130)

VAERS ID:	1894499 (history)	**Vaccinated:**	2021-11-18
Form:	Version 2.0	**Onset:**	2021-11-19
Age:	42.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Axillary pain, Back pain, Chest pain, Lymphadenopathy, Pain
SMQs:, Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: losarten hctz
Current Illness: none
Preexisting Conditions: high blood pressure
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen Armpit and pain/discomfort in armpit along with radiating ache in chest and back. possibly some heart palpitations not sure if it''s related.

VAERS ID:	1897151 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2021-11-23
Age:	48.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	069P21A / 3	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Extra dose administered, Interchange of vaccine products, Peripheral swelling, Rash erythematous, Tenderness, Vaccination site reaction
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Adhesive on medical tape
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Covid Arm. My right upper arm is swollen just under (about 2" below) the injection site. It is red and has a large lump that seems to be growing. It is very tender and there is a red rash like spot in the middle. Lump is approximately 4"x4" and the rash is just over 1"x1". My first 2 doses of the vaccine were Pfiser. This is my first Moderna shot.

VAERS ID:	1897244 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2021-11-22
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: none noted
Current Illness: none noted
Preexisting Conditions: none noted
Allergies: none noted
Diagnostic Lab Data: Not indicated
CDC Split Type:
Write-up: Patient is an 11 yo child accompanied by his mother to a vaccine Clinic. This patient was administered the Moderna Booster dose of 0.25cc instead of the intended Pfizer pediatric dose for his age. Error identified after 15minute observation at exit. There were no adverse symptoms reported prior to exit from clinic and follow-up at 48 hours confirmed by patient''s mother that child has not had any symptoms develop since vaccination. Plan for scheduling second dose for Pfizer pediatric at 28 days per CDC recommendations.

VAERS ID:	1902109 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-05-30
Age:	31.0	**Days after vaccination:**	29
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Back pain, Chest discomfort, Dehydration, Electrocardiogram ambulatory normal, Electrocardiogram normal, Electromyogram normal, Fatigue, Feeling abnormal, Headache, Magnetic resonance imaging neck, Magnetic resonance imaging normal, Muscle twitching, Myalgia, Nausea, Nerve conduction studies normal, Pain, Pain in extremity, Palpitations, Paraesthesia, X-ray normal
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Dyskinesia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None

Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: X rays, cervical mri, Nerve conduction test, ECG, holter monitor, EMG. All normal/normal wear and tear for age.
CDC Split Type:
Write-up: Fatigue, nausea, headache, arm pain, brain fog, some palpitations, chest tightness. Went to ER, was told I was dehydrated. Fatigue and palpitations continued for 8 weeks. Was subsiding, then on July 30 I developed shooting pain and tingling on left arm, back and shoulder pain. Treated at urgent care with steroids. Pain lessened but continues to this day. Now experiencing right side muscle pain. Given naproxen 500mg and cyclobenzaprine 10mg prn. Experience sporadic muscle twitches as well as aching pain in feet at times. Still experiencing some fatigue but not consistent.

VAERS ID:	1902126 (history)	**Vaccinated:**	2021-11-17
Form:	Version 2.0	**Onset:**	2021-11-19
Age:	55.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bacterial test, Skin lesion, Varicella virus test
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amlodipine, Zyrtec, Flonase, MCT oil, multivitamin, phentermine, Topamax, vitamin a/vit c/zinc/copper, vitamin b12/b3
Current Illness: None
Preexisting Conditions: reactive airway disease, hypertension, hyperlipidemia
Allergies:
Diagnostic Lab Data: bacterial and varicella culture pending
CDC Split Type:
Write-up: Cluster of skin lesions, right upper back, possible zoster

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VAERS ID:	1902138 (history)	**Vaccinated:**	2021-10-28
Form:	Version 2.0	**Onset:**	2021-11-18
Age:	59.0	**Days after vaccination:**	21
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	071F21A / 3	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest X-ray, Echocardiogram, Laboratory test, Pericarditis
SMQs:, Systemic lupus erythematosus (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Erythromycin derivatives
Diagnostic Lab Data: Chest X-ray, Echocardiogram, Labs Date: 11/18/21
CDC Split Type:
Write-up: Pericarditis

VAERS ID:	1905324 (history)	**Vaccinated:**	2021-11-03
Form:	Version 2.0	**Onset:**	2021-11-09
Age:	51.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Dehydration, Influenza virus test negative, Nausea, Pain, SARS-CoV-2 test negative, Tremor, Vertigo
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Hypoglycaemia (broad), Dehydration (narrow),

COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: 11/10 ER Medical Tests - COVID and Flu test negative. Vertigo positive
CDC Split Type:
Write-up: Sudden and severe vertigo and intractable nausea resulting in dehydration. Body aches. Shivering and Trembling

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VAERS ID:	1905842 (history)	**Vaccinated:**	2021-09-16
Form:	Version 2.0	**Onset:**	2021-09-19
Age:	35.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1821286 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood creatine phosphokinase, Blood folate, Blood test, Blood thyroid stimulating hormone, C-reactive protein, Chest X-ray, Chest pain, Costochondritis, Electrocardiogram, Electromyogram abnormal, Fibrin D dimer, Full blood count, Hypoaesthesia, Inflammation, Lipase, Metabolic function test, Muscle spasms, Muscle twitching, Nerve compression, Nerve injury, Neurological examination abnormal, Pain, Paraesthesia, Protein total, Treponema test, Troponin, Urine analysis, Vitamin B12
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Dyskinesia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: - 9/25/2021 - CMP, CBC with differential, TSH, Lyme, Troponin, CRP, D Dimer, Lipase, chest X-ray, EKG - 10/8/2021 and 10/9/2021 - immunotyping, total protein, ck, folate, syphillis, d dimer, troponin, bmp, cmp, crp, CBC, chest X-ray, vit b12, Lyme, urine, ekg - 11/29/2021 EMG
CDC Split Type:
Write-up: - 9/19/2021 - tingling in bilateral hands/fingers - 9/23/2021 - left hand/ulnar nerve numbness - In the days following - Then tingling in left and right feet. Then right hand/ulnar nerve numbness. Then muscles spasms in right and left calves. Then muscle spasms throughout body. - 9/25/2021 - chest pain. Seen in urgent care. Cardiac work up negative. Provider advised pain could be due to inflammation, chostocondritis. - 10/6/2021 - primary care provider visit. Referred to neurology for EMG. - 10/9/2021 - chest pain. Seen in Emergency Room. Cardiac workup negative. Advised to follow up with PCP and neurology. - 11/29/2021 - seen by neurology. EMG done. Showed nerve entrapment in left elbow, confirmed muscle spasms, nerve damage in right lower extremity. - Sporadic numbness/tingling, muscle cramps/twitches in limbs continues.

VAERS ID:	1905974 (history)	**Vaccinated:**	2021-11-17
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	6.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Blood glucose decreased, Feeling abnormal
SMQs:, Dementia (broad), Hypoglycaemia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: insulin
Current Illness:
Preexisting Conditions: Type I DM
Allergies: none

Diagnostic Lab Data:
CDC Split Type:
Write-up: Client alerted mother that he felt strange. Mother alerted staff sating this is how he typically lets her know when his blood sugar is low. Provided carbohydrate snack. Client reported feeling resolved after two minutes from eating snack. Reported feeling "fine" when left clinic site at 0935.

VAERS ID:	1906029 (history)	**Vaccinated:**	2021-05-13
Form:	Version 2.0	**Onset:**	2021-05-13
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0183 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Arthralgia, Hypoaesthesia, Injection site pain, Joint range of motion decreased, Limb discomfort, Loss of personal independence in daily activities, Pain, Pain in extremity, Paraesthesia, Peripheral coldness, Sleep disorder
SMQs:, Peripheral neuropathy (broad), Dementia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DMG dietary supplement
Current Illness: none known
Preexisting Conditions: none known
Allergies: Sulfa drug allergy
Diagnostic Lab Data: Referral to sports medicine provider in 9/2021
CDC Split Type:
Write-up: Possible adhesive capsulitis s/p COVID vaccination. Had her second COVID vaccine on 5/13. She had more pain with the second dose than the first injection. C/o persistent pain in her left arm since. Started as pain at the area of injection--no redness or swelling. Immediately after her vaccine, she had a lot of body aches in her knees. That improved after about 1 week, but arm continued to feel sore. She felt like the shot went very deep on the second vaccine. For a while, her tricep was painful. ROM is impaired. She has been able to go about her normal activity. Over

the last 1 month, the pain has migrated into her deltoid muscle -- worse with sudden movements or reaching for something or catching herself. Hard to even run due to pain with running motions so it is now interfering with her daily life. Mostly bothered by aching pain. She has a sensation of numbness into her left wrist. No neck pain, back pain. She does have some left shoulder pain if she sleeps on her left side. She started using heat and ice over the last week. Using arnica and performing exercise. Is moving arm differently. Dorsal wrist is numb and tingly, sleeping differently. Fingers feel cooler. Is right handed, but also using left arm less due to discomfort.

VAERS ID:	1906058 (history)	**Vaccinated:**	2021-11-17
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Fatigue, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt reported feeling nauseous and tired. She had missed school breakfast. Offered water and snack, symptoms resolved. Returned to class at 1050am. Parent was notified .

VAERS ID:	1906073 (history)	**Vaccinated:**	2021-11-17
Form:	Version 2.0	**Onset:**	2021-11-29
Age:	8.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Nausea, Pallor
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt reports nausea and is pale

VAERS ID:	1906190 (history)	**Vaccinated:**	2021-11-29
Form:	Version 2.0	**Onset:**	2021-11-29
Age:	43.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 3	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Immunisation, Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient was administered dose of pediatric Pfizer vaccine as booster for adult series. Was given correct pfizer booster after initial error

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VAERS ID:	1906196 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2021-11-22
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Nausea, Pallor
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Became nauseous and pale approx 5 mins after vaccination. No food prior to vaccination. Gave pretzels and water. Color returned to normal and nausea resolved after 10 mins. left at 1332 with mother.

VAERS ID:	1906283 (history)	**Vaccinated:**	2021-11-08
Form:	Version 2.0	**Onset:**	2021-11-09
Age:	63.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039F21A / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Bone pain, Borrelia test, Computerised tomogram, Deep vein thrombosis, Dyspnoea exertional, Echocardiogram, Electrocardiogram, Fibrin D dimer, Prostatic specific antigen, Pulmonary embolism, Ultrasound Doppler abnormal
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Osteonecrosis (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Vit. D daily; Chaga tincture and turmeric 4-5 days/ wk.
Current Illness: none
Preexisting Conditions: hip prosthesis 2015/ antibiotics pre dental
Allergies: none
Diagnostic Lab Data: 2 EKG"s/ 2 differentUltrasounds/ CT scan/ Echocardiogram/ Lots of blood tests/ D-Dimmer/ Lyme/ PSA....?
CDC Split Type:
Write-up: Shortness of breath 11/9 during exercise. Left side ribcage tender 11/10 early day and continued to worsen till my wife drove me to the ER locally early a.m. 11/11. A day of testing and diagnosis is Pulmonary Embolism lower left lung and DVT left outer calf.

VAERS ID:	1908773 (history)	**Vaccinated:**	2021-01-28
Form:	Version 2.0	**Onset:**	2021-11-20
Age:	70.0	**Days after vaccination:**	296
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-11-30

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood test, Pancreatitis
SMQs:, Acute pancreatitis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: WELLBUTRIN; ZOLOFT; AMITRIPTYLINE; FOLIC ACID; VITAMIN D3; PROLIA; RITUXAN
Current Illness: Immunocompromised
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20211120; Test Name: Blood work; Result Unstructured Data: Blood work detected pancreatitis
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: This spontaneous case was reported by a consumer and describes the occurrence of PANCREATITIS (each time I get pancreatitis/diagnosed with pancreatitis one day after third dose) in a 71-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 002F21A, 084M20A and 013L20A) for COVID-19 vaccination. Concurrent medical conditions included Immunocompromised. Concomitant products included AMITRIPTYLINE for Headache, BUPROPION HYDROCHLORIDE (WELLBUTRIN), SERTRALINE HYDROCHLORIDE (ZOLOFT), FOLIC ACID, COLECALCIFEROL (VITAMIN D3), DENOSUMAB (PROLIA) and RITUXIMAB (RITUXAN) for an unknown indication. On 28-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 24-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 19-Nov-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 20-Nov-2021, the patient experienced PANCREATITIS (each time I get pancreatitis/diagnosed with pancreatitis one day after third dose) (seriousness criteria hospitalization and medically significant). At the time of the report, PANCREATITIS (each time I get pancreatitis/diagnosed with pancreatitis one day after third dose) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 20-Nov-2021, Blood test: abnormal (abnormal) Blood work detected pancreatitis. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. The patient was treated with pain and Nausea Medication. Company''s comment: This is a Spontaneous case concerning a 71-year-old, female patient with medical history of immunosupresion under treatment with denosumab and rituximab and also receiving bupropion, amitryptiline and sertraline, who experienced the unexpected serious (hospitalization and medically confirmed and AESI) event of Pancreatitis. The event occurred approximately one day after the third dose of mRNA 1273 vaccine. This was confirmed by blood workup and patient is currently hospitalized due to it. Patient experianced Pancreatitis 3 days after the first dose and

also 4 days after the second dose of the mRNA 1273 vaccine (confirmed by blood workup). The medical history of imunosupression is a confounder for the event and the drugs bupropion and denosumab are co suspects. The benefit-risk relationship of mRNA 1273 vaccine is not affected by this report. This case was linked to MOD-2021-395640, MOD-2021-395647 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 24-Nov-2021: Follow-up received contains added reporter information, patient demographic details, lab details, Suspect vaccine details added, concomitant medication added, Start date of event added, Hospitalization criteria for event added and Added Treatment medication in narrative.; Sender''s Comments: This is a Spontaneous case concerning a 71-year-old, female patient with medical history of immunosupresion under treatment with denosumab and rituximab and also receiving bupropion, amitryptiline and sertraline, who experienced the unexpected serious (hospitalization and medically confirmed and AESI) event of Pancreatitis. The event occurred approximately one day after the third dose of mRNA 1273 vaccine. This was confirmed by blood workup and patient is currently hospitalized due to it. Patient experianced Pancreatitis 3 days after the first dose and also 4 days after the second dose of the mRNA 1273 vaccine (confirmed by blood workup). The medical history of imunosupression is a confounder for the event and the drugs bupropion and denosumab are co suspects. The benefit-risk relationship of mRNA 1273 vaccine is not affected by this report.

VAERS ID:	1912686 (history)	**Vaccinated:**	2021-12-01
Form:	Version 2.0	**Onset:**	2021-12-01
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Pallor
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Became dizzy and pale almost immediately post vaccination. Gave cool water and snack, symptoms resolved within 5 minutes. Observed in clinic until 0840, reported zero symptoms, released with adult.

VAERS ID:	1912754 (history)	**Vaccinated:**	2021-10-08
Form:	Version 2.0	**Onset:**	2021-11-28
Age:	55.0	**Days after vaccination:**	51
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8020 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Magnetic resonance imaging heart, Myocarditis, Ventricular tachycardia
SMQs:, Torsade de pointes/QT prolongation (narrow), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Cardiac MRI completed on 11/30
CDC Split Type:
Write-up: Developed symptoms of V-tach arrest during a bike ride. Myocarditis was diagnosed in the left ventricle.

VAERS ID:	1912756 (history)	**Vaccinated:**	2021-11-30
Form:	Version 2.0	**Onset:**	2021-11-30
Age:	6.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Cold sweat, Pallor, Presyncope
SMQs:, Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: vasovagal type reaction- pale, clammy. Gave pretzels and apple juice. Recovered and returned to class, notified school nurse as was at clinic without parent/guardian.

VAERS ID:	1913043 (history)	**Vaccinated:**	2021-12-01
Form:	Version 2.0	**Onset:**	2021-12-01
Age:	7.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Adverse reaction, Presyncope, Somnolence, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad),

Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pt had a vasovagal reaction to the first dose of his COVID 19 vaccine series.
Other Medications: none reported by family.
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was vaccinated at our clinic and experienced an adverse reaction to the vaccine. Pt was in the exit area after his vaccine and began experiencing vasovagal symptoms. Pt also had a vasovagal response to his first vaccine. Pt vomited initially, but then reported he did not feel nauseous. Pt was brought to the floor so he could lay down. He was able to respond to questions and speak with his dad. He reported feeling drowsy. His vitals were stable. He remained at our clinic longer for evaluation. Eventually he was able to sit up in his father''s lap and left the clinic with his family. His dad was given instructions to continue monitoring him and let him rest afterward.

VAERS ID:	1913082 (history)	**Vaccinated:**	2021-12-01
Form:	Version 2.0	**Onset:**	2021-12-01
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Head injury, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client received 2nd dose in primary pediatric Pfizer vaccine series. Client was seated in chair when receiving vaccination. Approximately 2 minutes after administration, client lost consciousness, bumped head on back of chair and was lowered to the floor by parent and vaccinator. Client lost consciousness for approximately 15 seconds, but became fully responsive immediately after and was able to recall events prior to loss of consciousness. Vital signs were within appropriate ranges. An ice pack was provided for the client''s head, client had no complaints of concussion symptoms. Client was given a juice box and pretzels. Client remained in the exit area for 30 minutes to monitor for further adverse events. Client improved with food and drink and was released into the care of parent with recommendation to follow up with pediatrician if new symptoms present or worsen.

VAERS ID:	1913511 (history)	**Vaccinated:**	2021-11-10
Form:	Version 2.0	**Onset:**	2021-11-11
Age:	11.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site pain, Neck pain
SMQs:, Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Flonase, Multivitamin
Current Illness: None
Preexisting Conditions: None
Allergies: Pollen, Cat Dander
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt developed left arm pain soon after receiving vaccine (11/10/21) and then woke the following morning (11/11/21) at 0400 with severe left-sided neck pain. Pt was inconsolable. Pain went away with time, heat and Advil.

VAERS ID:	1913613 (history)	**Vaccinated:**	2021-10-23
Form:	Version 2.0	**Onset:**	2021-10-24
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017F21A / 3	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Pain in extremity, Vaccination site joint pain
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan Simvastatin Amlodipine Vitamin C Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillin, Keflex, Zonalon
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: I didn''t get very sick with the first two injections. I was in bed for 36 hours after the third. My arm hurt like it would hurt after an injection- but that never went away. I started getting deep joint pain where I got the vaccine. I went back to see a doctor who I had seen for a shoulder injury previously with that shoulder. She didn''t seem to think that my presentation was similar to what she had seen me for before. It was a deep aching shoulder pain. I couldn?t lay on that side. It didn''t hurt to move my arm, but it was a deep aching pain deep within the shoulder joint. She scheduled me to go in for a steroid injection when I went to visit her on 11/18/2021, and she scheduled me for the following Tuesday. I never was able to get the steroid injection. The shoulder has progressively improved without the injection. Partially recovered.

VAERS ID:	1914066 (history)	**Vaccinated:**	2021-11-23
Form:	Version 2.0	**Onset:**	2021-11-23
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	53967F / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient came in for 2nd hep B vaccine and received about 3/4 of the dose, which was realized after the fact that some vaccine was left in the syringe barrel. Spoke to pt and relayed information from GSK mfr that CDC recommends re-vaccination unless testing indicates adequate immune response.

VAERS ID:	1916628 (history)	**Vaccinated:**	2021-05-14
Form:	Version 2.0	**Onset:**	2021-05-21
Age:	74.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1808982 / 1	- / SYR

Administered by: Private **Purchased by:** ?

Symptoms: Adverse event, Asthenia, Atrioventricular block, Blood test, Coronary arterial stent insertion, Echocardiogram, Electrocardiogram, Loss of personal independence in daily activities, Myocardial infarction
SMQs:, Myocardial infarction (narrow), Conduction defects (narrow), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Guillain-Barre syndrome (broad), Other ischaemic heart disease (narrow), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 6 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Estradiol vaginal cream; Lysine; Magnesium Bisglycinate; Vit C; KOLD KARE; Vit D3; COQ10; RESCUE REMEDY; Argentum Nitricum; ETA DHA
Current Illness: Dental infection
Preexisting Conditions: High LDL; anxiety
Allergies: Doxycycline; dust; mold
Diagnostic Lab Data: Blood work; EKG; ultrasound of heart to see how valves were working; echocardiogram
CDC Split Type: vsafe
Write-up: Adverse event the following week of vaccine I had a heart attack. I had 90% blockage left side and put a stent in and then 3 days later later I had Right stent put in where I had a 70% blockage. Now I''m on all kinds of medicine and still have lack energy I can''t hike or dance anymore more than an hour and I use to dance 10 hours a week.

VAERS ID:	1916783 (history)	**Vaccinated:**	2021-05-18
Form:	Version 2.0	**Onset:**	2021-08-10
Age:	40.0	**Days after vaccination:**	84
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, COVID-19, Chills, Condition aggravated, Headache, Hyperhidrosis, Mobility decreased, SARS-CoV-2 test positive
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Propranolol 10mg
Current Illness: COVID-19 breakthrough case
Preexisting Conditions: Dysautonomia since 2004 and COVID-19 post viral syndrome since Nov 2020
Allergies: Cymbalta, Benadryl, Zyrtec, Claritin, Cephalexin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Had COVID-19 in Nov 2020. Vaccinated with Jansen shot in May, but got COVID-19 in August when my husband caught it at work. Our entire household (7 people, 5 vaccinated) caught it. I already had significant post-COVID-19 problems for months in August and was being treated by the local COVID-19 Clinic for dysautonomia, SIRS, vestibular nerve damage and chronic fatigue. This second COVID-19 made all my existing symptoms much worse, plus gave extreme weakness so I couldn''t get out of bed for 3 days. I could barely drag myself on the floor to get to the bathroom, just 5 steps from bed. Terrible chills, sweating, excruciating headache. They gave me a Pfizer shot on day 3 of this illness to help me get better immune response. The acute symptoms went on 2 days after that vaccine.

VAERS ID:	1919390 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	50.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CALCIUM
Current Illness: Blood pressure high; Menopause; Tinnitus (Had history of tinnitus,when blood pressure was elevated and feels a pulse sensation in ears.)
Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: Sore arm; This spontaneous case was reported by a consumer and describes the occurrence of VACCINATION SITE PAIN (Sore arm) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 043B21A) for COVID-19 vaccination. Concurrent medical conditions included Menopause, Tinnitus (Had history of tinnitus,when blood pressure was elevated and feels a pulse sensation in ears.) and Blood pressure high. Concomitant products included CALCIUM for Menopause. On 15-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced VACCINATION SITE PAIN (Sore arm). At the time of the report, VACCINATION SITE PAIN (Sore arm) had resolved. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosing remained unchanged. Concomitant medications also included fiber supplement (to help with menopause). Treatment included Hydration. This case was linked to MOD-2021-396702, MOD-2021-396724 (Patient Link).

VAERS ID:	1919393 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	50.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Influenza like illness, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FIBER SUPPLEMENT
Current Illness:
Preexisting Conditions: Comments: No medical history was reported by patient
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: muscle aches; joint pain; fatigue; fever; chills; flu like symptoms for 36 hours , States

the symptoms were" in and out; This spontaneous case was reported by a consumer and describes the occurrence of INFLUENZA LIKE ILLNESS (flu like symptoms for 36 hours , States the symptoms were" in and out), MYALGIA (muscle aches), ARTHRALGIA (joint pain), FATIGUE (fatigue) and PYREXIA (fever) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 022C21A and 043B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was reported by patient. Concomitant products included PLANTAGO OVATA FIBRE (FIBER SUPPLEMENT) for Menopause. On 15-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 13-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced INFLUENZA LIKE ILLNESS (flu like symptoms for 36 hours , States the symptoms were" in and out), MYALGIA (muscle aches), ARTHRALGIA (joint pain), FATIGUE (fatigue), PYREXIA (fever) and CHILLS (chills). At the time of the report, INFLUENZA LIKE ILLNESS (flu like symptoms for 36 hours , States the symptoms were" in and out), MYALGIA (muscle aches), ARTHRALGIA (joint pain), FATIGUE (fatigue), PYREXIA (fever) and CHILLS (chills) had resolved. Treatment was given hydration after 1st and 2nd dose symptoms. Other concomitant product included unspecified Calcium supplement. This case was linked to MOD-2021-396654 (Patient Link).

VAERS ID:	1920267 (history)	**Vaccinated:**	2021-12-01
Form:	Version 2.0	**Onset:**	2021-12-01
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Client was administered incorrect dose of vaccine based on age. Client should have received Pfizer dose authorized for age 12+, client was in error administered pediatric dose

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VAERS ID:	1920278 (history)	**Vaccinated:**	2021-11-09
Form:	Version 2.0	**Onset:**	2021-11-09
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client was incorrectly administered wrong dose of Pfizer vaccine. Due to client age 12, she should have received the dose authorized for age 12+, but in error was administered the pediatric Pfizer dose

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VAERS ID:	1920284 (history)	**Vaccinated:**	2021-11-10
Form:	Version 2.0	**Onset:**	2021-11-10
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client was incorrectly administered wrong dose of Pfizer COVID vaccine. Based on client age 12, she should have received the dose authorized for 12+, but in error was administered the pediatric Pfizer dose.

VAERS ID:	1920310 (history)	**Vaccinated:**	2021-12-03
Form:	Version 2.0	**Onset:**	2021-12-03
Age:	47.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1822809 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hypoaesthesia, Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown

Preexisting Conditions: Unknown
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient reported tingling and numbness of the right arm starting about 5 minutes after the time of vaccination

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VAERS ID:	1920391 (history)	**Vaccinated:**	2021-12-02
Form:	Version 2.0	**Onset:**	2021-12-02
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Product use issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Parent registered child using on-line registration system that included parental consent. 7am morning of clinic, child on registration list. Child bused by school to clinic site. Child administered vaccine. Discovered that parent had cancelled the appointment after the 7am roster was printed.

VAERS ID:	1920408 (history)	**Vaccinated:**	2021-12-02
Form:	Version 2.0	**Onset:**	2021-12-02
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Parent registered child using online registration system that included parental consent. 7am day of clinic, clinic roster printed. Child on roster as registered and parental consent received. Child bused into clinic location from school. Child administered vaccine. Discovered that after 7am roster had been printed, parent had cancelled the appointment.

VAERS ID:	1921032 (history)	**Vaccinated:**	2021-12-03
Form:	Version 2.0	**Onset:**	2021-12-03
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Erythema, Feeling cold, Flushing
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Face became flushed, red, felt cold. Temporal temp: 97.9. Denies any itching in mouth/tongue, breathing normal. Held for extra 15 mins, returned to class as 1030. Alerted school nurse staff.

VAERS ID:	1922898 (history)	**Vaccinated:**	2021-04-15
Form:	Version 2.0	**Onset:**	2021-11-01
Age:	50.0	**Days after vaccination:**	200
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Bedridden, Chills, Headache, Immune-mediated adverse reaction, Inflammation, Lymphadenopathy, Nausea, Peripheral swelling, Rash macular, Swelling, Tinnitus
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hearing impairment (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FIBER SUPPLEMENT; CALCIUM SUPPLEMENT WITH VITAMIN D
Current Illness: Menopause; Tinnitus (when blood pressure is elevated it feels like a pulse sensation in ears)
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20213
Write-up: States she was in bed due to symptoms from 6pm Saturday until Tuesday night; experiencing nausea that was ongoing for 3-4 days; tinnitus in both ears; States the lymph nodes under armpit are swollen one lymph node is size of golf ball.; severe headache; chills; strong immune response; surrounding tissue is inflamed and swollen; surrounding tissue is inflamed and swollen; her upper left arm swelled; there are red blotches near vaccine site down to palms and hands; This spontaneous case was reported by a consumer and describes the occurrence of IMMUNE-MEDIATED ADVERSE REACTION (strong immune response), SWELLING (surrounding tissue is inflamed and swollen), INFLAMMATION (surrounding tissue is inflamed and swollen), PERIPHERAL SWELLING (her upper left arm swelled) and RASH MACULAR (there are red blotches near vaccine site down to palms and hands) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 037F21A, 022C21A and 043B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient''s past medical history included Blood pressure high. Concurrent medical conditions included Menopause and Tinnitus (when blood pressure is elevated it feels like a pulse sensation in ears). Concomitant products included PLANTAGO OVATA FIBRE (FIBER SUPPLEMENT) and CALCIUM CARBONATE, COLECALCIFEROL (CALCIUM SUPPLEMENT WITH VITAMIN D) for Menopause. On 15-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 13-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 20-Nov-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In November 2021, the patient experienced IMMUNE-MEDIATED ADVERSE REACTION (strong immune response), SWELLING (surrounding tissue is inflamed and swollen), INFLAMMATION (surrounding tissue is inflamed and swollen), PERIPHERAL SWELLING (her upper left arm swelled), RASH MACULAR (there are red blotches near vaccine site down to palms and hands), TINNITUS (tinnitus in both ears), LYMPHADENOPATHY (States the lymph nodes under armpit are swollen one lymph node is size of golf ball.), HEADACHE (severe headache) and CHILLS (chills). On 20-Nov-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced NAUSEA (experiencing nausea that was ongoing for 3-4 days). On 20-Nov-2021 at 6:00 PM, the patient experienced BEDRIDDEN (States she was in bed due to symptoms from 6pm Saturday until Tuesday night). The patient was treated with IBUPROFEN (ADVIL [IBUPROFEN]) for Adverse event, at a dose of 2 pills every 6 hours. In November 2021, TINNITUS (tinnitus in both ears), HEADACHE (severe headache), CHILLS (chills) and NAUSEA (experiencing nausea that was ongoing for 3-4 days) had resolved. On 23-Nov-2021, BEDRIDDEN (States she was in bed due to symptoms from 6pm Saturday until Tuesday night) had resolved. At the time of the report, IMMUNE-MEDIATED ADVERSE REACTION (strong immune response), SWELLING (surrounding tissue is inflamed and swollen), INFLAMMATION (surrounding tissue is inflamed and swollen), PERIPHERAL SWELLING (her upper left arm swelled), RASH MACULAR (there are red blotches near vaccine site down to palms and hands) and LYMPHADENOPATHY (States the lymph nodes under armpit are swollen one lymph node is size of golf ball.) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. This case was linked to MOD-2021-396702, MOD-2021-396654 (Patient Link).

VAERS ID:	1923171 (history)	**Vaccinated:**	2021-11-23
Form:	Version 2.0	**Onset:**	2021-11-25
Age:	23.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ8762 / UNK	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Ageusia, Feeling abnormal, Headache, Respiratory tract congestion, SARS-CoV-2 test negative
SMQs:, Taste and smell disorders (narrow), Dementia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: Egg intolerance that has NOT affected vaccines before
Diagnostic Lab Data: I got two covid19 tests to see if I actually had the virus - both came back negative and that is why I am reporting.
CDC Split Type:
Write-up: After receiving my booster vaccine, I started to have all of the symptoms of COVID 19 - congestion throughout my chest to my head, a slamming headache, brain fog, and notable, loss of taste!

VAERS ID:	1923230 (history)	**Vaccinated:**	2021-11-29
Form:	Version 2.0	**Onset:**	2021-11-30
Age:	9.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Diarrhoea, Influenza virus test negative, Pain, Pallor, Pyrexia, Rash, Rash erythematous, Rash maculo-papular, Respiratory tract congestion, SARS-CoV-2 test negative, Streptococcus test negative
SMQs:, Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: neg covid, neg flu, neg strep cx
CDC Split Type:
Write-up: Fever starting 24 hours later and persisting for 5 days, diarrhea, aches, rash started on 12/4 (blanching small red macular/papular rash on face and trunk). Very mild cough and congestion.

VAERS ID:	1923341 (history)	**Vaccinated:**	2021-12-04
Form:	Version 2.0	**Onset:**	2021-12-04
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was administered the 5-11yo formulation when she had turned 12 the week before.

VAERS ID:	1923774 (history)	**Vaccinated:**	2021-12-02
Form:	Version 2.0	**Onset:**	2021-12-04
Age:	44.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0171 / 2	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ1611 / 3	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Chills, Gait disturbance, Headache, Influenza like illness, Joint swelling, Mobility decreased, Pain, Pyrexia, Sleep disorder
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prozac, advil and Tylenol
Current Illness: None
Preexisting Conditions: None

Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: After flu like symptoms (headache, fever, chills, joint pain) had subsided, which were substantially worse than the previous 2 doses, the next night I woke up with pain and swelling in my knee around 11:50pm. It wasn?t that bad at first and was able to go to sleep again. I was then woken up by it around 2:30am and I couldn?t move my knee or use my leg and the pain was radiating into my ankle and hip. I had to lift my leg with my arms to be able to move it and could only keep it straight. I could barely limp to get Advil to try and reduce the swelling and pain. I wasn?t able to fall asleep again until around 5pm. If I could have driven (right leg) I would have gone to the hospital. When I woke up next the pain was reduced and centralized at the knee, can limp better but lateral movement creates a lot of pain.

VAERS ID:	1923891 (history)	**Vaccinated:**	2021-02-26
Form:	Version 2.0	**Onset:**	2021-02-27
Age:	76.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013A21A / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Influenza like illness
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: amlodipine 5 mg, aspirin 81mg, eliquis 5mg, metformin 500mg, nexium 40mg,pravastatin 80mg, olmesartan 5mg, zetia 10mg, cinnamon 1000mg, cod liver oil 1000mg, lutein 12mg, oneaday 65+
Current Illness:
Preexisting Conditions: heart, diabetes
Allergies: percodan, adhesive
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Felt like I had the flu. was bedridden for 3 days

VAERS ID:	1923944 (history)	**Vaccinated:**	2021-11-20
Form:	Version 2.0	**Onset:**	2021-11-28
Age:	40.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Angiogram pulmonary abnormal, Chest X-ray, Differential white blood cell count, Electrocardiogram, Fibrin D dimer, Full blood count, Painful respiration, Prohormone brain natriuretic peptide, Prothrombin time, Pulmonary embolism, Scan with contrast abnormal, Troponin
SMQs:, Embolic and thrombotic events, venous (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Pulmonary hypertension (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Advil occasionally and multi-vitamin
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: 28Nov: Basic metabolic panel, d-dimer, differential, hemogram, prothrombin time, troponin, pro-brain natriuretic peptide performed 2 times CT angiogram chest pulmonary embolus with contrast EKG 12 lead XR chest one view
CDC Split Type:
Write-up: Pain while breathing- taking a deep breath on left side Started on Saturday evening and went to ER on Sunday 28Nov2021. Diagnosed with pulmonary embolisms in both lungs.

VAERS ID:	1924074 (history)	**Vaccinated:**	2021-12-03
Form:	Version 2.0	**Onset:**	2021-12-04
Age:	65.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-05

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Palpitations
SMQs:, Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Palpitations for 2 weeks after flu vaccine
Other Medications: None
Current Illness: None
Preexisting Conditions: Acid Reflux
Allergies: None
Diagnostic Lab Data: none. I drank anti-inflammatory tea. It started to calm down, but remained for the next 4 hours
CDC Split Type:
Write-up: Woke up on December 4 with palpitations, many, one right after another. Short of breath

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VAERS ID:	1924258 (history)	**Vaccinated:**	2021-12-01
Form:	Version 2.0	**Onset:**	2021-12-02
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1855194 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Chills, Confusional state, Dizziness, Headache, Injection site discolouration, Insomnia, Nausea
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lamictal, diazepam,premarin
Current Illness: 0
Preexisting Conditions: Anxiety and mood
Allergies:
Diagnostic Lab Data: 0
CDC Split Type:
Write-up: Severe headache Insomnia Cold chills Black spot at injection site Confusion Difficult to think of words Thoughts jumbled Dizziness Nausea

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VAERS ID:	1925215 (history)	**Vaccinated:**	2021-12-06
Form:	Version 2.0	**Onset:**	2021-12-06
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 3	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Incorrect dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none reported
Current Illness: none reported
Preexisting Conditions: none reported
Allergies: none reported
Diagnostic Lab Data: none indicated
CDC Split Type:
Write-up: Pfizer Pediatric (5-11) dose given to adult aged $g18 years in lieu of Moderna Booster intended. No adverse reaction. Client was informed of error and CDC''s clinical considerations for COVID Vaccine errors and revaccination was reviewed. Provided second dose of Pfizer Pediatric (5-11) dose per CDC recommendations.

VAERS ID:	1925585 (history)	**Vaccinated:**	2021-12-06
Form:	Version 2.0	**Onset:**	2021-12-06
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Heart rate increased, Palpitations
SMQs:, Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin D daily
Current Illness: none
Preexisting Conditions: mitral valve prolapse
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: racing heart, heavy beating heart

VAERS ID:	1927665 (history)	**Vaccinated:**	2021-11-23
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	33.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	53967F / UNK	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202124
Write-up: received 3 quarters of 1 ml dose of Engerix; This case was reported by a pharmacist via call center representative and described the occurrence of underdose in a 33-year-old female patient who received HBV (Engerix B adult) (batch number 53967F, expiry date 6th December 2021) for prophylaxis. On 23rd November 2021, the patient received Engerix B adult. On an unknown date, unknown after receiving Engerix B adult, the patient experienced underdose. On an unknown date, the outcome of the underdose was unknown. Additional details were provided as follows: The patient received 3 quarters of 1 ml dose of Engerix , which led to underdose. The pharmacist wanted to know is dose sufficient does or the dose need to be repeated. The reporter consented to follow up.

VAERS ID:	1927994 (history)	**Vaccinated:**	2021-11-30
Form:	Version 2.0	**Onset:**	2021-12-07
Age:	63.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Acute kidney injury, International normalised ratio increased, Lactic acidosis, Liver function test abnormal, Prothrombin time prolonged
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Liver related investigations, signs and symptoms (narrow), Liver-related coagulation and bleeding disturbances (narrow), Lactic acidosis (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Leflunomide 20 mg QD apixaban 5 mg BID pilocarpine 5 mg TID gabapentin 300 mg TID omeprazole 40 mg QD folic acid 1 mg potassium chloride 10 MEQ daily prednisone 5 mg QD
Current Illness: Afib HTN PE Raynauds Sjogrens
Preexisting Conditions: Sjogrens Afib HTN
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: AKI, abnormal LFTS, lactic acidosis, elevated PT/INR 1 week post covid booster

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VAERS ID:	1932106 (history)	**Vaccinated:**	2021-11-19
Form:	Version 2.0	**Onset:**	2021-11-20
Age:	32.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain upper, Antinuclear antibody, Condition aggravated, Full blood count, Gastrooesophageal reflux disease, Hepatitis viral test, Lipase, Metabolic function test, Nausea, Serum ferritin, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Esomeprazole 40mg
Current Illness: GERD
Preexisting Conditions: GERD, Hepatic Steatosis
Allergies: Tylenol; Oxycodone
Diagnostic Lab Data: 11/30/21: Metabolic panel, lipase, hepatitis panel, ANA, Ferritin, CBC 12/2/21: CBC, Lipase, metabolic panel

CDC Split Type:
Write-up: Patient reports he has always had GERD, however the day after receiving his covid vaccine his symptoms intensified, nausea, vomiting, stomach pains, not relieved with his PPI or OTC medications.

VAERS ID:	1932123 (history)	**Vaccinated:**	2021-12-04
Form:	Version 2.0	**Onset:**	2021-12-04
Age:	53.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril 10 mg once daily
Current Illness: none
Preexisting Conditions: none
Allergies: NKDA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient received second influenza dose on 12.4.21 when he had already received a first influenza dose on 9/22/21 - no adverse events reported by patient.

VAERS ID:	1932384 (history)	**Vaccinated:**	2021-12-01
Form:	Version 2.0	**Onset:**	2021-12-08
Age:	47.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	- / N/A	

PFIZER/BIONTECH		LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pediatric dose given in error. Per CDC guidelines, correct adult booster dose given immediately in opposite arm. Patient given opportunity to ask questions, verbalized understanding.

VAERS ID:	1932470 (history)	**Vaccinated:**	2021-12-08
Form:	Version 2.0	**Onset:**	2021-12-08
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Headache, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Anxiety per patient
Allergies: Orange juice per parent
Diagnostic Lab Data:
CDC Split Type:
Write-up: Five minutes after vaccine administration, patient reported feeling dizzy. Provided apple juice and snack, quiet place to sit. BP 122/88, P 88. While seated reported shakiness, observable to bilateral limbs, diminished when patient engaged in conversation. Then reported onset of 5/10 pain from headache. Patient reports history of anxiety. Parents notified and picked up patient. Advised to follow up with patient''s medical provider and to report any increase or change in SX immediately, utilize emergency services PRN. Parent verbalizes understanding. Patient able to rise to standing and ambulated without difficulty when exiting clinic.

VAERS ID:	1932812 (history)	**Vaccinated:**	2021-12-07
Form:	Version 2.0	**Onset:**	2021-12-07
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / N/A	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FD0809 / 4	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Client was given a dose of Pfizer pediatric dose 5-11 in Error. Per CDC guidelines client was then vaccinated with adult Pfiizer12+ booster dose.

VAERS ID:	1932839 (history)	**Vaccinated:**	2021-10-26
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	67.0	**Days after vaccination:**	9
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939901 / 3	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Back pain
SMQs:, Retroperitoneal fibrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tadalafil, Hydrochlorothiazide
Current Illness: None
Preexisting Conditions: L4, L5 post surgical stress
Allergies: Penicillin
Diagnostic Lab Data: Only a physical exam, no labs or tests.
CDC Split Type: vsafe
Write-up: Could not abate pain from back by conventional means so I made an appt. and was seen on 12/2. After a physical my PCP sent me home with 5 day course of Prednisone. As of 12/8 the pain is still present and I have not recovered. Checked back with PCP and was referred to a physical therapist. No word on when I start.

VAERS ID:	1932975 (history)	**Vaccinated:**	2021-12-08
Form:	Version 2.0	**Onset:**	2021-12-08
Age:	5.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Fall
SMQs:, Accidents and injuries (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received 2nd dose of 5-11 yr PFIZER vaccine at approximately 1600. No s/s of reaction during initial 15 minutes of observation. Patient sitting in chair next to father; per father, the patient dropped something on the floor below her feet and when she went to retrieve, she fell forward to her knees and "crumbled" forward to the ground. No loss of consciousness. Patient alert and oriented by time RN assessed. RN had patient lie down with feet raised. Patient did want to sit up in her father''s lap. Denied complaints of headache, dizziness, shortness of breath; no s/s of anaphylaxis. Patient given 8 ounces of water with saltine crackers. Observed for another 15 minutes. Father reported lack of food intake prior to vaccine administration. Additionally, reported that child had no issue or reaction to previous covid vaccine. Upon further assessment, patient OK to exit vaccine clinic with father.

VAERS ID:	1935121 (history)	**Vaccinated:**	2021-04-26
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	61.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 2	LA / -

Administered by: Other **Purchased by:** ?
Symptoms: Blood pressure measurement, Dehydration, Hypotension, Nausea
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Dehydration (narrow), Hypokalaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LOSARTAN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high
Allergies:
Diagnostic Lab Data: Test Date: 202104; Test Name: blood pressure; Result Unstructured Data: Test Result:probably like 74 over 54
CDC Split Type: USPFIZER INC202101654781
Write-up: I had a really low drop in blood pressure probably like 74 over 54; I got really nauseous; I was just dehydrated; This is a spontaneous report received from a contactable consumer. The reporter is the patient. A 61 year-old female patient received bnt162b2 (BNT162B2), administered in arm left, administration date 26Apr2021 (Lot number: EW0172) at the age of 61 years as dose 2, single for covid-19 immunisation. The patient also received unspecified Vaccine. Relevant medical history included: "High blood pressure" (unspecified if ongoing). Concomitant medication included: LOSARTAN taken for hypertension. Vaccination history included: Bnt162b2 (Dose: 1), for Covid-19 immunization; Flu vaccine 2 weeks prior to this vaccine. The following information was reported: HYPOTENSION with onset Apr2021, outcome "recovered", described as "I had a really low drop in blood pressure probably like 74 over 54"; NAUSEA (non-serious) with onset Apr2021, outcome "unknown", described as "I got really nauseous"; DEHYDRATION (non-serious) with onset Apr2021, outcome "unknown", described as "I was just dehydrated". The patient reported: "With my second shot it was not 48 hours to probably more than 48 hours I had a really low drop in blood pressure probably like 74 over 54 which is pretty concerning that went away after couple of hours but it might have been there I was just dehydrated because I got really nauseous with the second shot. The patient underwent the following laboratory tests and procedures: blood pressure measurement: (Apr2021) probably like 74 over 54. Follow-up (25Nov2021): Follow-up attempts are completed. No further information is expected.

VAERS ID:	1935617 (history)	**Vaccinated:**	2021-12-08
Form:	Version 2.0	**Onset:**	2021-12-08
Age:	21.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anxiety, Cold sweat, Dizziness, Malaise, Neck pain, Pallor
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: WE CALLED 911 AND THE EMT"S GAVE A COMPLETE ASSESSMENT OF THE PATIENT AND CLEARED HIM TO GO HOME FOR OBSERVATION
CDC Split Type:
Write-up: cold sweats, pale complection, dizziness,neck pain, general feeling of unwellness, intense anxiety.

VAERS ID:	1935625 (history)	**Vaccinated:**	2021-12-02
Form:	Version 2.0	**Onset:**	2021-12-06
Age:	79.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	PFIZER FG3527 / UNK	UN / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Peripheral swelling, Pulmonary embolism, Thrombosis, Ultrasound Doppler abnormal
SMQs:, Cardiac failure (broad), Angioedema (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ?hydroCHLOROthiazide 25 MG Tablet 1/2 tablet in the morning Orally Once a day ?Vitamin B12 ?Latanoprost 0.005 % Solution 1 drop Ophthalmic in both eyes in the

afternoon ?Calcium + D ?Clobetasol Propionate 0.05 % Ointment Exter
Current Illness: SPinal stenosis Hypertension Idiopathic Thrombocytepenia NEW DIAGNOSIS, recent bone marrow (no malignancy). Merkel Cell tumor IN REMISSION. Other chronic gastritis without hemorrhage;EGD 8/18 Halliburton. Dysphagia, unspecified type. Basal Cell CA, Pierson, MOHS x several; Also Hx SCC and Melanoma. Essential hypertension. Colonoscopy 2011, hyperlastic polyp, Halliburton. Gout, unspecified cause, unspecified chronicity, unspecified site. Spinal stenosis of lumbar region at multiple levels, EMG 9/19, S/P surgery in the past, L4-5 Decompression repeat surgery Jan 2020(failed) (Monsey); MRI 9/20, Secnd opinion at DHMC 4/21 "NO surg rec".. Psoriasis. Primary osteoarthritis of right knee. Hearing Aids. Umbilical hernia. Lung nodule 2012, stable. R carpal tunnel, severe on EMG 2019. AAA screen 9/2020, See report (?US). Merkel Cell Cutaneous tumor Left back 12/20, + Lymph node on sentinal bx (Harlow), Rad Rx Fall 2020. Severe Coronary Artery Calcification, 10 yr CAD risk 30%, CVCA eval, on statin(1/21); NL Nuc stress test 1/21, EF 60%.
Preexisting Conditions: See Item 11
Allergies: 12 Hour Cold Bactrim DS: rash Peanut (Diagnostic): hives Penicillin V Potassium: rash Gabapentin: Reduced hearing post op
Diagnostic Lab Data: See discussion above
CDC Split Type:
Write-up: Patient was diagnosed with both acute pulmonary embolism and Left leg DVT on 12/6/2021 4 days after receiving Pfizer COVID booster. -CT chest had already been scheduled as routine followup for Hx Merkle cell tumor chest wall (in remission) and two right sided acute PEs found. -Pt also developed left leg swelling on that same day (12/6/2021) and DVT confirmed with venous US.

VAERS ID:	1935917 (history)	**Vaccinated:**	2021-12-08
Form:	Version 2.0	**Onset:**	2021-12-08
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Lymphadenopathy, Nausea, Pain in extremity, Retching, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Venlafaxine; Losartan; Tramadol; Amlodipine; Cosentyx; Magnesium; Claritin: Probiotic; Voltarin 1% topical gel prn; Acyclovir PRN; Clobeta cream
Current Illness: Occipital neuralgia
Preexisting Conditions: Occipital neuralgia; htn; psoriatic arthritis;
Allergies: Codeine; Plaquenil
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Initially had arm soreness, underarm enlarged LAD, then later that evening (about 5 hours later), dizziness with nausea, vomiting, dry heaving.

VAERS ID:	1936114 (history)	**Vaccinated:**	2021-12-09
Form:	Version 2.0	**Onset:**	2021-12-09
Age:	16.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient was in bipoc house hold, parent signed consent form. noticed after booster was given that patient was under 18 y/o

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VAERS ID:	1936127 (history)	**Vaccinated:**	2021-12-06
Form:	Version 2.0	**Onset:**	2021-12-06
Age:	1.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	S037497 / 1	LL / SC

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered was expired. Manufacturer, state immunization program and guardian were contacted and made aware.

VAERS ID:	1936449 (history)	**Vaccinated:**	2021-11-30
Form:	Version 2.0	**Onset:**	2021-11-30
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: vaccine clinic. Parent rescheduled appointment morning of clinic, administration and clinic staff did not receive updated information. Pt was called down to clinic and vaccinated based on printed roster.

VAERS ID:	1936470 (history)	**Vaccinated:**	2021-12-09
Form:	Version 2.0	**Onset:**	2021-12-09
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Headache, Mydriasis, Presyncope
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: vasovagal symptoms, headache, dizzy, enlarged pupils. Patient reported had not eaten anything yet that day. Placed supine with legs elevated. Gave juice and snacks. Patient recovered within 5 mins, ambulated with zero difficulty. Held until 1105 as a precaution. Patient reported no symptoms remained at discharge.

VAERS ID:	1938716 (history)	**Vaccinated:**	2021-11-20
Form:	Version 2.0	**Onset:**	2021-11-01
Age:	61.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / -

Administered by: Other **Purchased by:** ?
Symptoms: Blood pressure measurement, Chills, Immunisation, Pain in extremity, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LOSARTAN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high (Verbatim: High blood pressure)
Allergies:
Diagnostic Lab Data: Test Name: blood pressure; Result Unstructured Data: Test Result:low; Comments: drop in blood pressure probably like 74 over 54
CDC Split Type: USPFIZER INC202101654826
Write-up: Booster; I started to get chills and shake; this is uncontrollable for 2 hours uncontrol I mean I could not hold glass of water I was shaking so bad; I started to get chills and shake; this is uncontrollable for 2 hours uncontrol I mean I could not hold glass of water I was shaking so bad; My arm is too sore; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 61 year-old female patient received bnt162b2 (BNT162B2), administered in arm left, administration date 20Nov2021 (Batch/Lot

number: unknown) at the age of 61 years as dose 3 (booster), single for covid-19 immunisation. Relevant medical history included: "High blood pressure" (unspecified if ongoing), notes: Verbatim: High blood pressure. Concomitant medication(s) included: LOSARTAN taken for hypertension. Vaccination history included: Bnt162b2 (DOSE 2, SINGLE, Lot# for second shot: Consumer stated, "EW0172", Date of second shot: 26Apr2021, AE=I got really nauseous), administration date: 26Apr2021, when the patient was 61 years old, for COVID-19 immunization, reaction(s): "I got really nauseous", "low blood pressure"; Bnt162b2 (DOSE 1, SINGLE), for COVID-19 IMMUNIZATION; Flu vaccine (I had a flu vaccine (Unspecified Vaccine). I think I have that 2 weeks prior to this vaccine.). The following information was reported: IMMUNISATION (non-serious) with onset 20Nov2021, outcome "unknown", described as "Booster"; CHILLS (non-serious), TREMOR (non-serious) all with onset Nov2021, outcome "unknown" and all described as "I started to get chills and shake; this is uncontrollable for 2 hours uncontrol I mean I could not hold glass of water I was shaking so bad"; PAIN IN EXTREMITY (non-serious) with onset Nov2021, outcome "unknown", described as "My arm is too sore". The patient underwent the following laboratory tests and procedures: blood pressure measurement: low, notes: drop in blood pressure probably like 74 over 54. Therapeutic measures were taken as a result of tremor. Additional information: Treatment for Adverse Event: Consumer stated, took like rice pack and warm them up in the microware so they could be like heat pack put around to help stop shaking. Consumer stated, had a flu vaccine (Unspecified Vaccine). think had at 2 week prior to this vaccine. The lot number for bnt162b2 was not provided and will be requested during follow up.

VAERS ID:	1938946 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Nasopharyngitis, Rhinorrhoea
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021263562
Write-up: cold; sniffing; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) for a Pfizer sponsored program (159558). The reporter is the patient. A female patient received bnt162b2 (BNT162B2), administration date 12Feb2021 (Batch/Lot number: unknown) as dose 1, single for covid-19 immunisation. The patient"s relevant medical history and concomitant medications were not reported. The following information was reported: NASOPHARYNGITIS (non-serious), outcome "not recovered", described as "cold"; RHINORRHOEA (non-serious), outcome "not recovered", described as "sniffing". Additional information: It was reported that the patient was still sniffing due to the cold that she got over the weekend. The patient was querying on until when she can take the vaccine since there was a scheduled snow for tomorrow and she might not get it tomorrow. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	1939317 (history)	**Vaccinated:**	2021-11-29
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	48.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-12-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Extra dose administered, Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received 0.25ml instead of full 0.5ml for his first dose. mistake was immediately noticed and rectified. We immediately gave an additional 0.25ml, as per protocol.

VAERS ID:	1940075 (history)	**Vaccinated:**	2021-11-16
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	44.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Feeling hot, Laboratory test, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Gabapentin, atorvastatin
Current Illness: None
Preexisting Conditions: None
Allergies: cosmetics, SLS, nickel
Diagnostic Lab Data: My doctor ordered a lab panel 12/6/2021
CDC Split Type:
Write-up: Intense itching, mostly on the palms of my hands and soles of my feet. Sometimes on my forearms and my legs and to of my feet. Almost always symmetrical affecting both feet at once or both hands. Comes on super quickly and feels like I am on fire, goes away almost as suddenly. Feels as if it is most active in the morning and in the evening but it comes and goes other times as well. Most intense at night.

VAERS ID:	1941810 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-12-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20214
Write-up: A patient potentially received an expired Moderna vaccine past 24 hours in room temperature.; This spontaneous case was reported by a pharmacist and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (A patient potentially received an expired Moderna vaccine past 24 hours in room temperature.) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced EXPIRED PRODUCT ADMINISTERED (A patient potentially received an expired Moderna vaccine past 24 hours in room temperature.). At the time of the report, EXPIRED PRODUCT ADMINISTERED (A patient potentially received an expired Moderna vaccine past 24 hours in room temperature.) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant medications were not provided. Treatment information was not provided. A vial was potentially left in room temperature for more than 24 hours.

VAERS ID:	1942240 (history)	**Vaccinated:**	2021-11-29
Form:	Version 2.0	**Onset:**	2021-12-01
Age:	63.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067F21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Hypoaesthesia, Joint swelling, Loss of personal independence in daily activities, Pain in extremity, Paraesthesia, Peripheral swelling, Rash, Sleep disorder
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Dementia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levoxyl
Current Illness: None
Preexisting Conditions: Hypothyroid, controlled with Levoxyl
Allergies: Citalopram, fluoxetine, sertraline
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Started Wednesday 12/1 with thigh rash that spread upward to face; then chills started the next day 12/2; and on third night 12/3 severe both-hand swelling/pain/numbness/tingling, the swelling/pain was so bad could not sleep for more than an hour, fingers looked like sausages and I was afraid my skin would burst. It was nearly impossible to do daily activities. Monday 12/6 started over-the-counter meds (Aleve, Claritin, and Pepcid) that did not help much so Friday 12/10/2021 started steroids (methylprednisolone) and the steroids have significantly reduced the pain and swelling but the numbness and tingling in both hands persists and there is new swelling and small rash on left wrist. Outcome still to be determined as the steroids are a 6-day course and I am only on day 2.

VAERS ID:	1942534 (history)	**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2021-11-04
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058F21A / 3	- / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dehydration, Diarrhoea, Malaise, Vomiting
SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Paxil Clonodine Verapamil Altorvastin Diclofenac
Current Illness: None
Preexisting Conditions: HBP, high cholesterol
Allergies: Mold, Promethazine
Diagnostic Lab Data: None initially. Not feeling well for 4 days. Admitted to emergency room 4 days later with severe dehydration
CDC Split Type:
Write-up: Vomiting, Severe Diarrhea

VAERS ID:	1942576 (history)	**Vaccinated:**	2021-12-10
Form:	Version 2.0	**Onset:**	2021-12-11
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	N7NP4 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Disturbance in attention, Headache, Lethargy, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Symbicort, montelukast , amLODIPine, atenoloL, hydroCHLOROthiazide, fexofenadine, MULTIVITAMIN, magnesium citrate,
Current Illness: none
Preexisting Conditions: Asthma, Essential hypertension, Irritable bowel syndrome, Osteopenia, Nuclear cataract of both eyes, Epiretinal membrane, both eyes,
Allergies: shell fish, Albuterol, Oxycodone-Acetaminophen, Cetirizine, Erythromycin, Oxycodone Hcl
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: headache, fever, chills, muscled pain, lethargy. Took Tylenol, then Aleve and stayed in bed for 24 hours. Slept most of that time. The headache was severe, hard too pick my head up,

could not focus toread etc...

VAERS ID:	1943478 (history)	**Vaccinated:**	2021-11-19
Form:	Version 2.0	**Onset:**	2021-11-20
Age:	49.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FR2593 / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Blood test, Dizziness, Dyspnoea, Electrocardiogram, Pain, Urine analysis
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Celebrex, Plaquenil, Omeprazole, CBD supplement, Tylenol, Fluoxetine
Current Illness: None
Preexisting Conditions: Difficulty taking deep breaths. Soreness in rib cage.
Allergies: None
Diagnostic Lab Data: Went to ER. Blood and urine tests were normal. EKG and blood O2 levels were normal. Symptoms subsided after a few hours.
CDC Split Type:
Write-up: Severe joint pain in back and hips. Shortness of breath, dizziness. Pain and soreness when trying to take a deep breath.

VAERS ID:	1943665 (history)	**Vaccinated:**	2021-12-13
Form:	Version 2.0	**Onset:**	2021-12-13
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Crying, Erythema
SMQs:, Anaphylactic reaction (broad), Depression (excl suicide and self injury) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient, , arrived to the vaccinator table without guardian or teacher present. Parental consent and screening completed prior to patient?s arrival to vaccination site. Department of Health () staff member sat down next to child, due to child appearing anxious about vaccination. Both the vaccinator and staff member noted that child appeared nervous about vaccination and was crying lightly prior to vaccination but trying to hold in tears. Child was vaccinated successfully, and immediately following vaccination, child began crying more significantly. Within approximately 30 seconds, staff member and vaccinator noted localized erythema on right side of child?s neck. staff called over RN for further assessment of child. Upon RN assessment, RN also noted localized erythema on right side of child?s neck. No erythema was noted on torso or appendages. Patient denied experiencing any itchiness. No lip, tongue, or facial swelling was present. No signs of respiratory distress were present. Child stated that he felt ?fine,? but was nervous that so many people were surrounding him. RN sat with child for 15 minutes at vaccination table, with no worsening of localized erythema and no other symptoms noted in that time period. After 15 minutes, care was relinquished to school RN, who continued to observe child for an additional 15 minutes. School RN took child to nurse?s office, away from stimulating vaccination environment. School RN noted that child?s localized erythema began to subside when child left the stimulating environment and entered the quiet space of the nurse?s office. School nurse observed child for 15 additional minutes (30 minutes total from vaccination) and noted that localized erythema had completely resolved after the 30 minutes from vaccination. School nurse contacted child?s guardian, and guardian was informed of incident. School nurse and guardian made decision that child could stay at school for the day. School nurse and RN concur that this occurrence was most likely a stress response to vaccination.

VAERS ID:	1943754 (history)	**Vaccinated:**	2021-11-20
Form:	Version 2.0	**Onset:**	2021-11-20
Age:	9.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Chest pain, Dyspnoea, Fatigue, Feeling cold, Gaze palsy, Loss of consciousness, Nasopharyngitis, Seizure like phenomena, Syncope, Tension
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Sore throat
Preexisting Conditions: Asthma
Allergies: None
Diagnostic Lab Data: No one asked for nothing. The doctor said she fainted ?out of impression?
CDC Split Type:
Write-up: She fainted right after a few seconds of getting the shot, and her body started to move like having seizures. Her eyes were half open but rolled up and her body was hard and tense. The doctor started yelling for help and oxygen while my child was unconscious . After a couple nurses came in and a few minutes passed, she woke up saying that she was very cold and she was feeling tired and weak. After this, she spent 14 days with a very bad rhinopharyngitis, I had to take her to the ER because of her complaining about not being able to breathe fine, chest pain and weakness.

VAERS ID: 1944351 (history)		**Vaccinated:**	2021-12-11
Form:	Version 2.0	**Onset:**	2021-12-13
Age:	35.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Other Moderna Vaccines
Other Medications: multi-vitamin
Current Illness: none
Preexisting Conditions: elevated lipoprotein A
Allergies: shellfish, flagyl
Diagnostic Lab Data: none
CDC Split Type:
Write-up: urticarial diffuse rash

VAERS ID: 1944443 (history)		**Vaccinated:**	2021-12-10
Form:	Version 2.0	**Onset:**	2021-12-10
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: None
Preexisting Conditions: None
Allergies: NKA
Diagnostic Lab Data: B/P 100/60, O2sat 97%, Heart Rate 87, no other symptoms. School Nurse cleared to go back to class and wait for parent to pick her up and take home.
CDC Split Type:
Write-up: Developed a Head Ache an hour after the vaccine. said she did eat breakfast and had an a morning snack at school.

VAERS ID:	1945091 (history)	**Vaccinated:**	2021-12-11
Form:	Version 2.0	**Onset:**	2021-12-13
Age:	35.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034F21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Burning sensation, Pruritus, Rash, Rash erythematous, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin Elderberry gummies
Current Illness: None
Preexisting Conditions: ADHD
Allergies: Shellfish, Flagyl
Diagnostic Lab Data:
CDC Split Type:
Write-up: Woke up with scattered red rash to chest/neck/back. Under breast and down into groin

one large welt/hive with the sensation of a sunburn. So far have been on antihistamines for approx 14 hrs- rash is fading but burning itching sensation has not yet improved

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VAERS ID:	1947568 (history)	**Vaccinated:**	2021-12-13
Form:	Version 2.0	**Onset:**	2021-12-13
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Blood glucose increased, Pain, Product administered to patient of inappropriate age, Wrong product administered
SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Humolog, levimere
Current Illness: Diabetic type 1
Preexisting Conditions: Diabetic type 1
Allergies: Peanuts, avocado
Diagnostic Lab Data:
CDC Split Type:
Write-up: My son was accidentally given the Moderna vaccine not the Pfizer pediatric vaccine. When we were at the COVID clinic the nurses approached us and told us they had made a mistake. The pharmacist told us he should be fine but when we went home his blood sugar spiked to 481. I have been giving him insulin correction units and called his Endochrinologist. Currently he is very sore and his blood sugar went down to 251. Normally it is 140.

VAERS ID:	1951277 (history)	**Vaccinated:**	2020-12-23
Form:	Version 2.0	**Onset:**	2020-12-24
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	UN / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	UN / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram Hydrobromide 20 MG Oral Tablet; ; Qty: 0; Refills: 0 Crestor 5 MG Oral Tablet; Take 1 tablet orally daily; Qty: 90; Refills: 1 FreeStyle Libre Sensor System Miscellaneous; BRING KIT IN FOR DEMONSTRATION OF APPLICATIO
Current Illness: ICD10, F33, Major depressive disorder, recurrent ICD10, I10, Essential (primary) hypertension ICD10, E039, Hypothyroidism, unspecified ICD10, E119, Type 2 diabetes mellitus without complications ICD10, R12, Heartburn
Preexisting Conditions: ICD10, F33, Major depressive disorder, recurrent ICD10, I10, Essential (primary) hypertension ICD10, E039, Hypothyroidism, unspecified ICD10, E119, Type 2 diabetes mellitus without complications ICD10, R12, Heartburn
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Left shoulder pain after receiving first injection.

VAERS ID:	1952020 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2021-11-23
Age:	41.0	**Days after vaccination:**	206
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	UN / UN

Administered by: Private **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Urticaria

VAERS ID:	1954286 (history)	**Vaccinated:**	2021-06-05
Form:	Version 2.0	**Onset:**	2021-11-26
Age:	14.0	**Days after vaccination:**	174
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0217 / 2	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None, Comment: other medical history: no known allergies: no
Allergies:
Diagnostic Lab Data: Test Date: 20211129; Test Name: Abbot; Test Result: Positive ; Comments: Nasal Swab; Test Date: 20211201; Test Name: COVID PCR; Test Result: Positive ; Comments: Nasal Swab
CDC Split Type: USPFIZER INC202101715106
Write-up: breakthrough infection detected 27Nov (PCR confirmed); breakthrough infection detected 27Nov (PCR confirmed); This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from product quality group. The reporter is the patient. A 15 year-old female patient (not pregnant) received bnt162b2 (BNT162B2), administered in arm left, administration date 05Jun2021 08:30 (Lot number: EW0217) at the age of 14 years as dose

2, single and administered in arm left, administration date 15May2021 08:30 (Lot number: EW0186, Expiration Date: 31Aug2021) as dose 1, single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset 26Nov2021, outcome "recovering" and all described as "breakthrough infection detected 27Nov (PCR confirmed)". The event "breakthrough infection detected 27nov (pcr confirmed)" and "breakthrough infection detected 27nov (pcr confirmed)" was evaluated at the physician office visit. The patient underwent the following laboratory tests and procedures: sars-cov-2 test: (29Nov2021) positive, notes: Nasal Swab; (01Dec2021) positive, notes: Nasal Swab. Therapeutic measures were not taken as a result of vaccination failure, covid-19. Additional information: The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive other medications within 2 weeks of vaccination. No known allergies, no other medical history. No treatment was received. Prior to vaccination, the patient was not diagnosed with COVID-19. Product Quality Group provided investigational results on 03Dec2021 for BNT162B2: The complaint for lack of effect of the PFIZERBIONTECH COVID-19 VACCINE INJECTABLE lot EW0217 was investigated. The investigation included reviewing manufacturing and packaging batch records, deviation investigations, analytical release test results, and an analysis of complaint history for the reported lot. The final scope was determined to be the reported finished goods lot EW0217, the fill lot ET8456, and the bulk formulated drug product lot EP8638. A complaint sample was not returned. No related quality issues were identified during the investigation that had potential to impact product quality. All release testing performed prior to the release of the reported batch was within specifications. No root cause or CAPA were identified. The controls in place were determined to be sufficient in order to prevent complaints of this nature. The complaint for lack of effect of the PFIZERBIONTECH COVID-19 VACCINE lot EW0186 was investigated. The investigation included a review of manufacturing and packaging batch records, deviation investigations, and an analysis of complaint history for the reported lot and product type. The final scope included the reported finished goods lot EW0186, fill lot EP8736, and bulk formulation lot EP8617. A complaint sample was not returned. No related quality issues were identified during the investigation. There is no impact on product quality. No root cause or CAPA were identified as the complaint was not confirmed. All release testing performed prior to the release of the reported batch was within specifications.

VAERS ID:	1955178 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2021-11-22
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: No adverse event, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none reported
Current Illness: none reported
Preexisting Conditions: none reported
Allergies: none reported
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Client presented to clinic on 12/13/21 for a 2nd dose of primary COVID vaccine series. Their CDC vaccination card indicated that she received a Moderna dose instead of the Pfizer pediatric (5-11 y) dose recommended on 11/22/21. As there was an error identified on 11/22/21 where a youth under the age of 12 received a Moderna booster dose (0.25ml) by the same vaccinator, the team concluded this was a similar error and informed the child''s mother, that the child probably received the Moderna Booster on 11/22 instead of the age appropriate vaccine. As CDC recommends that a 2nd dose be administered at a minimum of 24 days past the last Moderna dose, the parent was advised to follow up at an alternate clinic for the age appropriate dose. The team assist parent in locating an alternate clinic. Parent reports that child did not have any adverse effects from the first dose administered.

VAERS ID:	1955554 (history)	**Vaccinated:**	2021-12-06
Form:	Version 2.0	**Onset:**	2021-12-13
Age:	26.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	UN / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Cardiac failure, Chest X-ray, Chest pain, Computerised tomogram thorax abnormal, Electrocardiogram, Haematology test, Hilar lymphadenopathy, Left atrial enlargement, Lung disorder, Mediastinitis, Myocarditis, Pain, Pain in extremity, Pleural effusion, Pulmonary oedema, Tissue infiltration, Troponin increased
SMQs:, Cardiac failure (narrow), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes

ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Asthma SVT Myopia Obesity Vit D Deficiency Congenital Diaphragmatic Hernia
Allergies: house dust mite allergy
Diagnostic Lab Data: Chest Xray 12/14/21 Chest CT 12/15/21 1. Combination of airspace disease, interlobular septal thickening, and bilateral simple attenuating pleural effusions are most consistent with pulmonary edema due to heart failure. The left atrium is borderline enlarged. The findings are most consistent with the clinical diagnosis of myopericarditis. 2. Mildly enlarged bilateral hilar lymph nodes, likely related to pulmonary edema. Mediastinal soft tissue infiltration likely related to patient''s pulmonary edema or associated viral mediastinitis.. Hematology Labs 12/14/21 EKG 12/15/21 Troponin 12/15/21 - 22
CDC Split Type:
Write-up: Burning chest pain radiating to arms

VAERS ID:	1955697 (history)	**Vaccinated:**	2021-12-13
Form:	Version 2.0	**Onset:**	2021-12-13
Age:	11.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aderall and guanfacine for ADHD and multivitamin
Current Illness: none reported
Preexisting Conditions: ADHD
Allergies: NKDA
Diagnostic Lab Data: None

CDC Split Type:
Write-up: Client was administered wrong vaccine on 11/22/21 and this was previously reported in e-report #724747. Client was informed and was to be scheduled for second dose at 28 days post first dose vaccine. Client and parent presented to previous scheduled follow-up scheduled at 21 days for age appropriate Pfizer dose. Client received correct dose and correct vaccine, but at the wrong interval. Parent informed of error and per CDC guidance was recommended to schedule an additional dose in 21 days from last dose (Pfizer 5-11). Parent confirms client has not had any adverse effects from vaccine

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VAERS ID:	1955727 (history)	**Vaccinated:**	2021-12-10
Form:	Version 2.0	**Onset:**	2021-12-10
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Pallor, Visual impairment
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: daily vit
Current Illness: none reported
Preexisting Conditions: none reported
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Recipient presented with pallor and diaphoresis. Recipient reported seeing "black spots" and feeling "dizzy". Apple juice and pretzels were provided. Symptoms persisted for approximately 15 minutes and then abated.

VAERS ID:	1955746 (history)	**Vaccinated:**	2021-12-10
Form:	Version 2.0	**Onset:**	2021-12-10
Age:	38.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Feeling hot, Hyperhidrosis, Nausea, Pallor, Presyncope
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none reported
Current Illness: none reported
Preexisting Conditions: none reported
Allergies: none reported
Diagnostic Lab Data:
CDC Split Type:
Write-up: Recipient experienced a Vasovagal response. He described feeling "lighted headed, nauseous and hot". He presented with pallor, diaphoesis and a pulse rate of 60-70 bpm. Recipient provided an ice pack and juice. He declined lying down and pretzels. After juice and ice, he recovered within 20 minutes.

VAERS ID:	1957977 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	56.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2590 / 3	LA / OT

Administered by: Private **Purchased by:** ?

Symptoms: Immunisation, Investigation, Overdose, Pain in extremity, Product preparation error
SMQs:, Drug abuse and dependence (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VYVANSE
Current Illness: ADHD
Preexisting Conditions: Medical History/Concurrent Conditions: Depression; Mammogram (Illness/AE: Abnormal Right Mammogram Onset date: Unknown); Thyroid nodule
Allergies:
Diagnostic Lab Data: Test Name: Screening Test; Result Unstructured Data: Test Result:unrelated; Comments: only
CDC Split Type: USPFIZER INC202101646868
Write-up: Booster was administered to a patient without being diluted; Booster was administered to a patient without being diluted; Booster was administered to a patient without being diluted; sore arm; This is a spontaneous report received from a contactable reporter(s) (Other HCP) from medical information team. A 55 year-old female patient received bnt162b2 (BNT162B2), intramuscular, administered in arm left, administration date 22Nov2021 15:00 (Lot number: FF2590) at the age of 56 years as dose 3 (booster), single for covid-19 immunisation. Relevant medical history included: "Abnormal Right Mammogram" (unspecified if ongoing), notes: Illness/AE: Abnormal Right Mammogram, Onset date: Unknown; "Thyroid Nodule" (unspecified if ongoing); "History of Severe Depression" (unspecified if ongoing); "ADHD" (ongoing). Concomitant medication(s) included: VYVANSE taken for attention deficit hyperactivity disorder (ongoing). Vaccination history included: Bnt162b2 (Dose: 1), for Covid-19 immunization; Bnt162b2 (Dose: 2), for Covid-19 immunization. The following information was reported: IMMUNISATION (non-serious), OVERDOSE (non-serious), PRODUCT PREPARATION ERROR (non-serious), outcome "unknown" and all described as "Booster was administered to a patient without being diluted"; PAIN IN EXTREMITY (non-serious), outcome "unknown", described as "sore arm". Relevant laboratory tests and procedures are available in the appropriate section. Additional information Response: Disclaimer noted. Spoke from the attached document under no diluent, resulting in higher than authorized dose. Do not repeat dose Inform the recipient of the potential for local and systemic adverse events. If the administration error resulted in a higher-than-authorized vaccine dose, in general the second dose may still be administered at the recommended interval. However, if local or systemic side effects following vaccination are clinically concerning (outside of the expected side effect profile), lead to serious adverse reactions, or are ongoing at the time of the second dose, the decision to administer the second dose may be assessed on a case-by-case basis. The lot number for bnt162b2 was not provided and will be requested during follow up. Follow-up (7Dec2021): This is a follow-up spontaneous report from a contactable nurse. This nurse reported in response to HCP letter sent included that: Additional Information: First Name, Mailing Address, Patient Initial, Age at Vaccination, Product Coding, Biological Product, Dosage Regimens, Dose Description, Lot Number, Route of Administration, Anatomical Location, Best Doctor/Health Care Professional Information, Vaccine

Facility Information, Concomitant Drug, Relevant Med History, Historical Vaccine. Booster dose due to high risk of frequent institutional or occupational exposure to coronavirus (and at risk of serious COVID-19 complications)

VAERS ID:	1958080 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-04
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021259548
Write-up: chills .; body ache; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) for a Pfizer sponsored program. The reporter is the patient. A male patient received bnt162b2 (BNT162B2), administration date 04Mar2021 (Batch/Lot number: unknown) as dose 2, single for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. Vaccination history included: Bnt162b2 (First Dose), for Covid-19 immunization. The following information was reported: CHILLS (non-serious) with onset 04Mar2021, outcome "unknown", described as "chills ."; PAIN (non-serious) with onset 04Mar2021, outcome "unknown", described as "body ache". Additional information: The patient was querying if Tylenol can be taken for the events. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	1958725 (history)	**Vaccinated:**	2021-12-16
Form:	Version 2.0	**Onset:**	2021-12-16
Age:	28.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	33030BA / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Erythema, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness:
Preexisting Conditions:
Allergies: Unknown
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Approximately one hour after receiving Pfizer booster, patient developed one hive on left forearm measuring 1/2 inch with a 5 inch border of erythema. Administered 25 mg Benedryl. One hour after administering the Benedryl, the erythema had disappeared and the hive had faded. No further medications needed. Patient recovered.

VAERS ID:	1958897 (history)	**Vaccinated:**	2021-12-14
Form:	Version 2.0	**Onset:**	2021-12-17
Age:	56.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029H21B / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pustule, Injection site swelling, Soft tissue infection

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: metformin, irbesartan, rosuvastatin, levothyroxine, hydrocortisone and clobetasol for flares prn
Current Illness:
Preexisting Conditions: diabetes, hyperlipidemia, hypertension
Allergies: sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient"s left deltoid injection site has a red raised bump and the redness traveled down to the elbow. There was also a small pustule at the injection site. Sent her to doctor who sent her to ER to rule out need for bloodwork. Was diagnosed with tissue infection from vaccine administration and prescribed cephalexin.

VAERS ID:	1959176 (history)	**Vaccinated:**	2021-12-10
Form:	Version 2.0	**Onset:**	2021-12-14
Age:	31.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Anxiety, Chest discomfort, Decreased appetite, Electrocardiogram normal, Feeling abnormal, Laboratory test normal, Night sweats
SMQs:, Anaphylactic reaction (broad), Dementia (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: EKG (normal), labs (normal)
CDC Split Type:
Write-up: Tightness in chest, loss of appetite, anxiety, night sweats, uneasy feeling, all mainly before bed. tightness in chest and anxiety continue. Breathing exercises help.

VAERS ID:	1962051 (history)	**Vaccinated:**	2021-11-10
Form:	Version 2.0	**Onset:**	2021-11-24
Age:	20.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Rash, Rash pruritic, Skin burning sensation
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions: PCOS, Endometriosis
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itching and burning rash all over body. It has been 3 weeks since it started and it is still not gone. It started 2 weeks after I got the booster shot.

VAERS ID:	1963227 (history)	**Vaccinated:**	2021-12-15
Form:	Version 2.0	**Onset:**	2021-12-15
Age:	41.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3594 / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cardiac flutter, Dizziness, Dyspnoea, Heart rate increased
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Tachyarrhythmia terms, nonspecific (narrow), Vestibular disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shortness of breath, rapid heart beat, fluttering heart, mild dizziness. Symptoms seem to be diminishing.

VAERS ID:	1963254 (history)	**Vaccinated:**	2021-12-14
Form:	Version 2.0	**Onset:**	2021-12-17
Age:	66.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash, Rash erythematous, Rash pruritic, Skin warm
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinipril, synthroid, furosemide, metoprolol, methylphenidate, and calcium and collagen supplements.
Current Illness: None
Preexisting Conditions: High Blood pressure, congestive heart disease, obesity
Allergies: None known
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Rash: hot, red, very itchy. Has lasted about 5 days without subsiding.

VAERS ID:	1963516 (history)	**Vaccinated:**	2021-12-15
Form:	Version 2.0	**Onset:**	2021-12-15
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	33130BA / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Headache, Incorrect dose administered, Loss of personal independence in daily activities
SMQs:, Dementia (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None

CDC Split Type:
Write-up: Patient is a 10 year old female who came in for her dose. Client received a Pfizer, 12 year old and older, vaccination. Mother was informed of the error before they left the clinic. Nurse spoke with the client?s father 12/20/21. Father reports the client has a ?bad? headache and chills. Client missed a day of school as a result of symptoms which have since resolved. Client?s father denied having any questions or concerns regarding vaccination at this time.

VAERS ID:	1963951 (history)	**Vaccinated:**	2021-11-19
Form:	Version 2.0	**Onset:**	2021-11-20
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Condition aggravated, Disturbance in attention, Insomnia, Tinnitus
SMQs:, Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Hearing impairment (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: I reference the Moderna vaccine and prior report/ ID In this form
Other Medications: Multivitamins, over the counter sleep aid Diphenhydramine.
Current Illness: Had been experiencing tinnitus since COVID vaccine via Moderna #2, please see report 560886 , ID 1406331. Upon waking the morning after the booster , this time Pfizer, tinnitus was louder and continues to be loud and constant. Like a hive of bees with a high pitched tone as well.
Preexisting Conditions:
Allergies: Azithromyacin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Upon waking the morning after the booster shot, I immediately noticed the ringing in my ears/tinnitus was markedly louder. It remains consistent and loud, a month later, like a hive of bees with a high pitch tone as well. It is challenging to sleep and to concentrate with this condition. I reported, at the suggestion of doctor, this symptom after the 2nd vaccine, note e report 560886 and ID 1406331. I have seen an ENT and an audiologist after the first report, no hearing loss of structural problems. I now take medication to sleep, run an air purifier on high for white noise. Doctor requested I report this incident as well.

VAERS ID:	1966710 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-12-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Myocarditis
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20214
Write-up: Myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Myocarditis) in an adult male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was treated with Surgery (Heart surgery) for Myocarditis. At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. Concomitant Medication use information was not provided by reporter. 7 months ago patient received the 2 doses of Moderna vaccine at proper timing. It was reported that three days after the second dose he was hospitalized and diagnosed with myocarditis. He had heart surgery for this. Treatment Medication use information was not provided by reporter. This Spontaneous case concerns a male patient of an unknown age with no medical history provided, who experienced the expected serious event Myocarditis. The event of Myocarditis occurred three days after the second dose of the mRNA-1273 vaccine and he was hospitalized and diagnosed with myocarditis with heart surgery.

Reportedly, the patient had received two doses of properly scheduled vaccine administration mRNA-1273 of which dates are unknown. At the time of the report Myocarditis outcome was unknown. No further information was provided. The benefit-risk relationship of the mRNA-1273 vaccine is not affected by this report.; Sender''s Comments: This Spontaneous case concerns a male patient of an unknown age with no medical history provided, who experienced the expected serious event Myocarditis. The event of Myocarditis occurred three days after the second dose of the mRNA-1273 vaccine and he was hospitalized and diagnosed with myocarditis with heart surgery. Reportedly, the patient had received two doses of properly scheduled vaccine administration mRNA-1273 of which dates are unknown. At the time of the report Myocarditis outcome was unknown. No further information was provided. The benefit-risk relationship of the mRNA-1273 vaccine is not affected by this report.

VAERS ID:	1967976 (history)	**Vaccinated:**	2021-12-14
Form:	Version 2.0	**Onset:**	2021-12-14
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FG3527 / UNK	- / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anxiety, Chest discomfort, Dizziness, Dyspnoea, Headache, Heart rate increased, Lymphadenopathy
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: goli apple cider vinegar gummies
Current Illness: none
Preexisting Conditions: none
Allergies: none known
Diagnostic Lab Data: Sent message to Dr via online chart - her reply: Hi , Thanks so much for getting us the information for your shots. So sorry that you had such a severe reaction. If it turns out we will need additional boosters in the future I recommend that you get the Moderna- it is 1/2 the original dose- Pfizer gave the whole dose. Have a happy holiday

CDC Split Type:
Write-up: Initially tight chest, left lymph node enlarged and headache early on. A little after 9 went to bed. Walking from Living room, bath to bedroom I was unable to breath - very short, little inhale/exhale struggle. Anxiety hit, rapid heart and felt as though I would be sick or pass out. I concentrated on my breathing to calm down. After about 4-5 minutes I was able to slowly lay down and stay in control of my breathing although it was a struggle. (I realized my phone was in kitchen and did not dare to move again) Slept off and on through out the night. Still continue to struggle breathing especially after walking or talking. Better then it was but I''m still very concerned I might have made a mistake taking the booster

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VAERS ID:	1970974 (history)	**Vaccinated:**	2021-12-20
Form:	Version 2.0	**Onset:**	2021-12-21
Age:	46.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chills, Fatigue, Lethargy, Lymphadenopathy, Malaise, Myalgia, Nausea, Pain in extremity, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Nortriptoline HCL.
Current Illness: N/A
Preexisting Conditions: Post concussion syndrome, headaches.
Allergies: N/A
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Muscle and joint pain, fever, chills, swollen lymph node left arm, tiredness, nausea, arm pain and overall feeling of being unwell (lethargic).

VAERS ID:	1970978 (history)	**Vaccinated:**	2021-12-21
Form:	Version 2.0	**Onset:**	2021-12-21
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM

Administered by: Military **Purchased by:** ?
Symptoms: Taste disorder
SMQs:, Taste and smell disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline, Prazocin, multivitamin, Vit D, Calcium, Echinacea,
Current Illness: none
Preexisting Conditions: depression, anxiety
Allergies: Sulfa antibiotics, Egg intolerance
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Soap taste when eating food and drinks

VAERS ID:	1971543 (history)	**Vaccinated:**	2021-12-21
Form:	Version 2.0	**Onset:**	2021-12-21
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / N/A	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / N/A	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: No adverse event, Underdose
SMQs:, Medication errors (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: An adult presented as a walk-in client for a Pfizer second dose. Vaccinator gave Pfizer (5-11) pediatric dose instead of the adult Pfizer second dose. CDC guidelines were reviewed. A second dose of Pfizer pediatric vaccine was given per CDC guidelines. Upon further review it was determined that the second dose should have been the Pfizer adult dose. CDC guidelines were vague regarding this point. The patient was immediately notified. She waited the appropriate amount of time after receiving the vaccine. No treatment was necessary. No adverse effects were noted.

VAERS ID:	1971834 (history)	**Vaccinated:**	2021-11-20
Form:	Version 2.0	**Onset:**	2021-11-20
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	- / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Condition aggravated, Insomnia, Joint swelling, Movement disorder, Musculoskeletal stiffness, Neuropathy peripheral, Pain of skin, Skin burning sensation, Yawning
SMQs:, Peripheral neuropathy (narrow), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations: Covid Moderna vaccine also caused bad aches and shivering
Other Medications: Levothyroxine, dhea, alpa lipoic acid, vit, d, magnesium, baby aspirin, estrogen and progesterone cream
Current Illness: Post viral flare up of Neuropathy skin pain which originally began the end of March 2020
Preexisting Conditions: Hypothyroidism, neuropathy, osteoarthritis, sinusitus
Allergies: Quinolone and sulfa antibiotics, mold, shellfish, cat dander
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Skin all over my body felt like it was on fire which lasted all night until I finally fell asleep at dawn.. While my skin was brutally painful, my joints were also very painful and swollen, couldn?t bend fingers. I also couldn?t stop yawning or stretching. When I woke up 3 hours later the pain felt manageable so I didn?t go to the emergency room. I asked my neurologist for gabapentin to help with the lingering neuropathy skin pain.

VAERS ID:	1972086 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	20.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Eye swelling, Lip swelling, Pruritus, Swelling, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Benadryl, got rx for hydrOXYzine (Atarax) 25mg
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Face swelled up, swelling included eyes, nose, and upper lip. Itchiness in face. Started with one eye swollen almost shut, with some itchiness. Then the next day while upper face was swelling and eyes were both swollen almost shut.

VAERS ID:	1973903 (history)	**Vaccinated:**	2021-12-06
Form:	Version 2.0	**Onset:**	2021-12-06
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	S037497 / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132112USA003292
Write-up: No additional AE reported; an expired dose of M-M-R II was administered to patient on 6-DEC-2021 / expired on 20 NOV 2021; This spontaneous report was received from a registered nurse and refers to a patient of unknown age and gender. There was no information about the patient''s concurrent conditions, concomitant therapies or medical history provided. On 06-DEC-2021, the patient was vaccinated with expired measles, mumps, and rubella (Wistar RA 27-3) virus vaccine, live (M-M-R II), recombinant human albumin (rHa), 0.5 milliliters, lot # S037497, expitation date 20-NOV-2021 (expired product administered) (dose number, site and route of administration not provided) for prophylaxis. The reporter stated that measles, mumps, and rubella (Wistar RA 27-3) virus vaccine, live (M-M-R II) did not experience any temperature excursions. No additional information provided (no adverse event).

VAERS ID:	1974491 (history)	**Vaccinated:**	2021-12-23
Form:	Version 2.0	**Onset:**	2021-12-23
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	213D21A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Discomfort, Feeling abnormal, Headache, Injection site pain, Myalgia, Pain, Pain in extremity, Sleep disorder
SMQs:, Rhabdomyolysis/myopathy (broad), Dementia (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: MMR
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: allergic to all artificial sweeteners; severe reaction to MMR vaccine
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Around 4PM my arm started to ache - i didn''t give it much thought. As the evening went on, the discomfort radiated to my axilla and down the left arm with occasional shooting pain from the injection site down my arm. I woke up during the night with severe muscle pain. I feel like someone has used a club on my entire body. I also have a headache. Tylenol and ibuprofen do nothing.

VAERS ID:	1974935 (history)	**Vaccinated:**	2021-12-10
Form:	Version 2.0	**Onset:**	2021-12-11
Age:	5.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FI0007 / 2	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Headache persisting for 11 days after vaccination.

VAERS ID:	1975302 (history)	**Vaccinated:**	2021-12-22
Form:	Version 2.0	**Onset:**	2021-12-22
Age:	8.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain, Chills, Fatigue, Fear, Injection site pain, Limb discomfort, Skin warm, Sleep disorder, Tremor
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Focalin 5mg
Current Illness: none
Preexisting Conditions: none
Allergies: none known
Diagnostic Lab Data: none Mom called Dr. and left message as office is closed on Thursdays, and is closed until Tuesday due to the holiday weekend.
CDC Split Type:
Write-up: Second dose was given approximately 11:30am on 12/22/21 at a hospital run clinic. Patient was distraught to get a shot, but was in good spirits and health afterwards and completed her day at school. Around 11:30pm, she woke up screaming and calling for Momma/Dada saying she couldn''t stop shaking and that her legs felt "funny" and her "tummy felt yucky". When we saw her she was shaking as though she was shivering very violently and couldn''t stop. When we took her temperature it was normal. Skin felt fine. She looked ok, but very scared. Arm where injection was is tender/sore. (left) No redness or blotches etc on skin. No vomiting/diarrhea. No sore throat. No coughing. No runny/stuffy nose. No sneezing. She snuggled with her dad in a recliner with a blanket and watched a cartoon as a distraction to help her calm down. The shivers/shakes stopped completely in about one hour. Slowly (from top to bottom) as her dad says. (she had chattering teeth) She went back to bed with her mom so she''d have an adult nearby, around 1-1:30am Patient awoke around 4:30am moaning and complaining of a yucky tummy, and felt hot to the touch. Temperature was about 99-100F. Gave 2 Jr Advil (chewables) and she felt better and was "normal" until around 10:00am. Complained of feeling yucky again. No fever. 2 more Advil. Felt better. Returned to normal activities. Tired because of lack of sleep, but other than that she seems better.

VAERS ID:	1978765 (history)	**Vaccinated:**	2021-12-11
Form:	Version 2.0	**Onset:**	2021-12-11
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3594 / UNK	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Cold sweat, Dizziness, Fall, Headache, Immunisation, Loss of consciousness, Nasopharyngitis, Pallor
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101772669
Write-up: Passed out/Collapse; Really cold; Clammy; Headache; fall; feeling dizzy; Pale; booster; This is a spontaneous report received from a contactable reporter(s) (Other HCP). The reporter is the parent. A 16 year-old female patient received bnt162b2 (BNT162B2), administered in deltoid left, administration date 11Dec2021 (Lot number: FE3594) at the age of 16 years as dose number unknown (booster), single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. Vaccination history included: Covid-19 vaccine (MANUFACTURER UNKNOWN, dose 1, single), for COVID-19 immunization. The following information was reported: IMMUNISATION (medically significant) with onset 11Dec2021, outcome "unknown", described as "booster"; LOSS OF CONSCIOUSNESS (medically significant) with onset 12Dec2021 07:00, outcome "recovered" (12Dec2021), described as "Passed out/Collapse"; NASOPHARYNGITIS (non-serious) with onset 12Dec2021 07:00, outcome "recovered" (12Dec2021), described as "Really cold"; COLD SWEAT (non-serious) with onset 12Dec2021 07:00, outcome "recovered" (12Dec2021), described as "Clammy"; HEADACHE (non-serious) with onset 12Dec2021 07:00, outcome "recovered" (12Dec2021), described as "Headache"; FALL (non-serious) with onset 12Dec2021 07:00, outcome "unknown", described as "fall"; DIZZINESS (non-serious) with onset 12Dec2021 07:00, outcome "unknown", described as "feeling dizzy"; PALLOR (non-serious) with onset 12Dec2021 07:00, outcome "unknown", described as "Pale". Clinical course: There were no prior vaccinations within 4 weeks. The patient did not even get her flu shot yet. The patient received the booster yesterday around noon and this morning, she just, out of the blue, she just collapsed, she passed out and she was really cold and clammy. Also, she had a headache. This has never happened before. The mother made sure that she gets her fluids. She was really cold and clammy. She just had her lie down in bed actually for like half an hour and just monitored her. The patient was cold, clammy and pale and she was dizzy and she has never had that. She passed out. They were upstairs in our bedroom and she hit the floor, we heard her, we heard her fall, it was a big bang and it was her on the ground.; Sender''s Comments: Based on known temporal association, there is reasonable possibility of causal association between the event Immunisation, Loss of consciousness, Nasopharyngitis, Cold sweat, Headache, fall, Dizziness, Pallor and the suspect drug BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID:	1980538 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Impaired work ability, Post concussion syndrome, Vertigo
SMQs:, Accidents and injuries (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20211248798
Write-up: SEVERE VERTIGO; POST CONCUSSED FEELING; COULD NOT WORK; This spontaneous report received from a patient concerned a female of unspecified age. The patient''s height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin, and batch number were not reported) dose, start therapy date were not reported for prophylactic vaccination. No concomitant medications were reported. The batch number was not reported and has been requested. On an unspecified date, the patient experienced severe vertigo, post concussed feeling, and could not work. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the severe vertigo, post concussed feeling and could not work was not reported. This report was non-serious.

VAERS ID:	1980817 (history)	**Vaccinated:**	2021-04-09
Form:	Version 2.0	**Onset:**	2021-04-12
Age:	37.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-25

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 1	LA / OT

Administered by: Other **Purchased by:** ?
Symptoms: Pulmonary embolism
SMQs:, Embolic and thrombotic events, venous (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 61 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: JUNEL FE 1.5/30; ZOLOFT ODT
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Depression
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101791297
Write-up: massive pulmonary embolism; This is a spontaneous report received from contactable reporter (Consumer or other non HCP) from a sales representative. The reporter is the patient. A 37 -old female patient received bnt162b2 (BNT162B2), intramuscular, administered in arm left, administration date 09Apr2021 (Lot number: EW0158) at the age of 37 years as dose 1, single for covid-19 immunisation. Relevant medical history included: "Depression" (unspecified if ongoing). Concomitant medications included: JUNEL FE 1.5/30 taken for contraception, stop date: 04Dec2021; ZOLOFT ODT taken for depression, start date: Apr2021 (ongoing). The following information was reported: PULMONARY EMBOLISM (hospitalization, life threatening, medically significant) with onset 12Apr2021, outcome "recovering", described as "massive pulmonary embolism". The patient was hospitalized for pulmonary embolism (start date: 12Apr2021, discharge date: 12Jun2021, hospitalization duration: 61 day(s)). The event "massive pulmonary embolism" was evaluated at the physician office visit and emergency room visit. Therapeutic measures were taken as a result of pulmonary embolism. Patient was taking treatment drug Lovenox 2x/day. No follow-up attempts are possible. No further information is expected. Follow-Up (16DEC2021): Follow-up attempts are completed. No further information is expected.

VAERS ID:	1980941 (history)	**Vaccinated:**	2021-12-23
Form:	Version 2.0	**Onset:**	2021-12-24
Age:		**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-25

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / 3	RA / IM
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain, Pyrexia, Rash, Rash papular
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin Calcium 80 mg, Lisinopril 2.5 mg, Metoprolol Succ
Current Illness: N/A
Preexisting Conditions:
Allergies: N/A Pennicillian
Diagnostic Lab Data:
CDC Split Type:
Write-up: 12 hours post injection: Fever, overall body ach 24 hours raised rash throughout body ,headache, fever, tired

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VAERS ID:	1984805 (history)	**Vaccinated:**	2021-12-21
Form:	Version 2.0	**Onset:**	2021-12-21
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	NDC# 58160-0823 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Feeling hot, Headache, Nausea, Pain, Sleep disorder
SMQs:, Acute pancreatitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ferrous Gluconate 324 mg (38 mg elemental iron) once daily; Calcium carbonate 1200 mg with 1000 IU Vitamin D; Calcium carbonate 600 mg with 800 IU; Vitamin D3; Vit D3 5000 IU daily;
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: 12/21/21-Felt warm in the evening, then hot; hard to sleep. Achy, headache, weak, slight nausea. 12/22/21 slept until 11:00 a.m., then napped most of the day; symptoms remained the same. To bed early. 12/23/21 was feeling 90% better and by 12/24/21 was back to normal.

VAERS ID:	1984943 (history)	**Vaccinated:**	2021-12-10
Form:	Version 2.0	**Onset:**	2021-12-20
Age:	37.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	AR / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pruritus, Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prednisone, Allegra
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: 10 days after receiving my booster hives started forming all over my body. I''ve taken antihistamines and prednisone, and the hives have lessened but I still have large rashes and itching all over my body.

VAERS ID:	1985725 (history)	**Vaccinated:**	2021-12-28
Form:	Version 2.0	**Onset:**	2021-12-28
Age:	15.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ1611 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 15 year old patient inadvertently given pfizer COVID vaccine booster. Booster currently approved for age 16+

VAERS ID:	1985727 (history)	**Vaccinated:**	2021-12-28
Form:	Version 2.0	**Onset:**	2021-12-28
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ1611 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Extra dose administered, Product administered to patient of inappropriate age

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 15 year old patient inadvertently given pfizer COVID vaccine booster. Booster currently approved for age 16.

VAERS ID:	1988667 (history)	**Vaccinated:**	2021-03-20
Form:	Version 2.0	**Onset:**	2021-03-23
Age:	81.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026A21A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Joint stiffness, Musculoskeletal stiffness
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VITAMIN E 180MG (400UNIT) CAP Sig: 400UNIT MOUTH EVERY DAY SELENIUM 100MCG DAILY SILDENAFIL 50MG AS NEEDED
Current Illness: NONE
Preexisting Conditions: BENIGN PROSTATIC HYPERPLASIA PREDIABETES

Allergies: NOVOCAINE
Diagnostic Lab Data:
CDC Split Type:
Write-up: joint pain and stiffness in hands, knees, after 2nd shot, starting 3 days after the vaccine

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VAERS ID:	1988741 (history)	**Vaccinated:**	2021-12-27
Form:	Version 2.0	**Onset:**	2021-12-28
Age:	61.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ1611 / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Chest pain, Chills, Feeling cold, Myalgia, Pain, Pain in extremity
SMQs:, Rhabdomyolysis/myopathy (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: yes, Pfizer, 2nd Covid vaccination. I reported it on this site. You can look it up.
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: I prepared by being well hydrated and taking 2 Ibuprofen. My left arm was extremely sore after the booster injection. I drank water and took two Tylenol 4 hours after the booster was injected. The following day, 12/28/2021, I began to feel as if I had the flu. I had chills, muscle aches and joint pain. I wore several layers of warm clothing and still felt cold. I also had chest pains. This was very concerning to me. I had a rough night. Kept hydrated and took Tylenol every 4 hours. Sleep was in one hour segments. 12/29/2021 - I feel better today, but still have aches and chills. No chest pains. Please note that I had to submit to being "vaccinated" in order to stay employed. I want to be clear that this is the last time I will field test an experimental drug for a multinational drug company and suffer ill effects. Tell Pfizer to get more lab rats.

VAERS ID:	1992093 (history)	**Vaccinated:**	2021-12-27
Form:	Version 2.0	**Onset:**	2021-12-28
Age:	64.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Headache, Injection site erythema, Injection site swelling, Injection site warmth, Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: I am a kidney donor and have only 1 kidney.
Allergies: Penecillin, MSG, Keflex
Diagnostic Lab Data:
CDC Split Type:
Write-up: Extreme headache, fever, nausea, every joint ached - it was painful to even draw fingers into a grasp to hold a glass - lasted approximately 24 hours. Left upper arm where vaccine administered was completely swollen, red and hot for 48 hours - swelling reduced to size of baseball at 49 hrs. 800 mg of Tylenol given within 24 hr period. Did not address headache so I took 160mg of aspirin then waited 4 hrs and took another 160 mg of aspirin to reduce headache. Not supposed to take this med with 1 kidney but only option under conditions.

VAERS ID:	1992289 (history)	**Vaccinated:**	2021-12-28
Form:	Version 2.0	**Onset:**	2021-12-29
Age:	47.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Axillary pain, Injection site pain, Injection site swelling, Oedema peripheral, Pain
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Seasonal allergies
Preexisting Conditions: PTC causing PICH
Allergies: Diamox
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen under left arm in armpit, slightly painful, pain radiates outward from swollen site

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VAERS ID:	1992697 (history)	**Vaccinated:**	2021-12-21
Form:	Version 2.0	**Onset:**	2021-12-24
Age:	30.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FD7218 / 3	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Chest discomfort, Chest pain, Dyspnoea, Electrocardiogram normal, Hypoaesthesia, Lymphadenopathy, Musculoskeletal disorder, Paraesthesia
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Nortriptyline, Junel, Tizanidine, Magnesium, Riboflavin, Women''s Multivitamin
Current Illness: None
Preexisting Conditions: Head injury, anxiety
Allergies: None
Diagnostic Lab Data: EKG and vitals are ER on December 26th, everything looked normal.
CDC Split Type:
Write-up: Chest pain (central and left started Dec 24th and still experiencing slight central pain), left arm numbness and tingling on the inside (Dec 25- 26th lasted 2 days), swollen lymph nodes in left armpit, shortness of breath when sharp chest pains (24th-26th). I went to ER on Dec 26th for symptoms. They did an EKG, said everything looked normal and told it was likely a reaction to booster. It was effecting my musculoskeletal system. I was told to take ibuprofen and keep an eye out. Called PCP to follow-up with persistent chest tightness. Scheduled to be seen tomorrow, December 31st, to get a second look.

VAERS ID:	1992982 (history)	**Vaccinated:**	2021-12-09
Form:	Version 2.0	**Onset:**	2021-12-09
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	33130BA / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies: latex, ceclor
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt reports itchy rash on back of neck that began shortly after she got her first pfizer vaccine (approx 30 min after) and lasted for about a week.

VAERS ID:	2000753 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-12-28
Age:	25.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2021-12-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Intermenstrual bleeding
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: IUD
Current Illness:
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: I have an IUD that has stopped my menstrual cycle for the last 3 years. When I received the Pfizer Covid booster I started spotting. First time in 3 years.

VAERS ID:	1995020 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2021-12-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20214
Write-up: Caller would like to report AE; This spontaneous case was reported by a consumer and describes the occurrence of ADVERSE EVENT (Caller would like to report AE) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced ADVERSE EVENT (Caller would like to report AE). At the time of the report, ADVERSE EVENT (Caller would like to report AE) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No Concomitant Medications and Treatments were Reported.

VAERS ID:	1995144 (history)	**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	34.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-12-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0164 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Disorientation, Dizziness, Dyspnoea, Fatigue, Headache, Hypoaesthesia, Migraine
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad),

Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Dehydration (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101273991
Write-up: Chronic headaches; migraines; Fatigue; shortness of breath; Disorientation; dizziness; Neurological symptoms (numbing in various parts of body, including face and lips; This is a spontaneous report received from a contactable reporter(s) (Other HCP). The reporter is the patient. A 34 year-old male patient received bnt162b2 (BNT162B2), administered in arm left, administration date 16Apr2021 09:15 (Lot number: EW0164) at the age of 34 years as dose 1, single for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. The following information was reported: HEADACHE (non-serious) with onset 2021, outcome "not recovered", described as "Chronic headaches"; MIGRAINE (non-serious) with onset 2021, outcome "not recovered", described as "migraines"; FATIGUE (non-serious) with onset 2021, outcome "not recovered", described as "Fatigue"; DYSPNOEA (non-serious) with onset 2021, outcome "not recovered", described as "shortness of breath"; DISORIENTATION (non-serious) with onset 2021, outcome "not recovered", described as "Disorientation"; DIZZINESS (non-serious) with onset 2021, outcome "not recovered", described as "dizziness"; HYPOAESTHESIA (non-serious) with onset 2021, outcome "not recovered", described as "Neurological symptoms (numbing in various parts of body, including face and lips". It was unknown if therapeutic measures were taken as a result of headache, migraine, fatigue, dyspnoea, disorientation, dizziness, hypoaesthesia. Additional information: Chronic headaches & migraines. Fatigue and shortness of breathe. Disorientation & dizziness. Neurological symptoms (numbing in various parts of body, including face and lips). All of these symptoms occurring to various degrees for the last 5+ months. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the COVID-19 vaccine. Since the vaccination, the patient had not been tested for COVID-19. Other medications in two weeks was reported as not applicable. No follow-up attempts are possible. No further information is expected.

VAERS ID:	1995942 (history)	**Vaccinated:**	2021-11-03
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	80.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2021-12-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
ADEN_4_7: ADENOVIRUS TYPES 4 & 7, LIVE, ORAL (NO BRAND NAME) / TEVA PHARMACEUTICALS	048A21A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0321A21A / 3	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030M20A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Ageusia, Blood test, Blood zinc decreased, Dysgeusia
SMQs:, Taste and smell disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pravastatin 90 mg, Metoprolo Succ 50 mg, Losartan Potassium 100 mg, Glipizide 5 mg, Torsemide 10 mg, Pravastatin Sodium 40 mg, Lorazepam 1 mg, Prilosec OTC 20 mg, Vitanin C 1000mg, Zinc 50 mg
Current Illness: None
Preexisting Conditions: Stage 4 renal failure
Allergies: Iodine, Sulfadoxine, Darvon, Macrobid, morphine, azithromycin
Diagnostic Lab Data: Blood work indicated low zinc. Doctor instructed using zinc suplement. Zinc does not seemed to help
CDC Split Type:
Write-up: Lost sense of taste all food has a sweet sugary taste

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VAERS ID:	1997658 (history)	**Vaccinated:**	2021-12-30
Form:	Version 2.0	**Onset:**	2022-01-02
Age:	63.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058H231A / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: nkda
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received 0.25mL (booster dose) for their second dose instead of the full 0.5mL.

VAERS ID:	1997961 (history)	**Vaccinated:**	2021-12-30
Form:	Version 2.0	**Onset:**	2021-12-31
Age:	50.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site induration, Injection site pruritus, Injection site warmth, Vaccination site reaction
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Raspberries, amoxicillan
Diagnostic Lab Data:
CDC Split Type:

Write-up: Covid Arm. First 24 hours my arm didn?t really hurt. Then became red near injection site, warm to touch, firm, and itchy. So far it has been over three days.

VAERS ID:	1998028 (history)	**Vaccinated:**	2021-01-09
Form:	Version 2.0	**Onset:**	2021-02-06
Age:	27.0	**Days after vaccination:**	28
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0309K20A / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939903 / 1	- / -

Administered by: Military **Purchased by:** ?
Symptoms: Burning sensation, Pruritus, Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/a
Current Illness: Migraines
Preexisting Conditions:
Allergies: Morphine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hive like rashes, burning and itchy skin. Ongoing for 3 weeks now. Locations of rashes are on hands, arms, neck, chest, lower face, and feet/ankles. I?ve been taking Benadryl and hydrocortisone cream

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VAERS ID:	1998819 (history)	**Vaccinated:**	2022-01-02
Form:	Version 2.0	**Onset:**	2022-01-02
Age:	55.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013H21B / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Error: Wrong Vaccine Formulation (ex. different manufact. initial and booster)-

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VAERS ID:	1998944 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-05
Age:	67.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Acute endocarditis, Cardiac operation, Infusion
SMQs:, Cardiomyopathy (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? Yes, 39 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: atorvastatin
Current Illness:
Preexisting Conditions: 2012 open heart surgery to replace aortic valve
Allergies: flagel
Diagnostic Lab Data:
CDC Split Type:
Write-up: Accute Endocarditis, 39 days hospitalized, second open heart surgery, 33 days ceftriaxzone infusion, penicillin for life

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VAERS ID:	1998954 (history)	**Vaccinated:**	2021-04-18
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	51.0	**Days after vaccination:**	19
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal pain, Blood thyroid stimulating hormone, Carbohydrate antigen 125, Computerised tomogram abdomen, Computerised tomogram pelvis, Dyspnoea exertional, Dysuria, Ear pain, Fatigue, Feeding disorder, Full blood count, Headache, Illness, Inflammation, Magnetic resonance imaging abdominal, Metabolic function test, Nausea, Oropharyngeal pain, Pain, SARS-CoV-2 test, Sexually transmitted disease test
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: ClindaMax 1% topical lotion, 1 app, TOP, Once a day (at bedtime) Parnate 10 mg oral tablet, See Instructions, 2 refills, (2) 10 mg tab(s) Oral in morning (2) 10mg tabs in evening
Current Illness: None known
Preexisting Conditions: Depression IBS Covid 19 infection (per pt report) Breast cancer
Allergies: Sulfa

Diagnostic Lab Data: Negative Tick panel and covid pcr 5/7/21 Reported test done outside facility: CT abdomen and pelvis, CBC, CMP, TSH with cascade, CA 125, STI testing, MRI pelvis
CDC Split Type:
Write-up: Note 5/7/21:Patient is a 51-year-old woman who presents today for history of abdominal pain for the past 3 days. Patient also reports that she has had some pain with urination. Her bigger concern is that she had her second Covid 19 vaccine 3 weeks ago and became very sick. She reports that she had COVID-19 March 2020 and her symptoms from the vaccine were much worse. Her symptoms have included nausea, sore throat, body aches, ear pain, fatigue. She reports she was very sick initially and the symptoms have just lingered. Note 12/30/21: Patient reports that she tested positive for COVID-19 in March 2020. These records are not available. She reports she went on to have positive antibody testing at an urgent care center. Test also not available. Patient is requesting that I complete the vaccine adverse reaction form with the CDC. Patient would like to report following symptoms after her second shot: Chronic nausea, chronic food sensitivities, persistent sore throat, persistent body aches, persistent headache, shooting pains down bilateral arms, dyspnea on exertion and severe exhaustion. Patient reports that she has had several doctors and hospital visits not all of which are available to me now. She reports that she has had brain imaging and abdominal imaging which were done at an outside hospital. Patient reports that her most troublesome symptoms are her inability to eat food without intense nausea. She is concerned about weight loss which per our records has been 20 pounds in the past year. She is also concerned that there is some sort of inflammatory process occurring.

VAERS ID:	1998968 (history)	**Vaccinated:**	2021-11-08
Form:	Version 2.0	**Onset:**	2021-11-28
Age:	67.0	**Days after vaccination:**	20
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Borrelia test negative, C-reactive protein increased, Immunology test normal, Laboratory test, Myalgia, Red blood cell sedimentation rate increased
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none

Diagnostic Lab Data: Lyme test NEG drawn on 12-19-21 Inflammatory work up 12-19-22 in ER - ESR and CRP elevated a little (19,4.1) rest of Autoimmune work op negative
CDC Split Type:
Write-up: booster Nov 8, seen in Urgent care Dec 19 c/o at least 3 weeks of achy muscles around shoulders and hips. Treated for lyme but lab test NEG Returned to ER Dec 29-21 - Lyme neg reviewed with patient and told to stop ABX. Labs drawn and started on prednisone 15mg Visit on 1-2-22 he reports 90% relief of symptoms with prednisone 15mg

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VAERS ID:	1999297 (history)	**Vaccinated:**	2021-02-18
Form:	Version 2.0	**Onset:**	2021-02-21
Age:	25.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chest X-ray normal, Chest discomfort, Chest pain, Computerised tomogram coronary artery normal, Echocardiogram normal, Ejection fraction normal, Electrocardiogram normal, Fibrin D dimer normal, Myocardial injury, Troponin T normal, Troponin increased
SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Fluoxetine 40 mg po QD
Current Illness:
Preexisting Conditions:
Allergies: Amoxicillian
Diagnostic Lab Data: TnT and TTE is normal on 2/23/21, EKG normal, CXR unremarkable,
CDC Split Type:
Write-up: Myocardial injury: The pt was found to have an elevated Troponin in the setting of waking from sleep with chest discomfort. An Echocardiogram was performed: no wall motion abnormalities, EF of 68% D dimer was negative at 456. A cardiac CT scan was done that showed normal coronary arteries with no atherosclerotic disease. It was presumed in the setting of her bodies reaction to her second COVID dose that she had this troponin leask associated chest pain as there was no cause identified.

VAERS ID: 1999345 (history)		**Vaccinated:**	2021-09-29
Form:	Version 2.0	**Onset:**	2021-09-29
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	212A21A / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypoaesthesia, Paraesthesia, Pruritus
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Currently undergoing now
CDC Split Type:
Write-up: Hours after injection over all skin tingle/sleeping tingle. Went away after 6-7 days. Now 3 months later extreme intense skin itching without rash or reason. Right leg numbness/sleepy tingle

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VAERS ID: 1999611 (history)		**Vaccinated:**	2021-11-28
Form:	Version 2.0	**Onset:**	2021-12-09
Age:	32.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chest discomfort, Cough, Dyspnoea, Pain in extremity, Pruritus, SARS-CoV-2 test negative, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity

(narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Pertussis/whooping cough vaccination series as an infant (had first shot, was lethargic-discontinued the course)
Other Medications: Biotin, lavender pills
Current Illness: None
Preexisting Conditions: Mild asthma (had not had a serious episode in 5 or 6 years)
Allergies: Pertussis/whooping cough vaccination allergy
Diagnostic Lab Data: 12/17/21-visit with dermatologist, full skin examination 12/23/21-PCR Covid test (due to breathing/coughing issues)-negative 12/28/21-PCP phone communication, prednisone prescription called in
CDC Split Type:
Write-up: 10 days after receiving COVID booster in right arm and flu shot in left arm, developed hives. I have never had hives before. Hives have been o ongoing for more than three weeks. Tried to control with benadryl and OTC creams but was mostly unsuccessful. Saw dermatologist on 12/17/21 who confirmed they are seeing an uptick in hives related to covid booster, i started a treatment regimine (allegra 360mg BID, benadryl in the evening). after a week there was improvement. i experienced a major setback on 12/23/21-hives started coming back worse, breathing problems (tight chest like breathing through a straw, extreme itchiness inside and outside my check, coughing) seeming like asthma started up and my right arm became extremely sore again for several days. my PCP prescribed 80mg oral prednisone daily on 12/28/21 for a seven day course i am currently on-i have seen major improvement in breathing and hives since then, but am still experiencing both of them in a mild form.

VAERS ID:	2000381 (history)	**Vaccinated:**	2021-12-30
Form:	Version 2.0	**Onset:**	2021-12-30
Age:	63.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058H21A / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20224
Write-up: 0.25mL administered at the second dose of primary series; This spontaneous case was reported by a pharmacist and describes the occurrence of UNDERDOSE (0.25mL administered at the second dose of primary series) in a 63-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 058H21A) for COVID-19 vaccination. No Medical History information was reported. On 30-Dec-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) .25 ml. On 30-Dec-2021, the patient experienced UNDERDOSE (0.25mL administered at the second dose of primary series). On 30-Dec-2021, UNDERDOSE (0.25mL administered at the second dose of primary series) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant medications was not provided by the reporter. Treatment information was not provided.

VAERS ID:	2001407 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-04
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered, Interchange of vaccine products
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client did not disclose that she received a Janssen vaccine on 3/20/2021 prior to vaccination. This dose Pfizer dose was given as a 2nd dose. After discussing with client, she clearly did not understand the guidance for booster doses.

VAERS ID:	2002972 (history)	**Vaccinated:**	2021-10-04
Form:	Version 2.0	**Onset:**	2021-11-01
Age:	69.0	**Days after vaccination:**	28
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Computerised tomogram, Hilar lymphadenopathy, Lymphadenopathy mediastinal, Magnetic resonance imaging
SMQs:, Retroperitoneal fibrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Exemestane, IV Zometa every 6 months, levothyroxine, vitamin D, calcium, magnesium, B12, famotidine, Influenza (Seasonal) Fluzone High-Dose Quadrivalent
Current Illness:
Preexisting Conditions: Lupus, Sjogren''s, myasthenia gravis, autoimmune thyroid, laryngeal reflux, osteoarthritis
Allergies: Allergy: Minocycline, intolerance: gluten, soy, dairy, egg
Diagnostic Lab Data: MRI, CT scan, with biopsy pending.
CDC Split Type:
Write-up: Back pain leading to MRI with incidental finding of mediastinal and Hilar adenopathy. Biopsy pending.

VAERS ID:	2005534 (history)	**Vaccinated:**	2022-01-05
Form:	Version 2.0	**Onset:**	2022-01-05
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Abdominal discomfort
SMQs:, Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: O2 sat 99%, pulse 107, b/p 95/62, no rash. abdominal guarding on palpation by school nurse. C/O discomfort all four quadrants. Parents called to pick up child from school. No further actions.
CDC Split Type:
Write-up: 40 minutes after receiving vaccine pt c/o abdominal discomfort. when asked said she did not eat breakfast

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VAERS ID:	2005624 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-04
Age:	55.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Underdose

SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client presented for first dose of Moderna Vaccine. He was given a "booster" dose amount (0.25 ml). Client was still present when error was discovered and he was immediately given a second 0.25 ml dose.

VAERS ID:	2005634 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-04
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Arthralgia, Chest pain, Immediate post-injection reaction
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NKM
Current Illness: none reported
Preexisting Conditions: none reported
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Child reported experiencing right sided "poking" chest pain immediately after receiving vaccine. Child rated discomfort at a 4 out of a scale of 1-10, 10 being the worst pain. After about 15 minutes, child reported pain moved to right elbow. No other symptoms reported. No visual symptoms observed.

VAERS ID:	2005866 (history)	**Vaccinated:**	2022-01-05
Form:	Version 2.0	**Onset:**	2022-01-05
Age:	5.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: School **Purchased by:** ?
Symptoms: Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: vomited once home about an hour and half after vaccination. HX of car sickness. Mom is nurse and assures no continued concerns

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VAERS ID:	2005964 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-04
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient presented as a walk-in to our COVID 19 vaccine clinic. He requested Moderna after receiving his primary series of Pfizer. None of our staff recognized his age as a limiting factor to his request. He received Moderna booster dose (0.25 ml) at age 15 years.

VAERS ID:	2006115 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-04
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 17 yo patient received Pfizer 5-11 COVID vaccine instead of Pfizer 12+ vaccine. no additional doses were given. patient was advised per agency website to return in 21 days for a Pfizer 12+ vaccine.

VAERS ID:	2006210 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-04
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Interchange of vaccine products, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient presented to our health dept COVID 19 vaccine clinic requesting Moderna Booster vaccine. None of the staff assessed to recognize that he was not eligible at age 17 years. His primary series was Pfizer. He received an unauthorized Moderna Booster at age 17

VAERS ID:	2006308 (history)	**Vaccinated:**	2021-03-20
Form:	Version 2.0	**Onset:**	2021-03-21
Age:	37.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Migraine, Mobility decreased, Pain, Pyrexia, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 10/11/2012, age 27, flu vaccine only administered at pharmacy
Other Medications: Vitamin d, magnesium glycinate, vitamin b complex
Current Illness: None.
Preexisting Conditions: Musculoskeletal neck issues
Allergies: Histamine Intolerance -- any high histamine foods or histamine releasing
Diagnostic Lab Data:
CDC Split Type:
Write-up: Full body hives (neck, chest, arms, upper back), extreme body aches, fever of 103, migraine, and couldn''t lift my arm for days (beyond normal soreness after other vaccines). Symptoms lasted 4 days. When I went to get my booster shot, the clinic manager from the state said that it was too risky to get booster, so I was denied because of hives reaction. My doctor said the same thing and I''m currently being referred to allergy center in my region.

VAERS ID:	2010527 (history)	**Vaccinated:**	2021-05-18
Form:	Version 2.0	**Onset:**	2021-05-23
Age:	71.0	**Days after vaccination:**	5
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Visual impairment
SMQs:, Anticholinergic syndrome (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ultimate vitamin
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Shortly after the vaccine, not possible to exactly name the date, I began noticing some visual processing problems while driving. I thought it was perhaps related to my cataracts. One day I realized it was more than just processing as I saw while using the Amsler test that all the lines were distorted when looking with my right eye. I have been monitored for more than 15 years for macular degeneration and each year there has been no change. As a medical practitioner I keep up with current news and when I read that some doctors have been administering D-Dimler tests to check for blood clots after vaccination and that they have found evidence of small clots in a large percentage of people. Since wet macular degeneration is caused by leaking capillaries I think that it is important to find out how these vaccinations are affecting the small capillaries not only in the eye but other organs as well. We need more complete information. This is a major health concern and the fact that we have no long term data on these shots is what?s keeping many people from getting them.

VAERS ID:	2010602 (history)	**Vaccinated:**	2021-12-11
Form:	Version 2.0	**Onset:**	2021-12-15
Age:	7.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Lymphadenopathy

SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Large lymph node by ear, about 5 cm, resolved in 7-10 days

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VAERS ID:	2010609 (history)	**Vaccinated:**	2021-12-11
Form:	Version 2.0	**Onset:**	2021-12-19
Age:	5.0	**Days after vaccination:**	8
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:

CDC Split Type:
Write-up: Vomiting for one day

VAERS ID:	2010628 (history)	**Vaccinated:**	2022-01-06
Form:	Version 2.0	**Onset:**	2022-01-06
Age:	0.33	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	Z4R9R / 2	RL / IM
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	5NF7J / UNK	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ587AA / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	EK6267 / 2	LL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	G973H / 2	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age, Wrong patient
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D infant drops
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Family arrived to office with 2 children (ages 2yr and 4mo) for well child visits. The mom asked for flu vaccine for the 2yr old and nurse misunderstood and thought that request was for the 4mo old. Vaccine given erroneously to the 4mos old patient. Provider has discussed incident with family.

VAERS ID:	2010684 (history)	**Vaccinated:**	2022-01-05
Form:	Version 2.0	**Onset:**	2022-01-05
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3198 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Feeling abnormal, Flushing
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Dementia (broad), Vestibular disorders (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Hashimoto Disease
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 25 minutes after vaccine, became super flushed on face, arms and hands. Pulse 80-100; Felt dizzy and weird. Patient elevated feet and continued to be flushed and feel dizzy. Patient asked to be evaluated at hospital. Transported via EMS to hospital Emergency department around 1:40pm

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VAERS ID:	2011622 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2021-11-22
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	213D21A / UNK	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arterial disorder, Arterial occlusive disease, Arterial thrombosis, Cardiac arrest, Cardio-respiratory arrest, Cardioversion, Disorientation, Dizziness, Hyperhidrosis, Laboratory test

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Respiratory failure (broad), Hypoglycaemia (broad), Dehydration (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 8 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: excess mucous, mostly due to allergies to dust, mould, mildew
Allergies: dairy, wheat
Diagnostic Lab Data: full gamut of tests done related to heart attack but none related to the covid vaccine, as that was not contemplated at all.
CDC Split Type:
Write-up: the shot was given 11.22.21. he had cardiac arrest on 12.9.21. there is no history of heart attacks in the family. he had absolutely no warning that anything was wrong until he was having the heart attack. out of the blue he started sweating profusely, feeling disoriented, and dizzy. no chest pain or tightening. he died in the emergency room, but using the paddles several times, they were able to bring him back to life. it was established that the plaque in the wall of the left anterior descending artery burst and platelets went to the site causing a block/clot/full obstruction of the artery. he walked 3-5 miles a day or biked 10 miles. 160 pounds and 6 feet tall. no smoking and drank a beer a day, if anything.

VAERS ID:	2013950 (history)	**Vaccinated:**	2021-12-31
Form:	Version 2.0	**Onset:**	2022-01-01
Age:	35.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	FL3209 / 3	LA / SYR

PFIZER/BIONTECH		

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Abdominal discomfort, Chills, Condition aggravated, Fatigue, Headache, Hyperhidrosis, Insomnia, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Adverse event to previous Covid-19 injection, Pfizer: I received my first dose Jan 22, 2021 (I was age 34) and had no side effec
Other Medications: calcium gummy supplement 500mg
Current Illness: None
Preexisting Conditions: history of kidney stones
Allergies: whey protein (milk, cheese, raw eggs)
Diagnostic Lab Data:
CDC Split Type:
Write-up: I received my third (booster) dose on Dec 31, 2021 and felt fine for about 12 hours. After that, I awoke with chills and fever around 1AM that prevented me from returning to sleep. By 3AM I experienced muscle aches as well. By 5AM the chills and fever had decreased, but the aches continued and I began to experience severe headaches and mild upset stomach. By 7AM the headaches had decreased to moderate. The headaches fluctuated from moderate to mild by 9AM, and the upset stomach dissipated. I continued to experience moderate muscle aches throughout my body as well as fatigue, headaches, and chills throughout the rest of the day. The second night (Jan 1) was better, I was able to sleep though still experienced continued aches, chills, and sweating. The next day (Jan 2) I had some muscle aches, but no further headaches or chills and I felt ready to resume normal daily functioning. I felt fully recovered by Jan 3.

VAERS ID:	2014020 (history)	**Vaccinated:**	2021-01-05
Form:	Version 2.0	**Onset:**	2022-01-05
Age:	48.0	**Days after vaccination:**	365
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	FL3198 / 2	LA / IM

PFIZER/BIONTECH		

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client felt lightheaded and stated " I am going to pass out" She was positioned on the floor. Client was given cool compress, she declined water/juice and snack. symptoms resolved within 10 mins, client was advised to continue to push fluids through out the day and report any additional symptoms to the school nurse on duty.

VAERS ID:	2014161 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-04
Age:	41.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Chest pain, Echocardiogram, Electrocardiogram, Pericarditis, Ultrasound scan
SMQs:, Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: ECG, Echocardiogram, Blood tests, Ultrasound.
CDC Split Type:
Write-up: I was admitted to the E.R at Medical Center for Chest pain, come to find out that the chest pain was caused by Pericarditis due to the Moderna Booster Vaccine.

VAERS ID:	2014191 (history)	**Vaccinated:**	2021-12-16
Form:	Version 2.0	**Onset:**	2021-12-16
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	065F21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Chest pain, Dizziness, Fatigue, Heart rate increased
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oxybutynin 15MG, Lexapro 20MG, Vitamin D
Current Illness:
Preexisting Conditions:
Allergies: Penicillin, Codeine
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: I experienced my heart beating at a fast pace, dizziness, chest pains, fatigue, and weakness.

VAERS ID:	2014676 (history)	**Vaccinated:**	2021-12-03
Form:	Version 2.0	**Onset:**	2021-12-03
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	RA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Headache, Hyperhidrosis, Nausea, Pain, Pyrexia, Tremor, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: Very similar event after second Covid shot, age 34, Moderna
Other Medications: Omeprazole, Wellbutrin,
Current Illness:
Preexisting Conditions: Cerebralspinal fluid leak, endometriosis
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever, Chills, Body ache, sweating, shaking, vomiting, headache, nausea,

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VAERS ID:	2014893 (history)	**Vaccinated:**	2021-12-20
Form:	Version 2.0	**Onset:**	2021-12-20
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Blood test, Headache, Musculoskeletal stiffness, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Moderna 2 dose
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: apple skins
Diagnostic Lab Data: blood test.
CDC Split Type: vsafe
Write-up: I had muscle stiffness of my neck and shoulder. I have permeant headache since April. I have full body hives. They will go away from one spot to another spot. I feel that I am not ever going to get rid of these hive and muscle stiffness and headache. I went to my doctor about this. They did a blood test for Lime disease and many other diseases. This feels like I it is going to kill me.

VAERS ID:	2014931 (history)	**Vaccinated:**	2021-12-09
Form:	Version 2.0	**Onset:**	2021-12-09
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	330308D / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient received adult dose of pfizer vaccine as opposed to the pediatric. there were no adverse reactions to the vaccine

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VAERS ID:	2019061 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-01-08
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Dizziness, Malaise, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021295020
Write-up: nausea; dizziness; weakness; not feeling well; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) for a Pfizer sponsored program (159558). The reporter is the patient. A male patient received bnt162b2 (BNT162B2), administration date 10Mar2021 (Batch/Lot number: unknown) as dose 1, single for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. The following information was reported: NAUSEA (non-serious), outcome "unknown", described as "nausea"; DIZZINESS (non-serious), outcome "unknown", described as "dizziness"; ASTHENIA (non-serious), outcome "unknown", described as "weakness"; MALAISE (non-serious), outcome "unknown", described as "not feeling well". No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	2019236 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-21
Age:	23.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER 8729 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Acoustic stimulation tests normal, Ear swelling, Hypoacusis, Tinnitus
SMQs:, Angioedema (broad), Hearing impairment (narrow), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: I received an auditory test in September that showed no sign of hearing loss as well as a test for Maniere''s disease. The test for Maniere''s disease was negative.
CDC Split Type:
Write-up: One week after I received the second dose of Pfizer-BioNtech, I developed intense inflammation in my left inner ear. This inflammation reduced hearing significantly and persisted for about 4 days. When the inflammation dissipated, I developed constant high pitched tinnitus in the same (left) ear. This tinnitus has continued constantly until the present, approximately 8-9 months after onset.

VAERS ID:	2019922 (history)	**Vaccinated:**	2021-12-17
Form:	Version 2.0	**Onset:**	2021-12-26
Age:	42.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / 3	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Pruritus, Skin disorder, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Woman"s One A Day Multivitamin, Ibuprofen
Current Illness:
Preexisting Conditions: Endometriosis, herpes simplex
Allergies: Clairitin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Itchiness and hives that started on the back of head and back. Was mostly upper body but now includes entire body. Taking Benadryl and using witch hazel on skin. Seems to help but still have hives and itchiness. 12/28/2021 given Prednisone for 12 days - made it worse Given Permetherin cream on 1/4/2022 as a treatment for possible skin mites. Did one treatment, not better.

VAERS ID:	2021353 (history)	**Vaccinated:**	2021-11-15
Form:	Version 2.0	**Onset:**	2021-11-15
Age:	52.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hypoaesthesia, Immediate post-injection reaction, Nerve compression, Nerve injury, Pain, Pain in extremity, Radiculopathy
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None known
Current Illness: None known
Preexisting Conditions: None known
Allergies: None known
Diagnostic Lab Data:
CDC Split Type:
Write-up: 12/14/21 Left arm pain, with immediate onset after injection of Covid vaccine, and has evidence for nerve injury or compression by the vaccine. Discussed the possibility of pursuing an EMG to further elucidate, but he declines. Symptoms are improving over time. 12/23/21 Left-sided radiculopathy pain and numbness thought possibly to be early zoster at last office visit, but never manifested rash. Question now of T4-T5 radiculopathy. Not worsening over time, but not getting better. Reviewed his literature citation of concern, and given lack of evidence of zoster, and also very rare case reports of zoster after Covid vaccine as an indicator of inflammatory arthritis, overall risks for this appeared to be very low. He is okay monitoring the left-sided dermatomal pain and potentially pursue physical therapy if persistent. EMG discussed, but declined given the painful nature of the procedure.

VAERS ID:	2022243 (history)	**Vaccinated:**	2022-01-06
Form:	Version 2.0	**Onset:**	2022-01-08
Age:	46.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Breast pain, Breast swelling, Headache, Myalgia, Pain in extremity, Pruritus
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Eosinophilic pneumonia (broad), Lipodystrophy (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: none
Current Illness:
Preexisting Conditions: Asthma
Allergies: Allergies to Latex
Diagnostic Lab Data:
CDC Split Type:
Write-up: Massive muscle pain in my abductors in both legs. Serious arm pain in left arm immediately and still present 4 days later. Swelling of left breast, Left breast pain, itchiness of left breast. Headaches for 4 days and counting.

VAERS ID:	2024255 (history)	**Vaccinated:**	2021-03-04
Form:	Version 2.0	**Onset:**	2021-03-01
Age:	72.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-01-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Nervousness, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METOPROLOL; ELIQUIS; POTASSIUM
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Anticoagulant therapy; Blood pressure abnormal; Potassium deficiency
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021269135
Write-up: really shaky and felt like he might pass out; dizziness/got really dizzy and felt like he was going to pass out; tired; He went home and sat down because he was shaky.; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 72 year-old male patient received bnt162b2 (BNT162B2), administered in arm left, administration date 04Mar2021 11:00 (Lot

number: EN6200) at the age of 72 years as dose 1 single for covid-19 immunisation. Relevant medical history included: "blood thinner" (unspecified if ongoing); "blood pressure and controlling his pacemaker" (unspecified if ongoing); "potassium runs low" (unspecified if ongoing). Concomitant medication(s) included: METOPROLOL taken for hypertension; ELIQUIS taken for anticoagulant therapy; POTASSIUM taken for hypokalaemia. The following information was reported: FATIGUE (non-serious) with onset 05Mar2021, outcome "recovered" (07Mar2021), described as "tired"; TREMOR (non-serious) with onset 06Mar2021, outcome "recovered" (06Mar2021), described as "really shaky and felt like he might pass out"; DIZZINESS (non-serious) with onset 06Mar2021, outcome "recovered" (06Mar2021), described as "dizziness/got really dizzy and felt like he was going to pass out"; NERVOUSNESS (non-serious) with onset Mar2021, outcome "unknown", described as "He went home and sat down because he was shaky." Additional information: The caller stated he got his first shot on 04Mar2021 and had a side effect on 05Mar2021 of being tired. On 06Mar2021 he was really shaky and felt like he might pass out. On Sunday he was okay. He stated he has a pacemaker and called the cardiologist and they didn''t see anything different with the download and his cardiologist said he could get his second dose. The caller wanted to know if dizziness and shakiness was a side effect and if so what concern does he have for the second shot. Duration for really tired was 2 days. Metoprolol XL was given 75mg, twice a day, orally, Eliquis was 5mg, twice a day (morning and night), orally, KCC/ Potassium, 10mg, once a day, orally. Metoprolol XL: Started taking about a year and a half ago. Eliquis: He''s been taking for 3 years. KCC/ Potassium: He''s been taking for about 10 years.States that whenever he got really dizzy, felt like he was going to pass out. He went home and sat down because he was shaky. Metoprolol XL: Caller mentions he does get hits on his lower chamber of his pacemaker once in a while so it was supposed to help eliminate it. When proving indication for KCC, stated his potassium runs low because of the Eliquis. Eliquis: Does not see NDC/LOT or EXP. Clarifies it was dispensed in a pharmacy bottle. Stated he needed to grab his reading glasses to read the bottle Dispense date: 20Oct2020 Use by: 20Oct2021. he doesn''t think so, he has had a couple of ablations but went to the pacemaker after a couple of ablations. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2024558 (history)	**Vaccinated:**	2022-01-11
Form:	Version 2.0	**Onset:**	2022-01-11
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient administered pediatric dose and should have received adult dose.

VAERS ID:	2024747 (history)	**Vaccinated:**	2022-01-10
Form:	Version 2.0	**Onset:**	2022-01-11
Age:	0.25	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	574R7 / 1	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: formula intolerance, noisy breathing
Preexisting Conditions: formula intolerance, noisy breathing
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: none

VAERS ID:	2025071 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-04
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3209 / 3	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received Booster vaccine too early. was not eligible to receive vaccine.

VAERS ID:	2025140 (history)	**Vaccinated:**	2022-01-10
Form:	Version 2.0	**Onset:**	2022-01-01
Age:	13.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-01-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3197 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: No adverse event, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: no adverse reaction is known as of now. the vial was not reconstituted before administration

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VAERS ID:	2025176 (history)	**Vaccinated:**	2022-01-10
Form:	Version 2.0	**Onset:**	2022-01-01
Age:	58.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-01-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3197 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole, lisinopril, verapamil, paroxetine, spironolactone
Current Illness: unknown
Preexisting Conditions:
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: none know as of yet. vial was not reconstituted before admnistration

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VAERS ID:	2025505 (history)	**Vaccinated:**	2021-11-23
Form:	Version 2.0	**Onset:**	2021-11-26
Age:	60.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Arthritis, Dysstasia, Gait disturbance, Joint stiffness, Movement disorder, Muscular weakness, Musculoskeletal stiffness, Neuropathy peripheral, Pain in extremity, Sciatica, Sitting disability
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Rash on the backs of both arms and legs following flu shot in Jan 2021
Other Medications: None
Current Illness: None
Preexisting Conditions: None but overweight
Allergies: I had an allergic reaction to my most recent flu shot in January 2021. Shortly after receiving the flu shot, I developed rash down the vaccinated arm and within a few days, I developed rash down the opposite arm as well as on the backs of both knees
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Three days after vaccine administration, I woke with stiffness / arthritic tips of fingers on right hand and toes on right foot. The joint stiffness continued to get worse on my right side and on the eleventh day after vaccination, I developed sciatica so badly that my right leg was so weak and could not be used to go up stairs; walking and sitting / standing were extremely painful. The sciatica and neuropathy / arthritic joint pain went away on my right side at approximately eighteen days after vaccination. But then the joint stiffness / neuropathy emerged on my left side (in the tips of fingers on my left hand and in the toes on my left leg). Within a few days I then also developed intense pain in my left hip joint which made it difficult to move my left leg. These symptoms went away as of six weeks after vaccination. Today is my seventh week after vaccination and the only lingering symptoms are slight neuropathy / stiffness in the tips of my fingers and toes on my right

side.

VAERS ID:	2027858 (history)	**Vaccinated:**	2021-12-21
Form:	Version 2.0	**Onset:**	2021-12-31
Age:	32.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	33025BD / 3	LA / -

Administered by: Public **Purchased by:** ?
Symptoms: C-reactive protein increased, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Mirena IUD
Current Illness: none
Preexisting Conditions: congenital heart defect
Allergies: opiates
Diagnostic Lab Data: ER visit, labs - elevated CRP 1/2/2022
CDC Split Type:
Write-up: swelling of several toes L foot, pain and swelling of pad of R foot CRP elevated @ 26.5 CRP repeated 1/10/22 @ 7.8

VAERS ID:	2027892 (history)	**Vaccinated:**	2021-12-21
Form:	Version 2.0	**Onset:**	2021-12-21
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	B31308A / 3	LA / UN

Administered by: Public **Purchased by:** ?
Symptoms: Burning sensation, Erythema, Feeling cold, Headache, Hypoaesthesia, Pain in extremity, Paraesthesia, Pruritus, Pyrexia, Rash macular, Tinnitus
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Hearing impairment (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prilosec. Levothrexone, simvastatin
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: none known of
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: almost instantly as soon as the shot was administered I had a pain in the top of my hand that lasted the entire day. Approx 30 minutes after the vaccine I was home and had tingles like pins and needles in my body at different locations. I also had the palms of my hands were both all blotchy red and burned a little and itched a little but the biggest issue was they were blotchy red almost like hives but not. these issues lasted approx 3-4 days. I spiked a low fever which corrected on its own and had an terrible headache for 2 days. Im on day 17 post booster vaccine and approx 3 days ago i started having some numbess and or cold feeling on my buttocks as if you had been sitting for hours on a chair or a feeling as if you were outside in the cold and came inside..hard to explain. and for 2 days now i have faint constant ringing in my ears. Not sure if the most recent effects are from the booster as its been 2 weeks when these started however the first few were almost immediate.

VAERS ID:	2027899 (history)	**Vaccinated:**	2021-12-29
Form:	Version 2.0	**Onset:**	2022-01-11
Age:	31.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Progesterone pill
Current Illness: None
Preexisting Conditions: None
Allergies: No allergies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Urticaria- itching and hives throughout all areas of skin

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VAERS ID:	2028233 (history)	**Vaccinated:**	2022-01-12
Form:	Version 2.0	**Onset:**	2022-01-12
Age:	52.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3198 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol, Gabapentin
Current Illness: Unknown
Preexisting Conditions: Alcoholism; anxiety disorder; carpal tunnel syndrome; depressive disorder; epicondylitis, lateral; hyperlipidemia; hypertension; impotence of organic origin; insomnia; knee pain; neoplasm of uncertain behavior of skin; neuralgia; obesity; pain in joint; pes planus; suppurative tenosynovitis of flexor tendon of right hand; tenosynovitis; traumatic injury

Allergies: Bupropion, Hydrocodone-Acetaminophen
Diagnostic Lab Data: N/A.
CDC Split Type:
Write-up: This patient received his booster dose too soon. It had not been 5 months since he completed his primary 2 dose series. Administered a Pfizer booster to him today.

VAERS ID:	2028643 (history)	**Vaccinated:**	2022-01-12
Form:	Version 2.0	**Onset:**	2022-01-12
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3197 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Cold sweat, Nausea, Skin warm
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: none reported
Preexisting Conditions: none reported
Allergies: none reported
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 5 minutes after receiving vaccine 12 yo male feeling "like I"m going to be sick". Skin warm and clammy, BP = 108/62; RR = 22; HR= 86; 02 sat = 98-100%. Laid down on cot for 10 minutes at which time male stated "I"m feeling better now" Sat up for 10 minutes with no further symptoms. BP = 110/64 RR = 20 HR = 82. Escorted patient and Pt parent to door. Reviewed s/s of adverse reaction and provided instructions for further action if needed.

VAERS ID:	2030930 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-12-18
Age:	60.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-01-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1822809 / 2	- / -

Administered by: Other **Purchased by:** ?
Symptoms: Epilepsy
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Generalised convulsive seizures following immunisation (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Blood pressure high; Epilepsy
Preexisting Conditions: Comments: Patient had no known drug allergies.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20220107552
Write-up: EPILEPTIC SEIZURE; This spontaneous report received from a patient concerned a 60 year old male. The patient"s height and weight were not reported. Concurrent conditions included: high blood pressure and epilepsy. The patient had no known drug allergies (NKDA). The patient had been diagnosed with epilepsy back in 2016 and has been on medications for it for the past 5 years. He states he has not had a seizure since he has been on the medication for it. The patient previously received with covid-19 vaccine ad26. cov2. s (Dose number in series 1) (suspension for injection, route of admin not reported, batch number: 043A21A and expiry: unknown) dose was not reported, 1 total, administered on 10-APR-2021 for prophylactic vaccination. It was unknown whether patient had any adverse events following primary vaccination with covid-19 vaccine ad26.cov2.s (Dose number in series 1). The patient received booster of covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1822809, and expiry: unknown) dose was not reported, 1 total, administered at right arm on 16-DEC-2021 for prophylactic vaccination on right arm (dose number in series 2). The patient has high blood pressure and for which he was on two blood pressure medications. On Saturday night of 18-DEC-2021, patient experienced an epileptic seizure (Dose number in series 2). Patient stated that, he was disoriented after the seizure but was fine afterwards and he could hear his wife after the seizure. The patient went to work Monday and Tuesday before hearing back from physician. He took Keppra (levetiracetam) 1000mg twice a day and before that he was on 750mg of Keppra twice a day. The patient stated that, due to seizure and his work he cannot be on the road for at least 3 months. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The

patient recovered from epileptic seizure. This report was serious (Other Medically Important Condition).; Sender''s Comments: V0: 20220107552- Covid-19 vaccine ad26.cov2.s-epileptic seizure. This event is considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event

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VAERS ID:	2032235 (history)	**Vaccinated:**	2022-01-13
Form:	Version 2.0	**Onset:**	2022-01-13
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	9P935 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient came to flu clinic requesting flu vaccine which was administered. Later when entering information into the Immunization Registry staff found that patient previously recieved flu vaccine this season, Oct 2021.

VAERS ID:	2034924 (history)	**Vaccinated:**	2022-01-13
Form:	Version 2.0	**Onset:**	2022-01-13
Age:	59.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-14

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Interchange of vaccine products, Product administration error, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client arrived requesting Moderna booster and was given Pfizer in error. Attempts to reach client have been unsuccessful.

VAERS ID:	2035260 (history)	**Vaccinated:**	2022-01-14
Form:	Version 2.0	**Onset:**	2022-01-14
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Nausea, Pallor, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient arrived to clinic for 1st dose of pediatric pfizer vaccine. Vaccination was completed successfully with no immediate complaints from the patient. Approximately 10 minutes post-vaccination patient complained of nausea. Patient was brought to a restroom by parent and patient and parent reported that he vomited. Patient appeared pale/gray complexion RN''s assessment. Parent reported that patient had not had anything to eat or drink yet this morning. Patient was asked to sit in a chair and drink small amounts of juice and was given pretzels. Patient''s coloring improved with food and drink. Patient was observed for a total of 30 minutes with no other complaints except nausea which improved during observation. Parent reported that patient can get carsick, staff provided parent with emesis bag in case of nausea presenting again. Parent reported they would be getting food after leaving clinic site.

VAERS ID:	2035562 (history)	**Vaccinated:**	2021-12-09
Form:	Version 2.0	**Onset:**	2021-12-12
Age:	68.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	RA / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ764AC / 7+	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Atrial fibrillation
SMQs:, Supraventricular tachyarrhythmias (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: acetaminophen, amlodipine, atorvastatin, carvedilol, docusate, triamterene-hydrochlorothiazide, valsartan

Current Illness:
Preexisting Conditions: hypertension, hyperlipidemia, prediabetes, lumbar radiculopathy
Allergies: lisinopril, almonds, sea salt
Diagnostic Lab Data:
CDC Split Type:
Write-up: atrial fibrillation with rapid ventricular response identified at acute office visit on 12/9/21. Transferred to Emergency Department. Treated with IV antiarrhythmics and converted to sinus rhythm.

VAERS ID:	2035797 (history)	**Vaccinated:**	2021-12-28
Form:	Version 2.0	**Onset:**	2022-01-02
Age:	17.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / IM

Administered by: Other **Purchased by:** ?
Symptoms: Antinuclear antibody, Blood thyroid stimulating hormone normal, Chest X-ray normal, Chest wall mass, Condition aggravated, Full blood count normal, Joint swelling, Macule, Metabolic function test, Musculoskeletal chest pain, Pain, Pityriasis, Polychondritis, Rash, Red blood cell sedimentation rate normal, Rheumatoid factor, Swelling face, Troponin normal
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: had some episodic chest wall pain over the course of 2-3 years, negative cardiology workup including echo.
Allergies: tree nuts, medical adhesive (Zio patch), blackberries (all yielding rash)
Diagnostic Lab Data: 1/3/22 troponin negative 1/5/22 CBC , CMP, ESR, CRP, TSH normal 1/14/22 ANA, RF, CBC reordered; results of first two could take 5 days or more to return (rural area)
CDC Split Type:

Write-up: Pt presented to emergency dept 3 days after vaccination with acute chest wall pain, acute coronary syndrome ruled out, pericarditis/myocarditis ruled out. He had a very tender, nonerythematous firm chest wall mass at the right costochondral junction that has been present from 1/3 to date (1/14/22). Ultrasound showed no pericarditis in ED; chest xray was unremarkable. He simultaneously had a rash on his upper shoulders that when I saw him on 1/10 looked like pityriasis (pink-tan macules, ovoid, no scale, nontender, not itchy. At one point this looked like another clinician like urticaria, but the flat macules that were present on my exam were not itchy and were persistent over days. He has had no fever or chills, but has had, since the vaccine, episodic and relatively quickly resolving (over 1-2 days) swelling of the elbow, and the nasal bridge. He does have a single palpable cervical lymph node. -originally entertained possibility of Tietze"s syndrome after case of pityriasis but with extremity joint involvement and nasal bridge swelling find this now less likely -ddx does include relapsing polychondritis but no vestibular/acoustic/otic or ophthalmic involvement; also quite rare. Appreciate the work of our public health colleagues.

VAERS ID:	2035813 (history)	**Vaccinated:**	2022-01-14
Form:	Version 2.0	**Onset:**	2022-01-14
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058H21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NO
CDC Split Type:
Write-up: Vaccine was beyond use date

VAERS ID: 2036039 (history)		**Vaccinated:**	2022-01-14
Form:	Version 2.0	**Onset:**	2022-01-14
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The patient, arrived to vaccine clinic with two para-educators. Verbal consent and screening checklist completed over the phone with patient''s mother. Mother reported a history of patient fainting following the patient''s second Covid vaccine, and mother reported that patient improved after drinking apple juice. Mother also reported that patient has Down Syndrome. Plan was made by clinic staff to provide patient with apple juice and pretzels while at the vaccination table, to have an area nearby for patient to lie down if needed, and for patient to wait her 15 minutes at the vaccination table, so that she would not have to walk to another area following vaccination. Patient arrived at vaccination table with two para-educators and began sipping on apple juice and snacking on pretzels. Patient received Pfizer vaccine without issue. Patient continued sipping apple juice and snacking on pretzels while waiting her 15 minutes and talked with vaccinators and para-educators. After 13 minutes had passed, patient stated that she began to feel dizzy, so patient lied down on the floor with her feet up, with the assistance of the clinic staff. Patient''s skin appeared pink, and patient was able to open eyes and talk with clinic staff. Para-educator stated that "this might be an attention-seeking behavior." Patient lied on floor for approximately 5 minutes with clinic staff attending to her. After 5 minutes, patient reported that she was feeling better, and not dizzy anymore. Patient was sat up slowly by clinic staff and sat on the floor for approximately 5 minutes, with observation from clinic staff. Patient then was moved to a chair with the assistance of two clinic staff. Patient sat in chair for an additional 2-3 minutes, without issue. Patient was then walked across the room to sit in another chair, with the assistance

of two clinic staff. Patient reported feeling fine. At that time, para-educators assumed care of the patient, and patient left the clinic reportedly feeling "better."

VAERS ID:	2036608 (history)	**Vaccinated:**	2022-01-08
Form:	Version 2.0	**Onset:**	2022-01-14
Age:	9.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF0007 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Contusion
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Methlyphenidate 5mg
Current Illness: none
Preexisting Conditions:
Allergies: amoxicillan
Diagnostic Lab Data: blood work 01/14/2022
CDC Split Type:
Write-up: Unusual bruising in the shoulders of both arms. It was more so in the arm that had most recently gotten the vaccine and less so in the arm that had gotten the first dose. Bruising didn"t show up until day 6 after the second shot. No swelling, itching or pain. Went to the Dr. and all blood work came back normal so there is no explanation for the bruising.

VAERS ID:	2038356 (history)	**Vaccinated:**	2021-12-23
Form:	Version 2.0	**Onset:**	2021-12-26
Age:	83.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	071F21A / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Limb discomfort, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: flovent hfa Losartan simvastatin esomperazole famotidine nabumetone
Current Illness: none that they know of
Preexisting Conditions:
Allergies: codeine penicillin sulfa
Diagnostic Lab Data: none known of
CDC Split Type:
Write-up: First two COVID-19 vaccinations were Pfizer - patient complained that left arm was "lame" from the elbow down. They could not lift their arm and it "felt swollen" and heavy.

VAERS ID:	2042373 (history)	**Vaccinated:**	2021-03-13
Form:	Version 2.0	**Onset:**	2021-03-13
Age:	68.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / -

Administered by: Other **Purchased by:** ?
Symptoms: Abdominal discomfort, Vaccination site pain
SMQs:, Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Heart valve replacement; Hemodialysis; Open heart surgery; Pacemaker insertion (cardiac)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021301085
Write-up: Upset stomach; soreness at injection site; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 68 year-old male patient received bnt162b2 (BNT162B2), administered in arm right, administration date 13Mar2021 16:00 (Batch/Lot number: unknown) at the age of 68 years as dose 1, single for covid-19 immunisation. Relevant medical history included: "Haemodialysis", start date: Jun2012 (unspecified if ongoing); "Open heart surgery" (unspecified if ongoing); "Heart valve replacement", start date: 2017 (unspecified if ongoing); "pacemaker", start date: 2017 (unspecified if ongoing). The patient took concomitant medications. The following information was reported: VACCINATION SITE PAIN (non-serious) with onset 13Mar2021, outcome "recovered" (15Mar2021), described as "soreness at injection site"; ABDOMINAL DISCOMFORT (non-serious) with onset 15Mar2021, outcome "not recovered", described as "Upset stomach". Additional information: Patient was having side effects from the Covid-19 vaccine. He had soreness at the injection site. He was unsure if it was what he ate or a reaction to the vaccine. Yesterday he had an upset stomach. He read where that was mentioned in the paperwork. History of all previous immunization with the Pfizer vaccine considered as suspect was reported as none. Additional Vaccines Administered on Same Date of the Pfizer Suspect was reported as none. Prior Vaccinations (within 4 weeks) were reported as none. Relevant Tests were reported as none. Patient was unable to clearly read the handwriting on the card as it was illegible. He think the Lot was EL92CR1. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	2042629 (history)	**Vaccinated:**	2022-01-14
Form:	Version 2.0	**Onset:**	2022-01-14
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058H21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine was beyond use date

VAERS ID:	2042720 (history)	**Vaccinated:**	2021-01-14
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	50.0	**Days after vaccination:**	77
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain, Hypoaesthesia, Pain of skin, Paraesthesia, Skin disorder
SMQs:, Acute pancreatitis (broad), Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Suboxone, lantis, novolog quill pen
Current Illness: Diabetes 2,
Preexisting Conditions: Smoking , yes
Allergies: Cat dander
Diagnostic Lab Data:
CDC Split Type:
Write-up: I was vaccinated in January 2021and I received both Pfizer shots. But a month later I started getting these little painful raised sore spots on my scalp. After about a month they opened up and turned into rings after two months it had left a hole. Also had very sharp stabbing pains in abdomen and skin wet very numb and tingly. Got vaccinated again in June 2021, The same thing happened again of course on the scalp, raised sore spots that repeated what I explained above. They both took three months or more to heal yeah leaving holes where they were. Got the booster

shot and the same thing happened again only a little more intense. As I sit here writing an hour I have lesions on my scalp that are painful and have opened up and will turn into holes. Eventually I''m thinking they will scar over completely. I believe it''s the vaccine that has done this. As explained above the sharp pains in my abdomen. I''ve never experienced any of these issues before until I got the vaccines. Also I am starting to get tingly fingers like I''m losing feeling in my hands and I get a deep sharp ache in my forearms. I don''t know if this is linked to the shots, but it did start after the second time I was vaccinated and after the booster shot. As for the scalp lesions they happened from the first vaccine doses, the second vaccine doses and the booster shot. I don''t know if my immune system got over reactive or overactive. Pardon my non-medical term use of words lol I''m not school with medical terms. I am quite worried that this is going to happen to leave holes in my scalp. I hope this helps. I was wondering if this is happened to anybody else? I was wondering if anyone else had issues with scalp lesions?

VAERS ID:	2042803 (history)	**Vaccinated:**	2022-01-14
Form:	Version 2.0	**Onset:**	2022-01-14
Age:	22.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058H21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine was beyond use date

VAERS ID:	2043126 (history)	**Vaccinated:**	2021-10-22
Form:	Version 2.0	**Onset:**	2022-01-16
Age:	42.0	**Days after vaccination:**	86
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 2	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8020 / 3	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Bleeding anovulatory
SMQs:, Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Cholecalciferol, Vitamin D3, Dimethyl Fumarate (Tecfidera), Gabapentin (Neurontin), Lisdexamfetamine (Vyvanse), MethIMAzole (Tapazole), Sertraline (Zoloft), Zolpidem (Ambien)
Current Illness: N/A
Preexisting Conditions: Multiple Sclerosis, Graves Disease
Allergies: N/A
Diagnostic Lab Data: N/A. Gynecologist told me this is a common trend they are seeing 2-3 months after COVID vaccine.
CDC Split Type:
Write-up: Heavy anovulatory bleeding 8 days after the end of my regular cycle. I am not on birth control , I track my periods every month & am freakishly regular. Regular period: January 4-8, 2022- New bleeding: January 16, 2022-current.

VAERS ID:	2043150 (history)	**Vaccinated:**	2021-11-05
Form:	Version 2.0	**Onset:**	2021-11-05
Age:	12.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Pain in extremity, Tendon disorder
SMQs:, Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: celiac disease
Allergies: gluten
Diagnostic Lab Data: physical exam
CDC Split Type:
Write-up: developing pain in the biceps origin, tendinopathy symptoms. pain at night improved with positioning

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VAERS ID:	2047662 (history)	**Vaccinated:**	2022-01-18
Form:	Version 2.0	**Onset:**	2022-01-18
Age:	26.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3197 / 3	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Swollen tongue, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: ~20 minutes after injection tongue began to swell and was hard to move and throat became tight. Did not subside for 4 hours. Took 1 Benadryl when the swelling and tightness began and another one an hour after when symptoms did not improve. No allergies known and no allergic reaction to first 2 Pfizer shots.

VAERS ID:	2047954 (history)	**Vaccinated:**	2021-09-14
Form:	Version 2.0	**Onset:**	2021-09-14
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	09NB21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cardiac murmur, Chest X-ray abnormal, Chest discomfort, Computerised tomogram abdomen abnormal, Condition aggravated, Coronary artery occlusion, Dysphagia, Dyspnoea exertional, Echocardiogram, Echocardiogram abnormal, Electrocardiogram abnormal, Hepatic steatosis, Lyme disease, Lymphadenopathy, Malaise, Myocarditis, Pericardial effusion, Pulmonary fibrosis, Pulmonary hypertension, Ventricular septal defect
SMQs:, Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Anaphylactic reaction (broad), Interstitial lung disease (narrow), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Congenital, familial and genetic disorders (narrow), Embolic and thrombotic events, arterial (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Pulmonary hypertension (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: Cardiac issues for a week with first COVID vaccine.
Other Medications: no
Current Illness: no
Preexisting Conditions: lime disease
Allergies: latex
Diagnostic Lab Data: Yes, EKG-result show blockage on right side of heart, ultrasound of heart-found fluid on heart, chest x-ray-found scarring on lungs and inflammation on her heart. CT-scan at Pulmonary doctor-found fatty liver and 2 swollen lymph node/Pulmonary. Doctor told her she has Pulmonary hypertension, echocardiogram-shows she has a heart murmur. Bubbler echo showed she has a whole in heart and when she got the vaccine it put to much stress on her heart. Was told that she would need to have open heart surgeries.
CDC Split Type:
Write-up: After receiving the vaccine it became hard to swallow. She had COVID symptoms and it made her Lyme Disease flare up. The following week she felt like she was having a heart attack. Couple days later she couldn''t walk up 3 stairs without being winded. Went to doctor after and was sent to the ER.

VAERS ID:	2048393 (history)	**Vaccinated:**	2022-01-06
Form:	Version 2.0	**Onset:**	2022-01-09
Age:	54.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	070H21A / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Vertigo
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bupropion, Fluoxetine, Estrogen, Progesterone, Vitamin B, Vitamin D, CoQ10, Magnesium
Current Illness: I had a week-long cold about 4 weeks before vaccination.
Preexisting Conditions: Depression, anxiety, migraines
Allergies: Morphine

Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Waves of dizziness, wooziness, vertigo and fatigue. Beginning 3 days post-injection, lasting about 4 days.

VAERS ID:	2048403 (history)	**Vaccinated:**	2021-12-11
Form:	Version 2.0	**Onset:**	2022-01-16
Age:	35.0	**Days after vaccination:**	36
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / SC
FLUR4: INFLUENZA (SEASONAL) (FLUBLOK QUADRIVALENT) / PROTEIN SCIENCES CORPORATION	- / 1	LA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Bell's palsy, Facial paralysis, Facial paresis, Magnetic resonance imaging head
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine: 0.025 mg. OTC Vitamin C supplement
Current Illness: Respiratory illness (tested negative for COVID-19.)
Preexisting Conditions: Sleep apnea. Asthma.
Allergies: Amoxicillin and Wellbutrin. Averse reaction to Valium.
Diagnostic Lab Data: Ruled out stroke - Head MRI.
CDC Split Type:
Write-up: Bell?s Palsy. Slight drooping on right side of face observed by family within 2 weeks of vaccines. Significant experience of facial weakness/paralysis experienced on 5 weeks later and Bell?s Palsy diagnosed during Emergency Room visit.

VAERS ID:	2050825 (history)	**Vaccinated:**	2021-06-02
Form:	Version 2.0	**Onset:**	2021-06-03
Age:	30.0	**Days after vaccination:**	1
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037C21A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dyspnoea, Fatigue, Speech disorder
SMQs:, Anaphylactic reaction (broad), Dementia (broad), Acute central respiratory depression (broad), Psychosis and psychotic disorders (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram 10mg, Nortriptyline, Testosterone Cypionate- injection, Vybanxd, melatonin, topical cream
Current Illness: no
Preexisting Conditions: post concussion syndrome
Allergies: Lactose, season allergies, lilly''s
Diagnostic Lab Data: no
CDC Split Type: vsafe
Write-up: Felt really tired. When I woke up, had rapid heart rate. Couldn''t catch breath walking to kitchen. Difficult to talk. Rested and felt better.

VAERS ID:	2050833 (history)	**Vaccinated:**	2021-12-18
Form:	Version 2.0	**Onset:**	2021-12-18
Age:	30.0	**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Paraesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram; nortriptyline; testosterone cypionate injection; Vyvanse; melatonin; topical cream
Current Illness:
Preexisting Conditions: Post concussion syndrome
Allergies: Lactose; season allergies; lilly''s
Diagnostic Lab Data: Took pain meds and a zinc supplement, per doctors.
CDC Split Type: vsafe
Write-up: Needle pain in fingertips.

VAERS ID:	2051277 (history)	**Vaccinated:**	2021-11-30
Form:	Version 2.0	**Onset:**	2021-12-03
Age:	62.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027H21B / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Burning sensation, Hypoaesthesia, Immediate post-injection reaction, Injected limb mobility decreased, Injection site pain, Magnetic resonance imaging, Pain, Pain in extremity
SMQs:, Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies: NONE
Diagnostic Lab Data: 12/7/2021 12/9/2021 12/15/2021 12/21/2021
CDC Split Type:
Write-up: From the site of the injection pain began to spread evenly across my shoulder, down my back and left arm arm immediately. From their the feeling was as though I was infected. It was instant. A burning sensation with sharp pain whenever I began to move. The level of pain was off the chart, before I made it to the Emergency Department. The pain remains. I am unable to lift my arm more than 4 inches. My fingers remain numb. Treatment: Emergency room Evaluation, Medication Management, Steroids x 2, MRI, referrals.

VAERS ID:	2051398 (history)	**Vaccinated:**	2022-01-20
Form:	Version 2.0	**Onset:**	2022-01-20
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pfizer booster was given 1.5 months early.

VAERS ID:	2054308 (history)	**Vaccinated:**	2022-01-20
Form:	Version 2.0	**Onset:**	2022-01-20
Age:	37.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8030 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration, No adverse event

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 3rd dose booster given 3 months after 2nd dose instead of 5 months. Pt had no adverse reaction

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VAERS ID:	2055468 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	35.0	**Days after vaccination:**	83
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3246 / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Propranolol; fluticasone nasal spray; Allegra
Current Illness: None
Preexisting Conditions: Asthma
Allergies: None
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: It started as a bilateral hand rash. I used some topical corticosteroid that had previously been prescribed for eczema. That went on for 2-3 months where it was smoldering and it never went away completely even though I was using those medications. That actually went on for several months. Started in April or May and coincidence with other health event. That same week, it completely exploded and became way worse than it had ever been (Late August). I had a recommendation from another friend to try a higher dose steroid and tried that on my hand and that kept things at a low rumble but it never really went away. At that time I was also having a bilateral lower and upper extremity skin rash and trunk. It was predominantly extensor surfaces. I went to see a dermatologist, a different one at that point and he prescribed a different corticosteroid and used that for another 1-2 months and it improved and never went away on the hands. Went back to see him in follow up and it had been a couple months at that point and he said to keep using it. Around that time, he also put me on high dose on antihistamines. Hydroxyzine at night. Dermatologist is stumped, being sent back to PCP as well as an allergist.

VAERS ID:	2056580 (history)	**Vaccinated:**	2022-01-14
Form:	Version 2.0	**Onset:**	2022-01-01
Age:	63.0	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2022-01-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058H21A / 3	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, Headache, Product storage error, Vaccination site discomfort
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20224
Write-up: This spontaneous case was reported by an other health care professional and describes the occurrence of VACCINATION SITE DISCOMFORT (discomfort in their injection arms), HEADACHE (headache), EXPIRED PRODUCT ADMINISTERED (booster doses of Moderna vaccine stored in the fridge past 30 day BUD administered to 3 patients) and PRODUCT STORAGE ERROR (booster doses of Moderna vaccine stored in the fridge past 30 day BUD administered to 3 patients) in a 63-year-old patient of an unknown gender who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 058H21A) for COVID-19 vaccination. No Medical History information was reported. On 14-Jan-2022, the patient received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 14-Jan-2022, the patient experienced EXPIRED PRODUCT ADMINISTERED (booster doses of Moderna vaccine stored in the fridge past 30 day BUD administered to 3 patients) and PRODUCT STORAGE ERROR (booster doses of Moderna vaccine stored in the fridge past 30 day BUD administered to 3 patients). In January 2022, the patient experienced VACCINATION SITE DISCOMFORT (discomfort in their injection arms) and HEADACHE (headache). On 14-Jan-2022, EXPIRED PRODUCT ADMINISTERED (booster doses of Moderna vaccine stored in the fridge past 30 day BUD administered to 3 patients) and PRODUCT STORAGE ERROR (booster doses of Moderna vaccine stored in the fridge past 30 day BUD administered to 3 patients) had resolved. At the time of the report, VACCINATION SITE DISCOMFORT (discomfort in their injection arms) and HEADACHE (headache) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Vaccine was stored in the fridge (4.7 C) since 03-Dec-2022. All three patients stated discomfort in their injection arms and had no fever or no chills. The patient had headache the next day. No concomitant medication information was provided. No treatment medication information was provided. Most recent FOLLOW-UP information incorporated above includes: On 19-Jan-2022: Follow-up received: Reporter details, patient age and events updated.

VAERS ID:	2056951 (history)	**Vaccinated:**	2021-03-15
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-01-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Heart rate, Heart rate increased
SMQs:, Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: heart rate; Result Unstructured Data: Test Result:fast
CDC Split Type: USPFIZER INC2021329550
Write-up: headaches; fast heart rate; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) for a sponsored program Support. The reporter is the patient. A female patient received bnt162b2 (BNT162B2), administration date 15Mar2021 (Batch/Lot number: unknown) as dose 1, single for covid-19 immunisation. The patient"s relevant medical history and concomitant medications were not reported. The following information was reported: HEADACHE (non-serious), outcome "unknown", described as "headaches"; HEART RATE INCREASED (non-serious), outcome "unknown", described as "fast heart rate". Relevant laboratory tests and procedures are available in the appropriate section. Additional information: Patient got her 1st dose and she experienced headaches and a fast heart rate for like a day or two. And the fast heart rate scared her. She"s scheduled to get her 2nd dose on 5Apr2021, and she wants to know if the side effect will be the same or will there be a more intense side effect. She wants to know the severity of the side effect of the 2nd dose. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	2057276 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-01-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Drug ineffective, Suspected COVID-19
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: COVID-19 (Before the vaccines, she had a hard case of Covid)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200047589
Write-up: COVID symptoms; COVID symptoms; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team for a sponsored program (159558). The reporter is the patient. A 63 year-old female patient received bnt162b2 (BNT162B2) (Batch/Lot number: unknown) as dose 1, single and (Batch/Lot number: unknown) as dose 2, single for covid-19 immunisation. Relevant medical history included: "Covid-19" (unspecified if ongoing), notes: Before the vaccines, she had a hard case of Covid. The patient''s concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), SUSPECTED COVID-19 (medically significant), outcome "unknown" and all described as "COVID symptoms". Clinical comment: The patient was asking about the Booster shot. She said that she already had the 2 doses of the Pfizer vaccine and on each vaccine she had COVID symptoms. The lot number for bnt162b2 was not provided and will be requested during follow up.

VAERS ID:	2058427 (history)	**Vaccinated:**	2021-12-16
Form:	Version 2.0	**Onset:**	2021-12-19
Age:	46.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Severe nausea and fatigue after doses 1 and 2 that lasted 48-60 hours.
Other Medications: Vitamin D3 (5000 IU), Calcium (500mg)
Current Illness: None
Preexisting Conditions: Psoriasis 13 years
Allergies: None
Diagnostic Lab Data:
CDC Split Type:

Write-up: Pulsatile tinnitus 8000 Hz developed in both ears 2-3 days after booster shot. Louder in left ear than right. Noticeably louder in mornings, but still loud even when driving with studded winter tires and the heater on. Only stops pulsing while I yawn and becomes a steady whine. When yawning stops, goes back to pulsatile. Has not diminished in severity since it developed. Have not gone to a doctor. Waiting for it to resolve (hopefully)

VAERS ID:	2058460 (history)	**Vaccinated:**	2021-12-06
Form:	Version 2.0	**Onset:**	2021-12-09
Age:	46.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 3	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VITAMIN D & ZINC
Current Illness:
Preexisting Conditions: LYME DISEASE CONTRACTED MAY OR JUNE 2021. 3 WEEK CYCLE OF DOXYCYCLINE ADMINISTERED JULY 19-AUG 9 2021.
Allergies: NONE
Diagnostic Lab Data:
CDC Split Type:
Write-up: WITHIN A WEEK AFTER ADMINISTRATION OF DOSE #3, TINNITUS BEGAN IN BOTH EARS. TINNITUS HAD BEEN EXPERIENCED DURING FEVER STAGE OF LYME DISEASE (JULY 11-15) BUT HAD DIMINISHED COMPLETELY BY TIME OF COVID BOOSTER ON 12-06-2021. WITHIN 3 DAYS, THE TINNITUS HAD RETURNED AND IS NOW CONSTANT INSTEAD OF INTERMITTENT (AS HAD BEEN EXPERIENCED PREVIOUSLY DURING LYME DISEASE). IN OTHER WORDS, IT"S BECOME NEXT LEVEL.

VAERS ID:	2059067 (history)	**Vaccinated:**	2022-01-24
Form:	Version 2.0	**Onset:**	2022-01-24
Age:	14.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013H21B / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Interchange of vaccine products, No adverse event, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: pro air
Current Illness: none covid end of dec
Preexisting Conditions:
Allergies: nkda
Diagnostic Lab Data:
CDC Split Type:
Write-up: Child came in for a follow up and needed a booster I gave the moderna half dose instead of the pfizer by accident he stayed the 15 mins had no reaction

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VAERS ID:	2062129 (history)	**Vaccinated:**	2022-01-24
Form:	Version 2.0	**Onset:**	2022-01-25
Age:	19.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ5682 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Head injury, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None yet.
CDC Split Type:
Write-up: When I woke up the morning after get my third dose, I went to urinate and passed out while I was washing my hands. I hit my head on the tile floor. I lost consciousness for a few seconds.

VAERS ID:	2062130 (history)	**Vaccinated:**	2021-06-09
Form:	Version 2.0	**Onset:**	2021-08-06
Age:	59.0	**Days after vaccination:**	58
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	054C21A / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Computerised tomogram, Dehydration, Diarrhoea, Impaired work ability, Laboratory test, Mesenteric panniculitis, Weight decreased
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Atenolol, Dilantin
Current Illness: None
Preexisting Conditions: seizure disorder
Allergies: MSO4, Emycins
Diagnostic Lab Data: August 2021, Multiple labs done, CT SCAN, Meds given
CDC Split Type:
Write-up: Messenteric Panniculitis. 2 months almost to the day I was given 2nd dose. Ended up

in the ER. An immune response to something. Never had anything like it before. Missed multiple days of work, CT scan done, multiple labs etc. 15 lb weight loss. Dehydration. IV''s given. Severe Diarhea Wondering if there is any connection to the Vaccine? I decided to report it.

VAERS ID:	2062735 (history)	**Vaccinated:**	2022-01-21
Form:	Version 2.0	**Onset:**	2022-01-22
Age:	5.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C5916AA / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site swelling, Injection site warmth, Skin swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Parent called office on 1/24/22 stating that the patient developed a light pink area around the injection site on 1/22/22. Over the weekend it increased in redness, "puffiness", was warm to the touch, became the size of a grapefruit and was painful. At the time of the phone call to office, the swelling had decreased, but still with redness and some pain. Parent was advised to apply cold compress and use Advil/Tylenol as needed

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VAERS ID:	2063219 (history)	**Vaccinated:**	2021-05-21
Form:	Version 2.0	**Onset:**	2021-06-01
Age:	47.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0186 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Aldolase, Antibody test, Antinuclear antibody, Arthralgia, Autoimmune disorder, Back pain, Blood creatine phosphokinase, Blood test abnormal, Blood thyroid stimulating hormone, C-reactive protein, Differential white blood cell count, Full blood count, HLA-B*27 assay, Inflammation, Joint stiffness, Metabolic function test, Musculoskeletal stiffness, Myalgia, Neck pain, Pain in extremity, Polymyalgia rheumatica, Red blood cell sedimentation rate, Rheumatoid factor, X-ray limb, X-ray of pelvis and hip
SMQs:, Rhabdomyolysis/myopathy (broad), Retroperitoneal fibrosis (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Vasculitis (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Desogestrel/Ethinyl Estradiol (.15mg/.02mg and .01mg), Alavert D-12 (OTC allergy medication), Blood Builder Iron supplement, Vitamin B-complex supplement, Hair/nail supplement (Biotin), Lactaid.
Current Illness: None
Preexisting Conditions: Varicose veins, allergic rhinitis to dust/pollen, eczema
Allergies: Topical allergies to nickel, perfumes; mild allergic reaction to acidic foods (tongue scalloping/soreness in response to tomatoes, strawberries, citrus), lactose intolerance.
Diagnostic Lab Data: Imaging XR Shoulder LeftOrdered by (Privacy),DO Dec 29, 2021 Imaging XR Pelvis AP And Hip 2 Views Of 1 Hip BilatOrdered by (Privacy), DO Dec 29, 2021 Lab COMPREHENSIVE METABOLIC PANELOrdered by (Privacy), DO Dec 29, 2021 Lab CBCOrdered by (Privacy), DO Dec 29, 2021 Lab ALDOLASEOrdered by (Privacy), DO Dec 29, 2021 Lab CKOrdered by (Privacy), DO Dec 29, 2021 Lab MYOSITIS ANTIBODIESOrdered by (Privacy), DO Dec 29, 2021 Lab SEDIMENTATION RATE, AUTOMATEDOrdered by (Privacy), DO Dec 29, 2021 Lab CRP, ACUTE INFLAMMATIONOrdered by (Privacy), DO Dec 29, 2021 This information is from another organization. Lab HLA-B27Ordered by (Privacy), DO Dec 29, 2021 Lab ENA AB-MAYOOrdered by (Privacy), DO Dec 29, 2021 Lab HEMOGRAMOrdered by (Privacy), MD Dec 29, 2021 Lab DIFFERENTIAL, AUTOMATEDOrdered by (Privacy), MD Dec 29, 2021 Lab RHEUMATOID FACTOROrdered by (Privacy), MD Sep 22, 2021 Lab C REACTIVE PROTEINOrdered by (Privacy), MD Sep 22, 2021 Lab TSHOrdered by (Privacy), MD Sep 22, 2021 Lab ANTI NUCLEAR AB (ANA), IFAOrdered by (Privacy), MD Sep 22, 2021 Lab SED RATE
CDC Split Type:
Write-up: Though previously very active/athletic and in good health, I began experiencing noticable muscle and joint stiffness/pain in neck, hips, lower back, knees, thighs, hamstrings in June 2021. Stiffness/pain became progressively worse over the next few months and eventually

spread to shoulders/upper back and upper arms. Bloodwork ordered by my PCP in September 2001 suggested an autoimmune disorder. PCP suspected Polymyalgia Rheumatica, but noted that this would be very unusual for someone under 50. She referred me to a rheumatologist for further evaluation and diagnosis. I had my initial rheumatologist visit in December 2021, and medical team confirmed the diagnosis of Polymyalgia Rheumatica (though noted that this is highly unusual in someone my age). I began a course of Prednisone treatment (15 mg/day) on December 29, 2021 and am currently at the start of a taper.

VAERS ID:	2066048 (history)	**Vaccinated:**	2022-01-24
Form:	Version 2.0	**Onset:**	2022-01-24
Age:	19.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	084J21A / UNK	- / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Contusion, Feeling cold, Headache, Hot flush, Vomiting
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: the first two doses of the Covid-19 vaccines
Other Medications: IUD
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: upon going to be had severe hot and cold flashes followed by head ache. Lasted all night long. Threw up in the early morning of the Jan. 25, 2022 and again that same afternoon. Arm has lots of bruising. Threw up again today Jan. 26, 2022 in the am, before 8:00 am

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VAERS ID:	2067811 (history)	**Vaccinated:**	2022-01-24
Form:	Version 2.0	**Onset:**	2022-01-24
Age:	14.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 3	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20224
Write-up: 14 year old that was given a dose of the Moderna vaccine; 14 year old that was given a dose of the Moderna vaccine, received Pfizer COVID-19 vaccination as the primary series; This spontaneous case was reported by a nurse and describes the occurrence of PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (14 year old that was given a dose of the Moderna vaccine) and INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (14 year old that was given a dose of the Moderna vaccine, received Pfizer COVID-19 vaccination as the primary series) in a 14-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030H21B) for COVID-19 vaccination. Previously administered products included for COVID-19 vaccination: Pfizer COVID-19 vaccination (patient received Pfizer COVID-19 vaccination as the primary series). Past adverse reactions to the above products included No adverse event with Pfizer COVID-19 vaccination. On 24-Jan-2022, the patient received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 24-Jan-2022, the patient experienced PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (14 year old that was given a dose of the Moderna vaccine) and INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (14 year old that was given a dose of the Moderna vaccine, received Pfizer COVID-19 vaccination as the primary series). On 24-Jan-2022, PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (14 year old that was given a dose of the Moderna vaccine) and INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (14 year old that was given a dose of the Moderna vaccine, received Pfizer COVID-19 vaccination as the primary series) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medication were reported. No treatment information was provided by the reporter. Patient was 5feet 10 inches. The Lot number and expiration date for the Pfizer COVID-19 vaccine were unknown

VAERS ID:	2069093 (history)	**Vaccinated:**	2022-01-27
Form:	Version 2.0	**Onset:**	2022-01-27
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Medical Assistant, mistakenly diluted the pfizer vaccine at 2:00pm, January 27th, 2022. The new Pfizer formula is not to be diluted. It was our 1st shipment of the new pfizer tris-sucrose formula. I made the mistake out of the habit of previously having to dilute pfizer vaccine formula. There were no adverse reactions following the 15 minute observation time with the patient. I was reading through information on the CDC about what to do in this situation. The information took some time to find so I let the patient leave the office after the 15 minute observation time since they were not experiencing any adverse reactions. I explained to them that the administration of this particular vaccination was more than likely invalid because it was diluted. I told the patient we would call to reschedule as soon as we knew more information. We are attempting to reach the patient now to reschedule a pfizer booster shot as soon as possible.

VAERS ID:	2071108 (history)	**Vaccinated:**	2021-05-03
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	41.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-01-28
Location:	Vermont		

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
TD: TD ADSORBED (NO BRAND NAME) / UNKNOWN MANUFACTURER	A125A / UNK	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Loss of personal independence in daily activities, Malaise, Muscle spasms
SMQs:, Dementia (broad), Dystonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMassBiologicsAE2102
Write-up: Ear infection; Hearing loss; Intermittent cold feelings; Intermittent pain feelings; Cellulitis; Felt Unwell; Chronic Fatigue; Extreme Exhaustion; Muscle cramp in right foot; Unable to function; Hashimoto''s Disease Exacerbated; Initial Telephone Call, 20 May 2021 Pt. reported that on 03 May 2021 she was administered TDVAX (MassBiologics lot #A125A) in her left arm for wound management after injury by a rusty nail. After vaccine administration, she started to feel unwell and continued to feel unwell. She was experiencing chronic fatigue and extreme exhaustion, keeping her from performing daily activities. Her fatigue was followed by muscle cramping in her right foot, treated with Diazepam. She had received Tdap on 10APR2013 along with rabies, hepatitis and typhoid vaccines which lead to some unspecified reaction. The healthcare provider thought that it was related to the rubber stopper of the rabies vaccine and not to Tdap vaccine. Pt. reported that she has Ehlers-Danlos Syndrome, Hashimoto Disease, and Fibromyalgia. On 21 May 2021 Pt. called to inform MassBiologics that she had been in the emergency room (ER) three times in the last 24 hours after being stung by mud wasps. Within a day of having been stung, she developed cellulitis on her left ear (which she noted was at the same side as initial vaccination), and on her right elbow. Pt. was not sure if the cellulitis was related to vaccination. She stated that she was consulting her doctor because she might be borderline anemic. Follow-up Telephone Call, 24 May 2021 MassBiologics reached out to pt. to clarify the timeline of the wasp stings and ER visits. She stated that on 19 May 2021 she received multiple stings on both forearms and biceps, the right elbow and left ear. By 20 May 2021, she had developed cellulitis on the left ear and right elbow resulting in an ER visit on the same day. She was prescribed Benadryl and sent home. Her cellulitis continued to worsen, so she returned to the ER at 1:30 AM on 21 May 2021 where she was prescribed antibiotics. During this visit her labs were also taken and showed elevated TSH levels due to which she returned to the ER in the afternoon of 21 May 2021. Follow up lab results showed that TSH levels now has been dropped to its normal level. She stated that her endocrinologist was confused by these TSH results and thought that Td vaccine may have exacerbated her Hashimoto''s Disease. Further Follow-ups MassBiologics reached out to pt. several times to check her status but she did not answer calls on

4 Jun 2021, 7 June2021, 26 Jul 2021 or 28 Jul 2021. Pt. was contacted via email on 2 Aug 2021. On 6 Aug 2021, she contacted MassBiologics to follow up on the current status of the adverse events. She stated that she was "back to being herself" and that the originally reported events seemed to have resolved. Upon being asked for more details on her ER visits and the medication prescribed, pt. explained that she was prescribed Cephalosporin during her visit to ER on 21 May 2021 and during the course of taking the Cephalosporin she began to experience a cold feeling, pain and some hearing loss in her left ear. She visited the ER on 16 June 2021 because the cold feeling and pain did not subside. She was diagnosed with a middle ear infection. She was prescribed, to the best of her recollection, ZPAK for duration of 10 days. Upon continuation of the cold feeling and ear pain, she followed up with her health care provider on 22 July 2021. During this examination, fluid was noted in her ear. She was prescribed Levaquin. As of 6 Aug 2021, pt. was still experiencing significant hearing loss, intermittently feeling cold and pain. During this call she expressed the intention to follow up with ENT specialist. On 01 Oct 2021 MassBiologics contacted pt. to determine her current status. She reported that her initially reported AEs had resolved and that she was feeling much better than a couple of months ago. She stated that her left ear no longer feels infected but that she was concerned that some hearing loss persisted.; Sender"s Comments: The adverse event reported in this case was assessed as follow: 1) Chronic Fatigue, was assesed as Non-serious and Labeled. 2) Rest of the AEs were assessed as Non-serious and Unexpected.

VAERS ID:	2071661 (history)	**Vaccinated:**	2022-01-25
Form:	Version 2.0	**Onset:**	2022-01-26
Age:	21.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1855835 / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Heavy menstrual bleeding, Menstrual disorder, Mobility decreased, Nausea, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MultiVitamin Birth Control
Current Illness: None

Preexisting Conditions: None
Allergies: unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1/26, day after the shot [within 24 hours} Wiped and noticed a blood clot 1/27 Bleeding Heavier, not like normal menstrual discharge. Have not had any significant discharge during menstruation due to being on the pill, however, bleeding come on within 24 hours of getting booster shot. Also bedridden with fever, nausea and vomiting at this stage, which lasted one day. Smell and consistency of blood NOT like normal menstrual blood. 1/28 Bleeding stopped

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VAERS ID:	2072192 (history)	**Vaccinated:**	2022-01-28
Form:	Version 2.0	**Onset:**	2022-01-28
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ5683 / 2	RA / IM

Administered by: School **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: n/a
Diagnostic Lab Data: n/a
CDC Split Type:
Write-up: Patient received adult dose of 0.3ml and adult vial.

VAERS ID:	2074432 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-01-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Seizure
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200148614
Write-up: Seizures; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the parent. A 19 year-old female patient received bnt162b2 (BNT162B2) (Batch/Lot number: unknown) as dose number unknown, single for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. The following information was reported: SEIZURE (medically significant), outcome "unknown", described as "Seizures". Patient''s mother reported that she had a question about an adverse event that her daughter had seizures after vaccination. Reporter was not sure that adverse event was from the vaccine and her daughter would be going to the doctor for an evaluation. The lot number for bnt162b2 was not provided and will be requested during follow up.

VAERS ID:	2074457 (history)	**Vaccinated:**	2021-10-29
Form:	Version 2.0	**Onset:**	2021-11-09
Age:	69.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	076C21A / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Mechanical urticaria
SMQs:, Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Solgar multi-vitamin, Vitamin C, Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Dermatographia

VAERS ID:	2074639 (history)	**Vaccinated:**	2022-01-29
Form:	Version 2.0	**Onset:**	2022-01-29
Age:	45.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007J21-2A / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Head injury, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No

Previous Vaccinations:
Other Medications: none known
Current Illness: none known
Preexisting Conditions: general anxiety
Allergies: none known
Diagnostic Lab Data: NONE KNOWN
CDC Split Type:
Write-up: PATIENT RECIEVES 1ST MODERNA COVID VACCINE. FIVE MINUTES POST VACCINATION PATIENT STARTED TO FEEL DIZZY, FAINTS AND HITS HEAD. 911 IS CALLED BY A BYSTANDER. PATIENT BECOMES ORIENTED AND STATES HE IS FINE. PATIENT IS TAKEN INTO CARE OF PARAMEDIC TEAM.

VAERS ID:	2075255 (history)	**Vaccinated:**	2021-06-28
Form:	Version 2.0	**Onset:**	2021-06-01
Age:	71.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-01-31
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / IM
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / 2	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incomplete course of vaccination, Insomnia, Lip swelling, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: PREDNISONE
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202201
Write-up: the reporter is hesitant about getting the 2nd dose of his Shingrix vaccine after his reaction, the 6 month window for the second dose has passed.; Experience hives on his hands and torso; Swelling around his lips; Insomnia; This case was reported by a consumer via call center representative and described the occurrence of hives in a male patient who received Herpes zoster (Shingrix) for prophylaxis. Co-suspect products included Herpes zoster (Shingrix)

for prophylaxis and prednisone for hives and lip swelling. On 28th June 2021, the patient received the 1st dose of Shingrix (intramuscular) 50 ?g. On an unknown date, the patient received the 2nd dose of Shingrix. On 29th June 2021, the patient started prednisone at an unknown dose and frequency. In June 2021, less than a day after receiving Shingrix and not applicable after receiving Shingrix, the patient experienced hives, lip swelling and insomnia. On an unknown date, the patient experienced incomplete course of vaccination. The patient was treated with benadryl (nos) (Benadryl). The action taken with prednisone was unknown. On an unknown date, the outcome of the hives, lip swelling and insomnia were recovered/resolved and the outcome of the incomplete course of vaccination was unknown. It was unknown if the reporter considered the hives, lip swelling and insomnia to be related to Shingrix. Additional details were provided as follows: The patient self reported this case. The age at vaccination was not applicable for 2nd dose of Shingrix. The patient received his first dose of Shingrix into his right arm at his pharmacy and within 12 hours of receiving the injection, he began to experience hives on his hands and torso, and swelling around his lips. The patient went to the urgent care the next day and his physician started him on prednisone. After 3 days with no relief from hives while on prednisone and due to the insomnia the patient was now experiencing, the physician told him to take Benadryl. On the fourth day after the injection and after taking the Benadryl, the hives and swelling resolved. The patient was hesitant about getting the 2nd dose of his Shingrix vaccine after his reaction, the 6 month window for the second dose had passed. Till the time of reporting, the patients did not receive 2nd dose of Shingrix, which led to incomplete course of vaccination. The patient did not had the lot or expiration date of the vaccine administered. The reporter consented to follow-up. It was unknown if the reporter considered the hives, lip swelling and insomnia to be related to Prednisone.

VAERS ID:	2076959 (history)	**Vaccinated:**	2021-12-17
Form:	Version 2.0	**Onset:**	2021-12-18
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-01-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H2114 / 3	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Asthenia, Cardiac flutter, Chest discomfort, Chest pain, Dyspnoea, Fatigue, Heart rate increased, Peripheral swelling, Pyrexia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Tachyarrhythmia terms, nonspecific (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: After getting the 2nd dose of Moderna Covid-19 vaccine on 04/08/2021; same symptoms as those reported above, but I didn''t know h
Other Medications: Levoxyl, Vitamins B12, D3, C
Current Illness: macrocytic anemia, thrombocytopenia
Preexisting Conditions: osteoarthritis; Hashimoto''s hypothyroidism
Allergies: erythromycin, sulfa drugs
Diagnostic Lab Data: I called the doctor''s office requesting a referral to cardiology, but haven''t heard back from anyone. I don''t know if the symptoms I''m experiencing are from the vaccine, but it''s a heck of a coincidence.
CDC Split Type:
Write-up: 12 hrs after shot I awoke with fever that rose to 102.5? staying elevated for many hours. I was bedridden, too weak to be upright. I rested & drank water. Next day my temp returned to normal, but I started experiencing erratic heartbeats? rapid, fluttering heartbeats on a daily basis. I feel unusually tired, am short of breath at times, have joint pain and mild swelling in my legs. I feel a sensation of pressure in my upper left chest &, at times, chest pain. I had some of these same symptoms after the 2nd dose of the Moderna vaccine, but milder, and I didn''t know to ascribe them to the vaccine. These symptoms are more severe this time. Do I have myocarditis? I don''t know. I got the 2nd dose on 4/8/21. I had the fever 12 hrs after 2nd dose. The rapid heartbeats were not immediately following.

VAERS ID:	2079226 (history)	**Vaccinated:**	2022-01-31
Form:	Version 2.0	**Onset:**	2022-01-31
Age:	16.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8028 / 3	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dizziness, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None.
Preexisting Conditions: None.
Allergies: None.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient became light headed and fainted shortly after receiving vaccination. Patient recovered shortly after at least 10 seconds.

VAERS ID:	2079545 (history)	**Vaccinated:**	2022-02-01
Form:	Version 2.0	**Onset:**	2022-02-01
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	211D21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Blood glucose decreased, Dizziness, Hypoglycaemia
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypoglycaemia (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Novolog insulin
Current Illness: None
Preexisting Conditions: Type 1 Diabetes Mellitus
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: At time of shot, blood glucose level was at 160. I drank a 20oz soda which was 60 grams of sugar and carbs. To cover the soda I took 3 units of insulin instead of the full 6 units I would normally take. At this time which was 12:45PM I did not have any active insulin in my system. At 2:45PM I had 2 slices of bread with peanut butter and no insulin. At 3:15PM I felt light headed and dizzy so I checked my blood glucose levels and it was 46. I ate an entire bowl of cereal and drank 2 tbsp of maple syrup. After the hypoglycemia incident, I tested my blood sugar at 3:30 and it was 94.

VAERS ID:	2082616 (history)	**Vaccinated:**	2022-02-02
Form:	Version 2.0	**Onset:**	2022-02-02
Age:	13.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient is 13 years old and received a pediatric Pfizer 5-11 dose. Spoke with parent as patient is minor. Plan for the child to have Pfizer 12+ for his 2nd dose

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VAERS ID:	2082683 (history)	**Vaccinated:**	2022-01-01
Form:	Version 2.0	**Onset:**	2022-01-19
Age:	10.0	**Days after vaccination:**	18
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3198 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol as needed for pain/fever Tums as needed upset stomach Hydrocortisone cream PRN Eczema
Current Illness: None
Preexisting Conditions: Eczema Intermittent leg pain
Allergies: NKA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient is 10 years old, was given Pfizer COVID vaccine for ages 12 and up. No adverse effects reported.

VAERS ID:	2082707 (history)	**Vaccinated:**	2022-02-02
Form:	Version 2.0	**Onset:**	2022-02-02
Age:	66.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	U023827 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metoprolol lisinopril Hct Wellbutrin prozac pantoprazole levothyroxine vitamin D aspirin proaire
Current Illness: none
Preexisting Conditions: depression, asthma, hypertension, GERD
Allergies: No known

Diagnostic Lab Data:
CDC Split Type:
Write-up: syncope 5 min post vaccine administration

VAERS ID:	2082711 (history)	**Vaccinated:**	2021-11-23
Form:	Version 2.0	**Onset:**	2021-11-23
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Dehydration, Impaired driving ability, Malaise, Syncope, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Was given IV Fluids in the ER on 11/25/2021
CDC Split Type:
Write-up: Fainted in chair right after the booster. Threw up several times within minutes of the vaccine. Was held at facility for several hours and got sick several times after. Husband picked me up as I could not drive. Was sick for several days, contacted my physician and she recommended I go to the ER on 11/25/2021 as I could not hold down water and was dehydrated - directly attributable to being sick from the Booster shot.

VAERS ID:	2084716 (history)	**Vaccinated:**	2021-10-12
Form:	Version 2.0	**Onset:**	2021-10-12
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	7742Z / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202201
Write-up: 1st dose 2018, 2nd dose 12Oct2021; This case was reported by a pharmacist via call center representative and described the occurrence of drug dose administration interval too long in a 55-year-old female patient who received Herpes zoster (Shingrix) (batch number 7742Z, expiry date 25th March 2023) for prophylaxis. Previously administered products included Shingrix (1st dose received on 9th November 2018). On 12th October 2021, the patient received the 2nd dose of Shingrix. On 12th October 2021, unknown after receiving Shingrix, the patient experienced drug dose administration interval too long. On an unknown date, the outcome of the drug dose administration interval too long was unknown. Additional details were provided as follows: The reporter stated that a patient received the first dose of Shingrix on 9th November 2018 and the second dose on 12th October 2021, which led to lengthening of vaccination schedule. The lot and expiration was not available for the first dose, but the lot and expiration of dose 2 was as follows: 7742Z, 25th March 2023 . The reporter noted the lot number was difficult to read, so it might not be accurate, but that was what the numbers appear to be. The reporter consented to follow up from safety.

VAERS ID:	2087373 (history)	**Vaccinated:**	2021-02-27
Form:	Version 2.0	**Onset:**	2021-02-28
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Headache, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20224
Write-up: Muscle aches after 1st dose; Headache after 1st dose; Fatigue after 1st dose; This spontaneous case was reported by a consumer and describes the occurrence of MYALGIA (Muscle aches after 1st dose), HEADACHE (Headache after 1st dose) and FATIGUE (Fatigue after 1st dose) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 025A21A) for COVID-19 vaccination. No Medical History information was reported. On 27-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 28-Feb-2021, the patient experienced MYALGIA (Muscle aches after 1st dose), HEADACHE (Headache after 1st dose) and FATIGUE (Fatigue after 1st dose). On 01-Mar-2021, MYALGIA (Muscle aches after 1st dose), HEADACHE (Headache after 1st dose) and FATIGUE (Fatigue after 1st dose) had resolved. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosing remained unchanged. The concomitant medications on use were not provided. No treatment information was provided. Patient was not under any regular or concomitant medication and stated she had no allergies history. This case was linked to MOD-2022-468796, MOD-2022-468797 (Patient Link).

VAERS ID:	2087375 (history)	**Vaccinated:**	2021-02-27
Form:	Version 2.0	**Onset:**	2021-03-28
Age:	69.0	**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Headache, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20224
Write-up: Muscle aches after 2nd dose; Headache after 2nd dose; Fatigue after 2nd dose; This spontaneous case was reported by a consumer and describes the occurrence of MYALGIA (Muscle aches after 2nd dose), HEADACHE (Headache after 2nd dose) and FATIGUE (Fatigue after 2nd dose) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 028A21A and 025A21A) for COVID-19 vaccination. No Medical History information was reported. On 27-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 28-Mar-2021, the patient experienced MYALGIA (Muscle aches after 2nd dose), HEADACHE (Headache after 2nd dose) and FATIGUE (Fatigue after 2nd dose). On 29-Mar-2021, MYALGIA (Muscle aches after 2nd dose), HEADACHE (Headache after 2nd dose) and FATIGUE (Fatigue after 2nd dose) had resolved. Patient was not under any regular or concomitant medication, and stated that patient had no allergies history. Treatment medications were not reported. This case was linked to MOD-2022-468797 (Patient Link).

VAERS ID:	2087376 (history)	**Vaccinated:**	2021-02-27
Form:	Version 2.0	**Onset:**	2021-10-30
Age:	69.0	**Days after vaccination:**	245
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025A21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Headache, Mechanical urticaria, Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20224
Write-up: Patient experienced dermatographia: she broke up in constant hives; Muscle aches after Booster dose; Headache after booster dose; Fatigue after booster dose; This spontaneous case was reported by a consumer and describes the occurrence of MYALGIA (Muscle aches after Booster dose), HEADACHE (Headache after booster dose), FATIGUE (Fatigue after booster dose) and MECHANICAL URTICARIA (Patient experienced dermatographia: she broke up in constant hives) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 076C21A, 028A21A and 025A21A) for COVID-19 vaccination. No Medical History information was reported. On 27-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 29-Oct-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 30-Oct-2021, the patient experienced MYALGIA (Muscle aches after Booster dose), HEADACHE (Headache after booster dose) and FATIGUE (Fatigue after booster dose). On 09-Nov-2021, the patient experienced MECHANICAL URTICARIA (Patient experienced dermatographia: she broke up in constant hives). The patient was treated with FEXOFENADINE, PSEUDOEPHEDRINE HYDROCHLORIDE (ALLEGRA-D [FEXOFENADINE;PSEUDOEPHEDRINE HYDROCHLORIDE]) for Antihistamine therapy and Dermatographia, at an unspecified dose and frequency. On 31-Oct-2021, MYALGIA (Muscle aches after Booster dose), HEADACHE (Headache after booster dose) and FATIGUE (Fatigue after booster dose) had resolved. At the time of the report, MECHANICAL URTICARIA (Patient experienced dermatographia: she broke up in constant hives) had not resolved. Concomitant medication of the patient was not reported . This case was linked to MOD-2022-468796, MOD-2022-468718 (Patient Link).

VAERS ID:	2088241 (history)	**Vaccinated:**	2022-01-06
Form:	Version 2.0	**Onset:**	2022-01-15
Age:	27.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Foetal heart rate abnormal, Ultrasound scan abnormal
SMQs:, Malignancy related therapeutic and diagnostic procedures (narrow), Foetal disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Rash with first two doses
Other Medications: prenatal vitamin
Current Illness: None
Preexisting Conditions: None
Allergies: none
Diagnostic Lab Data: Non-viable fetus found on ultrasound
CDC Split Type:
Write-up: Healthy fetus until 9 days after vaccine. The fetus became non-viable without a heart beat at 11W 0D.

VAERS ID:	2088666 (history)	**Vaccinated:**	2021-12-11
Form:	Version 2.0	**Onset:**	2021-12-23
Age:	27.0	**Days after vaccination:**	12
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	065F21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None

Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Blood work hasn''t shown anything
CDC Split Type:
Write-up: Itchy all over

VAERS ID:	2092684 (history)	**Vaccinated:**	2021-11-18
Form:	Version 2.0	**Onset:**	2021-11-29
Age:	34.0	**Days after vaccination:**	11
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034F21A / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Mechanical urticaria, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: injection site redness/inflammation, 34, 02/03/2021, COVID-19 Moderna Dose 2.
Other Medications: Multivitamin supplement, Vitamin D supplement, Vyvanse, Buspirone
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type: vsafe
Write-up: The night of the 29th, I got really itchy and it was happening on my chest, stomach, legs, and everywhere. It was dark so I didn''t realize it was hives; so I went to shower and moisturize to think it was would relieve the itch. I noticed it was hives and called my doctor who scheduled me an appointment for 12/05/2021. I was prescribed Loratadine and Hydroxyzine to help the itch and hives. Over the next couple of weeks, it was still intense itching that came and left on its own. 3 weeks later on 12/20/2021, I went back to the doctor''s office and showed them pictures of raised skin reaction. They didn''t change my medicine or anything, but informed me if anything gets worse to go see an allergist. They said I had dermatographism- histamine reaction if you scratch or put pressure on aching skin. On 01/03/2022, I stopped taking Loratadine and started taking Zyrtec. The Zyrtec is helping and has reduced the itching significantly. If I do have an itch, it''s not persistent as it was before and goes away.

VAERS ID:	2092822 (history)	**Vaccinated:**	2022-02-07
Form:	Version 2.0	**Onset:**	2022-02-07
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vial was opened 02/04/2022. Vaccination given 02/07/2022

VAERS ID:	2092862 (history)	**Vaccinated:**	2022-02-07
Form:	Version 2.0	**Onset:**	2022-02-07
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ 6369 / 1	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Gabapentin, Naproxen, Wellbutrin
Current Illness:
Preexisting Conditions: PTSD, Depression, Old MI, RLS
Allergies: Codeine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt given vaccination that was opened and left at room temperature since 02/04/2022.

VAERS ID:	2092877 (history)	**Vaccinated:**	2021-11-23
Form:	Version 2.0	**Onset:**	2022-01-12
Age:	31.0	**Days after vaccination:**	50
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	330308D / UNK	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Abortion spontaneous, Exposure during pregnancy, Foetal heart rate abnormal, Ultrasound antenatal screen abnormal, Uterine dilation and curettage
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Foetal disorders (narrow), Termination of pregnancy and risk of abortion (narrow)
Life Threatening? No
Birth Defect? Yes
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pre-natal gummy vitamin
Current Illness: N/A

Preexisting Conditions: PCOS- Poly cystic ovarian syndrome
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Estimated date of birth of unborn babe - 4 weeks pregnant at date of covid vaccine injection. Went to initial OBGYN appointment(1/12/2022) for check up to verify pregnancy at 9 weeks pregnant. Ultrasound was done(1/12/2022), babes heart rate was measured and concluded to be 50 BPM. Came back 2 weeks later(1/26/2022) to do another ultrasound, no heart beat was present, resulting in miscarriage. Following day(1/27/2022) a D&C was performed to remove miscarriage.

VAERS ID:	2093618 (history)	**Vaccinated:**	2021-02-01
Form:	Version 2.0	**Onset:**	2021-08-01
Age:	45.0	**Days after vaccination:**	181
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	AR / -

Administered by: Military **Purchased by:** ?
Symptoms: Blood test, Epinephrine
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril, levothyroxine
Current Illness:
Preexisting Conditions: Sinus, mood
Allergies: Bactrim
Diagnostic Lab Data: Blood test
CDC Split Type:
Write-up: I"ve been struggling with high adrenaline 0.98.

VAERS ID:	2095561 (history)	**Vaccinated:**	2021-12-22
Form:	Version 2.0	**Onset:**	2022-02-02
Age:	41.0	**Days after vaccination:**	42
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058H21A / 3	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Blepharospasm, Chest pain, Chronic spontaneous urticaria, Mechanical urticaria, Pain in extremity, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Periorbital and eyelid disorders (narrow), Ocular motility disorders (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Sudden onset of hives (Head, neck, thighs, chest, etc.). Accompanied by chest pain, arm pain, extreme itchiness, eye-twitching, and dermatographia. Intensity of symptoms subsided after 1 week, though most of these symptoms are still on-going, often debilitating, they come and go. Have been diagnosed with Chronic Spontaneous Urticaria with accompanying symptoms from Covid-19 Booster.

VAERS ID:	2096723 (history)	**Vaccinated:**	2022-02-07
Form:	Version 2.0	**Onset:**	2022-02-08
Age:	12.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Injection site pain, Nausea
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: COVID
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Nauseated, extreme fatigue and low grade fever of 100.1. Site of injection is very sore.

VAERS ID:	2101105 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2022-02-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20224
Write-up: Vaccine given after 30-day BUD; This spontaneous case was reported by a nurse and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (Vaccine given after 30-day

BUD) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced EXPIRED PRODUCT ADMINISTERED (Vaccine given after 30-day BUD). At the time of the report, EXPIRED PRODUCT ADMINISTERED (Vaccine given after 30-day BUD) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medication information was provided. No treatment medication were provided.

VAERS ID:	2101377 (history)	**Vaccinated:**	2021-05-18
Form:	Version 2.0	**Onset:**	2021-05-18
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1821286 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Asthenia, Diplopia, Eating disorder, Fatigue, Headache, Impaired driving ability, Impaired work ability, Injection site bruising, Loss of personal independence in daily activities, Malaise, Nausea, Vascular rupture
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Dementia (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ocular motility disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: somewhat acute reactions to childhood vaccines
Other Medications: None
Current Illness:
Preexisting Conditions: Atrial Fibrillation, Hypertension
Allergies: Adverse reaction to previous vaccines
Diagnostic Lab Data: Unable to seek any medical care due to inability to mask and my insurance deductible is so large I could not afford to seek care. Damage seems to be permanent 9 months after vaccine.
CDC Split Type:
Write-up: Within one hour very large double bruises on upper arm slightly below injection site. At 1.5 hours headache that was incapacitating as well as nausea, weakness and double vision. Inability to eat properly for about 21 days. Headache continues to this day on a daily basis since it''s start. One large bruise still highly visible. On injection arm frequent and random small blood vessels rupturing. Chronic fatigue and unwell feeling. Had to resign from full time job due to

reduced ability to drive and perform general daily functions with any reliability. Only able to work on days that I feel well enough to drive and function, around 2 half days per week in a normal week.

VAERS ID:	2101783 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-03-08
Age:	48.0	**Days after vaccination:**	24
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Alopecia, Arthralgia, Contusion, Haemorrhage
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline, vitamin D
Current Illness: none
Preexisting Conditions: none
Allergies: Oranges, penicillin
Diagnostic Lab Data: None yet. Only just finally got a referral to hematology. No one had any concern with hair loss (except me!!).
CDC Split Type:
Write-up: Hair loss started about three weeks after second dose of Moderna vaccine (March 2021) and continued into summer. Lost about 1/4 of hair all over head. Regrowth was noticed in August. Joint pain started about the same time and last about 4 weeks. Also spontaneous bruise/bleeding on hands, legs, back, eye- no trauma associated. I have been referred to a hematologist but cannot get in until April. Did not associate symptoms with vaccine until my brother recently had a reaction to the booster and realized that my symptoms fit the same approximate time line (three weeks after).

VAERS ID:	2104805 (history)	**Vaccinated:**	2022-02-11
Form:	Version 2.0	**Onset:**	2022-02-11
Age:	0.33	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	H9FM5 / UNK	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ579AA / 2	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	DN4218 / 2	LL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	K2FM7 / 2	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D
Current Illness: none
Preexisting Conditions: none
Allergies: NKDA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient was given Kinrix combination vaccine; patient is only 4 months of age.

VAERS ID:	2104851 (history)	**Vaccinated:**	2022-02-10
Form:	Version 2.0	**Onset:**	2022-02-11
Age:	19.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007J212A / 3	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Fatigue, Feeling abnormal, Headache, Myalgia, Nausea, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Headache, muscle ache and exhaustion with the first dose. Same effects as third dose with second dose.
Other Medications: Buspar, One-A-Day Multivitamin, (Pepcid) famotidine
Current Illness:
Preexisting Conditions: Asthma
Allergies: Abilify, Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever up to 102.0F, severe headache, severe muscle aches, dizziness, nausea, exhaustion and possibly "brain-fog."

VAERS ID:	2107091 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2022-01-01
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2022-02-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	068H21A / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, Product temperature excursion issue
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20224
Write-up: This spontaneous case was reported by an other health care professional and describes the occurrence of PRODUCT TEMPERATURE EXCURSION ISSUE (Temperature Excursion) and EXPIRED PRODUCT ADMINISTERED (one dose was administered after the

second excursion) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 068H21A) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. In January 2022, the patient experienced PRODUCT TEMPERATURE EXCURSION ISSUE (Temperature Excursion). On an unknown date, the patient experienced EXPIRED PRODUCT ADMINISTERED (one dose was administered after the second excursion). In January 2022, PRODUCT TEMPERATURE EXCURSION ISSUE (Temperature Excursion) had resolved. At the time of the report, EXPIRED PRODUCT ADMINISTERED (one dose was administered after the second excursion) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medication was provided by the reporter. It was reported that 80 doses Moderna Covid-19 vaccines were exposed to 2 different temperature excursions. First excursion was occurred on 14-Jan-2022 for 30 minutes with maximum temperature (-) 7.8 degrees Celsius and minimum temperature (-) 21.9 degrees Celsius. Second excursion was occurred on 21-Jan-2022 for 15 minutes with maximum temperature (-) 13.2 degrees Celsius and minimum temperature (-) 22.1 degrees Celsius. They had a total of 10 vials on hand. Out of those 10, 2 were moved from the freezer to the refrigerator on 13-Jan-2022 and one was moved on 31-Jan-2022 (total of 3 vials moved to the refrigerator). 3 vials were in the refrigerator and 7 vials were in the freezer. Everything was normal per the HCP and no vaccine state change. 80 total doses from which one dose was already administered to a patient after the second excursion. No previous excursions prior to 14-Jan-2022 and one dose administered after being punctured but the HCP did not know how many doses are still unopened and sealed. No treatment medication was provided by the reporter. Most recent FOLLOW-UP information incorporated above includes: On 09-Feb-2022: Follow-up information received included significant information wherein case became valid as information received about one patient

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VAERS ID:	2108629 (history)	**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-02-12
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021438151
Write-up: His wife has pain at the injection site; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) for a Pfizer sponsored program (159558). A female patient received bnt162b2 (BNT162B2), administration date 16Apr2021 (Batch/Lot number: unknown) as dose 1, single for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. The following information was reported: VACCINATION SITE PAIN (non-serious), outcome "unknown", described as "His wife has pain at the injection site". No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	2108665 (history)	**Vaccinated:**	2021-04-11
Form:	Version 2.0	**Onset:**	2021-04-11
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021450940
Write-up: Where I got my shot is still sore/arm still sore; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 57

year-old female patient received bnt162b2 (BNT162B2), administered in arm, administration date 11Apr2021 (Lot number: EW0161, Expiration Date: 11Apr2021) at the age of 57 years as dose 1, single for covid-19 immunisation. Relevant medical history included: "Blood pressure high" (unspecified if ongoing). The patient"s concomitant medications were not reported. The following information was reported: VACCINATION SITE PAIN (non-serious) with onset 11Apr2021, outcome "not recovered", described as "Where I got my shot is still sore/arm still sore". Therapeutic measures were not taken as a result of vaccination site pain. Additional information: Patient was asking why her arm was still sore as it has been a couple of weeks. She stated it should not be sore after two weeks. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2109408 (history)	**Vaccinated:**	2022-02-11
Form:	Version 2.0	**Onset:**	2022-02-12
Age:	66.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Erythema, Injection site pain, Tenderness, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Proair HFA Amitriptyline HCL 10 MG tabs Vitamins A & D Glucosaamine HCI 1500 mg with MSM 1500 mg
Current Illness: None
Preexisting Conditions: Exercise induced asthma Leg fasciculations
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: About 30 hours after vaccination I have developed red welts under my armpit and on opposite side of arm from injection, The welts are sore to the touch, much like the injection site.

VAERS ID: 2110066 (history)		**Vaccinated:**	2021-10-26
Form:	Version 2.0	**Onset:**	2021-10-27
Age:	61.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	212A21A / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Angina pectoris, Body temperature increased, Headache
SMQs:, Neuroleptic malignant syndrome (broad), Other ischaemic heart disease (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data:
CDC Split Type:
Write-up: 104 temperature heart pain, headache extremem; heart pain continues 3 months later

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VAERS ID: 2110433 (history)		**Vaccinated:**	2022-02-11
Form:	Version 2.0	**Onset:**	2022-02-11
Age:	31.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041J21A / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nurse administered dose of .5 instead of 0.25

VAERS ID:	2112778 (history)	**Vaccinated:**	2022-01-07
Form:	Version 2.0	**Onset:**	2022-01-31
Age:	43.0	**Days after vaccination:**	24
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Cough, Electrocardiogram abnormal, Ventricular extrasystoles
SMQs:, Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Cardiomyopathy (broad), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prozac 30mg, Wellbutrin SR 150 mg
Current Illness: Husband COVID-19 positive on January 14.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: EKG
CDC Split Type:
Write-up: PVCs new onset and cough.

VAERS ID:	2113106 (history)	**Vaccinated:**	2021-10-26
Form:	Version 2.0	**Onset:**	2021-10-27
Age:	70.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	054C21A / 3	- / -

Administered by: School **Purchased by:** ?
Symptoms: Anal incontinence, Balance disorder, Constipation, Fatigue, Gait inability, Immediate post-injection reaction, Palpitations, Seizure
SMQs:, Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None.
Preexisting Conditions: Heart condition.
Allergies: None.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Immediately became constipated after vaccination, uncontrollable bowel movements, unable to walk, fatigue, heart palpitations, loss of balance. 11/28 - began to suffer from seizures.

VAERS ID:	2114154 (history)	**Vaccinated:**	2021-02-12
Form:	Version 2.0	**Onset:**	2021-02-12
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arrhythmia, Extrasystoles, Fatigue, Pain in extremity, Pneumonitis, Rhonchi, Wheezing
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (narrow), Cardiac arrhythmia terms, nonspecific (narrow), Tachyarrhythmia terms, nonspecific (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No prescription meds Multivitamin, calcium, Flax oil, probiotic
Current Illness: none
Preexisting Conditions: None
Allergies: tree nuts
Diagnostic Lab Data: None except an herbal anti-inflammatory supplement
CDC Split Type:
Write-up: Most dramatic symptoms were a heart arrhythmia where my heart missed beats and inflammation of my lungs. This started 11.5 hours after my vaccine dose. The heart arrhythmia continued daily for 8-9 months. And the lung inflammation continued for 12 months, centering in my right upper lobe causing rhonchi and an audible wheeze. Both of these complications still happen but are much less often now. Along with these major complications I also had the usual sore arm and exhaustion experienced by many other vaccine recipients.

VAERS ID:	2118737 (history)	**Vaccinated:**	2021-02-14
Form:	Version 2.0	**Onset:**	2021-02-14
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	LA / -

Administered by: Other **Purchased by:** ?
Symptoms: Dizziness, Feeling abnormal, Flushing
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Dementia (broad), Vestibular disorders (broad), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Factor V Leiden carrier
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101427259
Write-up: flushing; light headed; felt really spacy for like 2 hours; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 70 year-old female patient received bnt162b2 (COMIRNATY), administered in arm left, administration date 14Feb2021 09:00 (Lot number: EN6201) at the age of 70 years as dose 1, single for covid-19 immunisation. Relevant medical history included: "Factor 5 Leiden" (unspecified if ongoing). There were no concomitant medications. The following information was reported: FLUSHING (non-serious) with onset 14Feb2021, outcome "recovered" (14Feb2021), described as "flushing"; DIZZINESS (non-serious) with onset 14Feb2021, outcome "recovered" (14Feb2021), described as "light headed"; FEELING ABNORMAL (non-serious) with onset 14Feb2021, outcome "recovered" (14Feb2021), described as "felt really spacy for like 2 hours". Additional information: After the first dose, in 5 minutes, she had flushing, was light headed, and felt really spacy for like 2 hours. It went away. No additional vaccines administered on same date of the Pfizer suspect. The patient had no prior Vaccinations (within 4 weeks). No follow-up attempts are possible. No further information is expected.

VAERS ID:	2118758 (history)	**Vaccinated:**	2021-03-11
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Blood test, Chest X-ray, Dizziness, Dyspnoea, Electrocardiogram, Erythema, Fatigue, Feeling abnormal, Flushing, Headache, Heart rate, Heart rate increased, Hypoaesthesia, Hypotonia, Magnetic resonance imaging, Malaise, Pain in extremity, Peripheral swelling, Tinnitus, Ultrasound scan
SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Acute central

respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hearing impairment (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Factor V Leiden thrombophilia (hasn''t had any issues with it except for one superficial clot.)
Allergies:
Diagnostic Lab Data: Test Date: 2021; Test Name: Blood work; Result Unstructured Data: Test Result:unknown results; Test Date: 2021; Test Name: Chest X-ray; Result Unstructured Data: Test Result:unknown results; Comments: To check for COVID; Test Date: 2021; Test Name: EKG; Result Unstructured Data: Test Result:unknown results; Test Date: 20210315; Test Name: heart rate; Result Unstructured Data: Test Result:rapid; Test Date: 2021; Test Name: MRI; Result Unstructured Data: Test Result:Unknown results; Comments: To check for Stroke; Test Date: 2021; Test Name: Ultrasound; Result Unstructured Data: Test Result:Unknown results; Comments: of her heart
CDC Split Type: USPFIZER INC202101433350
Write-up: felt weak /weakness; rapid heart rate; short of breath; didn''t feel well; severe ringing in her ears; numbness on the right side of her face; Felt flush; light headed; felt spacey for 2 hours; muscle tone is gone on the right side of her face; redness; swelling of arm; pain in arm; headache; fatigued; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 71 year-old female patient received bnt162b2 (COMIRNATY), administered in arm left, administration date 11Mar2021 08:00 (Lot number: EN6199) at the age of 70 years as dose 2, single for covid-19 immunisation. Relevant medical history included: "Factor 5 Leiden" (unspecified if ongoing), notes: hasn''t had any issues with it except for one superficial clot. There were no concomitant medications. Vaccination history included: Bnt162b2 (DOSE 1,SINGLE, lot number: EN6201, Anatomical location: Left Arm, first one time: 9am), administration date: 14Feb2021, when the patient was 70 years old, for COVID-19 immunization, reaction(s): "flush light headed", "she had flushing", "felt really spacy". The following information was reported: HYPOAESTHESIA (non-serious) with onset 12Mar2021, outcome "recovered" (2021), described as "numbness on the right side of her face"; HYPOTONIA (non-serious) with onset 2021, outcome "unknown", described as "muscle tone is gone on the right side of her face"; TINNITUS (non-serious) with onset 12Mar2021, outcome "recovering", described as "severe ringing in her ears"; ASTHENIA (non-serious) with onset 15Mar2021, outcome "recovered" (2021), described as "felt weak /weakness"; HEART RATE INCREASED (non-serious) with onset 15Mar2021, outcome "recovered" (2021), described as

"rapid heart rate"; DYSPNOEA (non-serious) with onset 15Mar2021, outcome "recovered" (2021), described as "short of breath"; ERYTHEMA (non-serious) with onset 2021, outcome "unknown", described as "redness"; PERIPHERAL SWELLING (non-serious) with onset 2021, outcome "unknown", described as "swelling of arm"; PAIN IN EXTREMITY (non-serious) with onset 2021, outcome "unknown", described as "pain in arm"; HEADACHE (non-serious) with onset 2021, outcome "unknown", described as "headache"; FATIGUE (non-serious) with onset 2021, outcome "unknown", described as "fatigued"; FLUSHING (non-serious) with onset 11Mar2021, outcome "recovered" (11Mar2021), described as "Felt flush"; DIZZINESS (non-serious) with onset 11Mar2021, outcome "recovered" (11Mar2021), described as "light headed"; FEELING ABNORMAL (non-serious) with onset 11Mar2021, outcome "recovered" (11Mar2021), described as "felt spacey for 2 hours"; MALAISE (non-serious) with onset 15Mar2021, outcome "unknown", described as "didn"t feel well". The events "numbness on the right side of her face", "muscle tone is gone on the right side of her face", "severe ringing in her ears", "felt weak /weakness", "rapid heart rate" and "short of breath" were evaluated at the physician office visit and emergency room visit. Relevant laboratory tests and procedures are available in the appropriate section. Additional information: Reporter (patient) seeking recommendations if she should get the booster dose or not. Expiry Date of COVID vaccine: Unknown. severe ringing in her ears which has subsided about 50 percentage. Reporter attributes the adverse events to the shot even though it may not be. She did not have a prescribing doctor. She was at the ER from 11 am -10:00- 1030 at night. Patient was at the Emergency Room from 11 am -10:00- 1030 at night. Patient went to the doctor at least twice for numbness. No additional vaccines administered on same date of the Pfizer suspect. Prior Vaccinations (within 4 weeks): no. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2122755 (history)	**Vaccinated:**	2021-12-04
Form:	Version 2.0	**Onset:**	2021-12-05
Age:	8.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	LA / OT

Administered by: Public **Purchased by:** ?
Symptoms: Abdominal pain upper, Lethargy, Nausea, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101733071
Write-up: severe stomach pain; Nausea; Vomiting; Fever; Lethargy; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP and Physician). The reporter is the patient. The initial safety information received was reporting only non-serious adverse drug reaction(s). Upon receipt of follow up information on 01Feb2022, this case contains serious adverse reaction(s) and all safety information is processed together. A 8 year-old male patient received bnt162b2 (BNT162B2), intramuscular, administered in arm left, administration date 04Dec2021 13:15 (Lot number: FK5618) at the age of 8 years as dose 2 (tris), single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. Vaccination history included: Padiatric pfizer (Dose 1, Batch/Lot No: FK5127, Location of injection: Arm Left, Vaccine Administration Time: 04:30 PM, Route of administration: Intramuscular), administration date: 12Nov2021, when the patient was 7 years old, for Covid-19 Immunization. The following information was reported: ABDOMINAL PAIN UPPER (medically significant) with onset 06Dec2021 07:30, outcome "recovered" (Dec2021), described as "severe stomach pain"; LETHARGY (non-serious) with onset 05Dec2021 07:00, outcome "recovered" (06Dec2021), described as "Lethargy"; PYREXIA (non-serious) with onset 05Dec2021 08:00, outcome "recovered" (06Dec2021), described as "Fever"; NAUSEA (non-serious) with onset 06Dec2021 07:30, outcome "recovered" (06Dec2021 13:00), described as "Nausea"; VOMITING (non-serious) with onset 06Dec2021 07:30, outcome "recovered" (06Dec2021 13:00), described as "Vomiting". Therapeutic measures were not taken as a result of lethargy, pyrexia, nausea, vomiting. No other vaccine in four weeks and no other medications in two weeks. The patient did not experienced covid prior vaccination. The morning after second dose of vaccination 05Dec2021 patient had fever starting in the morning (approximately 8:00 AM) continuing through the day until bed time (approximately 8:00 PM), lethargy also started next day 05Dec2021, but continued through late afternoon 2 days following vaccination 06Dec2021. Reporter was not surprised by either of these symptoms as they are pretty common, but the second day after vaccination 06Dec2021, patient woke complaining of severe stomach pain, which was followed by vomiting (around 7:30 AM), constant nausea, and repeated bouts of vomiting, about once every 45 minutes, until about 1:00 PM when both vomiting and nausea stopped. The patient did not test for covid post vaccination. No relevant tests. The reporter consider the Pfizer product had a causal effect to the adverse events. The reporter considered the events lethargy, pyrexia, nausea, vomiting as non-serious. No follow-up attempts are possible. No further information is expected.; Sender''s Comments: Based on available information and a plausible temporal association, the causa association between the event severe stomach pain and the suspect drug BNT162B2 cannot be totally excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated a part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory authorities, Ethics committees, and Investigators, as appropriate.

VAERS ID: 2123625 (history)		**Vaccinated:**	2022-02-16
Form:	Version 2.0	**Onset:**	2022-02-16
Age:	21.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	U004367 / UNK	LA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	1780867 / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Dizziness, Headache
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Novolog
Current Illness: NA
Preexisting Conditions: Diabetes, Depression
Allergies: Lactose, dust, poison ivy
Diagnostic Lab Data: None
CDC Split Type:
Write-up: The patient developed light-headedness and dizziness along with headache the evening after vaccines were given

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VAERS ID: 2123632 (history)		**Vaccinated:**	2021-03-07
Form:	Version 2.0	**Onset:**	2021-03-07
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	LA / IM

Administered by: Unknown **Purchased by:** ?

Symptoms: Antinuclear antibody negative, Antinuclear antibody positive, Arthralgia, Blood thyroid stimulating hormone normal, Borrelia test negative, C-reactive protein normal, Cardiac stress test normal, Chest pain, Chills, DNA antibody negative, Dyspnoea, Electrocardiogram normal, Exercise tolerance decreased, Fatigue, Feeling abnormal, Full blood count normal, Glycosylated haemoglobin normal, Headache, Histoplasmosis, Increased tendency to bruise, Insomnia, Lipids normal, Mental fatigue, Metabolic function test normal, Mycobacterium tuberculosis complex test negative, Myositis, Neck pain, Neuropathy peripheral, Pain in extremity, Phlebitis, Red blood cell sedimentation rate normal, Rheumatoid factor negative, Tenosynovitis, Tinnitus, Vitamin B12 normal, Vitamin D
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (narrow), Dementia (broad), Thrombophlebitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hearing impairment (narrow), Arthritis (broad), Tendinopathies and ligament disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: chlorthalidone 25 mg/day
Current Illness: none
Preexisting Conditions: mild hypertension
Allergies: none
Diagnostic Lab Data: CBC 2X, lipid panel 2x, metabolic panel 2x, A1C 2X, TSH 2x, vit B12, vit D, Lyme, sed rate, ANA, CRP, RF, TB, histoplasmosis, antiDNAds, ENA panel, EKG 3x, ECG, cardiac stress test, nuclear cardiac stress test. All tests normal except for ANA, which was speckled 1:320. Waiting for pulmonary function test and possibly chest CT.
CDC Split Type:
Write-up: Symptoms gradually developed and intensified after 2nd and 3rd doses. Bilateral tenosynovitis, pain in fingers, arms, neck and shoulders, chest pain, shortness of breath, extreme fatigue, unable to exercise without delayed muscle inflammation, phlebitis, tinnitus, neuropathy, easy bruising, head aches, mental fatigue, mental fog, insomnia, chills in late afternoon and evening. All these symptoms are ongoing and have no diagnosis.

VAERS ID:	2124617 (history)	**Vaccinated:**	2022-02-18
Form:	Version 2.0	**Onset:**	2022-02-18
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-18

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: administered undiluted pediatric vaccine

VAERS ID:	2126552 (history)	**Vaccinated:**	2021-04-21
Form:	Version 2.0	**Onset:**	2021-04-23
Age:	40.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0164 / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Menstrual disorder, Off label use, Product use issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: PRENATAL VITAMINS [ASCORBIC ACID;BIOTIN;MINERALS NOS;NICOTINIC ACID;RETINOL;TOCOPHEROL;VITAMIN B NOS
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021466171
Write-up: Spotting beginning day 2 post vaccination. I am breastfeeding 10 month old and have not change my nursing/pumping schedule and have not been menstruating so this was unusual.; Spotting beginning day 2 post vaccination. I am breastfeeding 10 month old and have not change my nursing/pumping schedule and have not been menstruating so this was unusual.; Spotting beginning day 2 post vaccination. I am breastfeeding 10 month old and have not change my nursing/pumping schedule and have not been menstruating so this was unusual.; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 40 year-old female patient (not pregnant) received bnt162b2 (BNT162B2), administered in arm right, administration date 21Apr2021 09:45 (Lot number: EW0164) at the age of 40 years as dose 1, single for covid-19 immunisation. The patient''s relevant medical history was not reported. Concomitant medication(s) included: PRENATAL VITAMINS [ASCORBIC ACID;BIOTIN;MINERALS NOS;NICOTINIC ACID;RETINOL;TOCOPHEROL;VITAMIN B NOS;VITAMIN D NOS]. The following information was reported: OFF LABEL USE (non-serious), PRODUCT USE ISSUE (non-serious), MENSTRUAL DISORDER (non-serious) all with onset 23Apr2021, outcome "unknown" and all described as "Spotting beginning day 2 post vaccination. I am breastfeeding 10 month old and have not change my nursing/pumping schedule and have not been menstruating so this was unusual.". Therapeutic measures were not taken as a result of off label use, product use issue, menstrual disorder. Additional Information: No other vaccine taken in four weeks. Adverse event was Spotting beginning day 2 post vaccination. Patient was breastfeeding 10 month old and had not change in her nursing/pumping schedule and had not been menstruating so this was unusual. No Covid prior vaccination. No Covid tested post vaccination. No follow-up attempts are possible. No further information is expected.; Sender''s Comments: Linked Report(s) : US-PFIZER INC-2021467376 different patient, same drug, same event (split)

VAERS ID:	2126655 (history)	**Vaccinated:**	2021-04-23
Form:	Version 2.0	**Onset:**	2021-04-01
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-02-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache, Somnolence
SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia

(broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021475758
Write-up: Drowsiness; Headache; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) for a sponsored program (159558). The reporter is the patient. A male patient received bnt162b2 (BNT162B2), administration date 23Apr2021 (Batch/Lot number: unknown) as dose 2, single for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. Vaccination history included: Bnt162b2 (DOSE 1, SINGLE), administration date: 02Apr2021, for COVID-19 immunization. The following information was reported: SOMNOLENCE (non-serious) with onset Apr2021, outcome "unknown", described as "Drowsiness"; HEADACHE (non-serious) with onset Apr2021, outcome "unknown", described as "Headache". Additional Information: After the 2nd dose, patient is having drowsiness and a headache. Patient asked if he can take Tylenol or Advil. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID:	2126851 (history)	**Vaccinated:**	2021-04-08
Form:	Version 2.0	**Onset:**	2021-04-08
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8729 / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Fatigue, Oral disorder, Oral pruritus, Throat irritation, Vaccination site pain
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergy to molds; Nickel sensitivity
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021485827
Write-up: scratchy, slightly itchy sensation at the back of my mouth and upper throat area; scratchy, slightly itchy sensation at the back of my mouth and upper throat area; scratchy, slightly itchy sensation at the back of my mouth and upper throat area; mild tiredness; soreness in the injection area; This is a spontaneous report received from contactable reporter (Consumer or other non HCP). The reporter is the patient. A 61-year-old female patient (not pregnant) received bnt162b2 (BNT162B2), administered in arm right, administration date 08Apr2021 14:15 (Lot number: ER8729) at the age of 61 years as dose 1, single and administered in arm right, administration date 29Apr2021 14:15 (Lot number: ER8736) (at the age of 61-year-old) as dose 2, single for COVID-19 immunisation. Relevant medical history included: "Allergy to metals/ Nickel Sensitivity" (unspecified if ongoing); "Allergy to molds/ Mold/Mildew" (unspecified if ongoing). There were no concomitant medications. Past drug history included: BACTRIM, reaction: "Drug allergy". The following information was reported: ORAL PRURITUS (non-serious), THROAT IRRITATION (non-serious), ORAL DISORDER (non-serious) all with onset 08Apr2021 14:45, outcome "recovered" and all described as "scratchy, slightly itchy sensation at the back of my mouth and upper throat area"; FATIGUE (non-serious) with onset 08Apr2021 14:45, outcome "recovered", described as "mild tiredness"; VACCINATION SITE PAIN (non-serious) with onset 08Apr2021 14:45, outcome "recovered", described as "soreness in the injection area". Therapeutic measures were not taken as a result of oral pruritus, throat irritation, oral disorder, fatigue, vaccination site pain. Additional information: The patient did not receive any other vaccines within four weeks prior to the vaccination. The patient did not receive any medications within two weeks of vaccination. It was reported approximately 20-30 minutes after each dose, the patient experienced a scratchy, slightly itchy sensation at the back of mouth and upper throat area. The patient did not report this symptom at her second vaccine visit- forgot about it actually. After receiving her second dose she knew for sure that it was related, though after her first dose she had strong conclusion. She would equate the feeling as "like coming down with something." In both cases, the feeling was mild and lasted five to six hours. Of note, she was a Respiratory Therapist, but not currently practicing- she had been unemployed since a few months before COVID-19. Other than that she only experienced mild tiredness and soreness in the injection area that went away within a couple days. Event onset date was reported as 08Apr2021 at 14:45. Since the vaccination, the patient had not been tested for COVID-19. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2130959 (history)	**Vaccinated:**	2021-02-19
Form:	Version 2.0	**Onset:**	2021-03-22
Age:	46.0	**Days after vaccination:**	31
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024M20A / 2	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Arthritis, Biopsy bone marrow abnormal, Blood test abnormal, Feeling abnormal, Influenza like illness, Light chain analysis abnormal, Light chain analysis increased, Magnetic resonance imaging, Pain, Plasma cell myeloma, Tendon disorder
SMQs:, Haematopoietic cytopenias affecting more than one type of blood cell (broad), Systemic lupus erythematosus (broad), Dementia (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Malignant lymphomas (broad), Arthritis (narrow), Tendinopathies and ligament disorders (narrow), Haematological malignant tumours (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine
Current Illness: none
Preexisting Conditions: hypothyroidism, labile hypertension
Allergies: procardia - reaction
Diagnostic Lab Data: 11/19/21 Kappa FLC/DH -72.87 mg/dl 11/19/21 Kappa/Lambda Ration 165.61
CDC Split Type:
Write-up: 3 weeks post vaccine moderate to severe bilateral knee pain that got worse in the night. Then the addition of overall boy aches (feel like flu body aches) all over, several times a week, incapacitating me. Went to primary doc, got PT for my knees, saw orthopedic, got MRI, minor arthritis and tendinopathy. No one knew why I was feeling so awful. Referral to Rheumatology but appointment couldn''t get in until Nov. Bloodwork done and blood levels abnormal. Referred to Hematology/Oncology. Bone marrow biospy 1/6/22 and diagnosed with Kappa Light Chain Multiple Myeloma

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VAERS ID:	2131145 (history)	**Vaccinated:**	2001-02-15
Form:	Version 2.0	**Onset:**	2022-02-21
Age:	48.0	**Days after vaccination:**	7676
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	- / 5	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Babesiosis, Back pain, Borrelia test positive, General physical health deterioration,

Laboratory test, Lyme disease, Magnetic resonance imaging, Neck pain, Pain, Parasite blood test positive, X-ray
SMQs:, Retroperitoneal fibrosis (broad), Arthritis (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: I was taking Gabapentin for Nerve pain and Ritalin when I was given a Tetanus Booster shot. Td Adult Sanofi Pasteur 2/15/2001. At the time of vaccination I had bee infected with Lyme and Babesia back in June of 1999. I would not test pos
Current Illness: LYME AND BABESIA DUNCANI THAT I CONTRACTED IN JUNE OF 1999. THE MEDICAL SYSTEM COULD NOT FIGURE OUT THE CAUSE OF MY PAIN (ADVERSE EVENT) i was fired by my local doctor in September of 2010 because I could not manage my pain meds. I had failed surgery for my neck pain/. I was given a cervical disectomy with fusion from C3-C5. all of my pain was from the tetanus booster I was given almost two years after contracting Lyme Disease in 1999.
Preexisting Conditions: ASTHMA
Allergies: SULFUR
Diagnostic Lab Data: I have an extensive MEDICAL record documenting all of my pain and tests
CDC Split Type:
Write-up: I was a Sales Representative who contracted Lyme and Babesia in June of 1999. I never saw a tick but after my long recovery I remember a bite on the back of my scalp. After receiving the Sanofi Paster Td vaccine on February 15, 2001 I came down with back pain and neck pain within 7 days. I have been on chronic pain medication ever since. Initially I went to chiropractors and it was my chiropractor who referred me back to my Doctor for Xrays and MRI''s and the like. I was rapidally deteriorating while the Medical System denied that I had Lyme Disease for 15 years until I finally tested positive in December of 2013 for Lyme and Babesia Duncani.

VAERS ID:	2134548 (history)	**Vaccinated:**	2021-10-22
Form:	Version 2.0	**Onset:**	2021-10-29
Age:	58.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	301358A / 3	AR / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8732 / 2	AR / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	AR / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: C-reactive protein normal, Pain, Red blood cell sedimentation rate normal
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Chronic Pain Syndrome
Allergies:
Diagnostic Lab Data: 2/21/22 - Normal ESR, CRP
CDC Split Type:
Write-up: Pre-existing diagnosis fibromyalgia, chronic pain. Increased body-wide pain of a different character after first shot, much more marked after COVID booster

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VAERS ID:	2134747 (history)	**Vaccinated:**	2022-02-23
Form:	Version 2.0	**Onset:**	2022-02-23
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient assented and mother consented to a COVID booster shot. After shot was given, patient revealed his COVID vaccination card that already noted completion of his primary series + COVID booster (3rd shot). Our office only had record of completion of the primary series. He got his booster somewhere else, we didn''t have documentation ahead of time supporting that. Discussed with patient and his mother the error & apologized. We encouraged monitoring for any routine signs/symptoms that can be experienced after the mRNA vaccine but don''t anticipate any other sequelae or side effects.

VAERS ID:	2137123 (history)	**Vaccinated:**	2022-02-24
Form:	Version 2.0	**Onset:**	2022-02-24
Age:	1.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	95EJ7 / 1	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	U024765 / 1	RA / SC

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, Product administered to patient of inappropriate age, Product administration error, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Cefdinir
Current Illness: Ear Infection
Preexisting Conditions:
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient seen in office for routine 1 year check up. During immunizations a combination MMR/Varicella vaccine given instead of single MMR. Patient was also given single Varicella in separate extremity. Error identified upon entry into administration record. Provider notified who will reach out to the family to discuss.

VAERS ID: 2138047 (history) **Vaccinated:** 2021-10-08
Form: Version 2.0 **Onset:** 2021-10-01
Age: 46.0 **Submitted:** 0000-00-00
Sex: Female **Entered:** 2022-02-24
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site pain, Injection site paraesthesia, Injection site reaction, Injection site warmth, Paraesthesia, Sleep disorder
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Womens multivitamin with minerals, D3, turmeric, black cohosh, valerian root
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Afternoon after shot left upper arm elbow to shoulder very sore like a bad bruise for several days, felt warm. Several weeks later started getting pains across arm at injection site and would ache up and down arm shoulder to elbow., Sometimes sharp pinpricks, tingling, wakes me up at night sometimes, other days no pain. Not relieved by massage or Tylenol or ibuprofen, annoying ache lingers for hours at a time and then will go away and return randomly.

VAERS ID: 2143009 (history) **Vaccinated:** 2021-03-19
Form: Version 2.0 **Onset:** 2021-04-14
Age: 61.0 **Days after vaccination:** 26
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Dyspepsia, Fatigue, Malaise, Vaccination site pain, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VITAMIN C [ASCORBIC ACID]; MACUHEALTH WITH LMZ3; MULTIVITAMIN [VITAMINS NOS]; TURMERIC CURCUMIN [CURCUMA LONGA]
Current Illness:
Preexisting Conditions: Comments: No medical history was provided by the reporter.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Throwing up; Stomach burn; Didn''t feel good; tired; Sore left arm; This spontaneous case was reported by a consumer and describes the occurrence of DYSPEPSIA (Stomach burn), MALAISE (Didn''t feel good), VOMITING (Throwing up), FATIGUE (tired) and VACCINATION SITE PAIN (Sore left arm) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 021B21A and 002A21A) for COVID-19 vaccination. No medical history was provided by the reporter. Concomitant products included CURCUMA LONGA (TURMERIC CURCUMIN [CURCUMA LONGA]) for Nutritional supplement, VITAMIN C [ASCORBIC ACID] and MESO ZEAXANTHIN, XANTOFYL, ZEAXANTHIN (MACUHEALTH WITH LMZ3) for Supplementation therapy, MULTIVITAMIN [VITAMINS NOS] for an unknown indication. On 19-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 16-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 14-Apr-2021, the patient experienced FATIGUE (tired) and VACCINATION SITE PAIN (Sore left arm). On 30-Apr-2021, the patient experienced DYSPEPSIA (Stomach burn) and MALAISE (Didn''t feel good). On 30-Apr-2021 at 8:45 PM, the patient experienced VOMITING (Throwing up). At the time of the report, DYSPEPSIA (Stomach burn), MALAISE (Didn''t feel good), VOMITING (Throwing up), FATIGUE (tired) and VACCINATION SITE PAIN (Sore left arm) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No treatment information was provided. This case was linked to MOD-2021-059462 (Patient Link).

VAERS ID:	2143368 (history)	**Vaccinated:**	2021-02-11
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	77.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-02-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Myalgia
SMQs:, Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinoprill; Statin
Current Illness:
Preexisting Conditions: Comments: No medical history was provided by the reporter.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: Myalgia; This spontaneous case was reported by a consumer and describes the occurrence of MYALGIA (Myalgia) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 031M20A) for COVID-19 vaccination. No medical history was provided by the reporter. Concomitant products included Lisinoprill and Statin for an unknown indication. On 11-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYALGIA (Myalgia). At the time of the report, MYALGIA (Myalgia) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. This case was linked to MOD-2021-259911 (Patient Link).

VAERS ID:	2143371 (history)	**Vaccinated:**	2021-03-12
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	77.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-02-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026A21A / 2	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Dizziness, Hypoaesthesia, Pain, Scab, Tremor
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Sexual dysfunction (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LISINOPRIL; STATIN EZ
Current Illness:
Preexisting Conditions: Comments: No medical history and relevant lab data was provided.
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: arm started shaking and wouldn''t stop; fingers went completely numb; formed a scab which fell/started scratching on her arm and that formed a scab which fell; felt really dizzy; she had soreness/felt like she was run over by a truck; chills; This spontaneous case was reported by a consumer and describes the occurrence of TREMOR (arm started shaking and wouldn''t stop), HYPOAESTHESIA (fingers went completely numb), SCAB (formed a scab which fell/started scratching on her arm and that formed a scab which fell), DIZZINESS (felt really dizzy) and PAIN (she had soreness/felt like she was run over by a truck) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 026A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history and relevant lab data was provided. Concomitant products included LISINOPRIL and ATORVASTATIN CALCIUM, EZETIMIBE (STATIN EZ) for an unknown indication. On 12-Mar-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 2 dosage form. On an unknown date, the patient experienced TREMOR (arm started shaking and wouldn''t stop), HYPOAESTHESIA (fingers went completely numb), SCAB (formed a scab which fell/started scratching on her arm and that formed a scab which fell), DIZZINESS (felt really dizzy), PAIN (she had soreness/felt like she was run over by a truck) and CHILLS (chills). At the time of the report, TREMOR (arm started shaking and wouldn''t stop), HYPOAESTHESIA (fingers went completely numb), SCAB (formed a scab which fell/started scratching on her arm and that formed a scab which fell), DIZZINESS (felt really dizzy), PAIN (she had soreness/felt like she was run over by a truck) and CHILLS (chills) outcome was unknown. She got done an EEG and came up with no signs of seizure, also had a MRI showing no signs of stroke, just little things related to aging. She had blood work too that came up being normal. This case was linked to MOD-2021-259875 (Patient Link).

VAERS ID:	2144331 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-06
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Feeling of body temperature change, Hypersomnia, Influenza, Sluggishness, Vaccination site swelling
SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: No Medical history was provided by the reporter
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20212
Write-up: I slept for about 3 hours in the morning and 3 more in the afternoon and then slept all night; I felt a little weak; flu; I was very sluggish; having hot and cold chills; Vaccination site swelling; This spontaneous case was reported by a nurse and describes the occurrence of SLUGGISHNESS (I was very sluggish), FEELING OF BODY TEMPERATURE CHANGE (having hot and cold chills), HYPERSOMNIA (I slept for about 3 hours in the morning and 3 more in the afternoon and then slept all night), ASTHENIA (I felt a little weak) and INFLUENZA (flu) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 004C21A and 021B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical history was provided by the reporter. On 06-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 04-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 06-Apr-2021, the patient experienced VACCINATION SITE SWELLING (Vaccination site swelling). On 05-May-2021, the patient experienced FEELING OF BODY TEMPERATURE CHANGE (having hot and cold chills). On an unknown date, the patient experienced SLUGGISHNESS (I was very sluggish), HYPERSOMNIA (I slept for about 3 hours in the morning and 3 more in the afternoon and then slept all night), ASTHENIA (I felt a little weak) and INFLUENZA (flu). On 10-Apr-2021, VACCINATION SITE SWELLING (Vaccination site swelling) had resolved. On 07-May-2021, FEELING OF BODY TEMPERATURE CHANGE (having hot and cold chills) had resolved. At the time of the report, SLUGGISHNESS (I was very sluggish), HYPERSOMNIA (I slept for about 3 hours in the morning and 3 more in the afternoon and then slept all night), ASTHENIA (I felt a little weak) and INFLUENZA (flu) outcome was unknown. Not Provided For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment medication information was not provided. Concomitant medication information was not provided. This case was linked to MOD-2021-068790 (Patient Link).

VAERS ID:	2147129 (history)	**Vaccinated:**	2021-06-11
Form:	Version 2.0	**Onset:**	2021-06-12
Age:	37.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Menstruation delayed, Migraine, Uterine spasm
SMQs:, Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Food allergy (wheat, barley, rye); Lyme disease
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021821108
Write-up: migraine beginning 6/12 which lasted for 24 hours; Unexplained uterine cramping; Menstruation delayed by a full week.; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 37 year-old female patient (not pregnant) received bnt162b2 (BNT162B2), administered in arm left, administration date 11Jun2021 12:00 (Lot number: EW0191) at the age of 37 years as dose 2, single for covid-19 immunisation. Relevant medical history included: "chronic lyme disease" (unspecified if ongoing); "Allergies: wheat, barley, rye" (unspecified if ongoing), notes: wheat, barley, rye. The patient"s concomitant medications were not reported. Vaccination history included: Bnt162b2 (Product - COVID 19 , Brand - Pfizer, Lot number - EW0168, Lot unknown - False, Administration date ? 14May2021,, Administration time - 12:00 PM,, Vaccine location - Left arm,, Dose number - 1), administration date: 14May2021, for Covid-19 immunisation. The following information was reported: MIGRAINE (non-serious) with onset 12Jun2021 10:00, outcome "recovered" (2021), described as "migraine beginning 6/12 which lasted for 24 hours"; UTERINE SPASM (non-serious) with onset 12Jun2021 10:00, outcome "recovered" (2021), described as "Unexplained uterine cramping"; MENSTRUATION DELAYED (non-serious) with onset 12Jun2021 10:00, outcome "recovered" (2021), described as "Menstruation delayed by a full week.". Therapeutic measures were not taken as a result of migraine, uterine spasm, menstruation delayed. Additional information: Migraine beginning 6/12 which lasted for 24 hours. Continued sporadically for several

days. Unexplained uterine cramping beginning 6/12 and continued for several days. Menstruation delayed by a full week. Expected start date was 6/24. Actual start date 7/1. Facility type vaccine was Other. Patient did not receive other vaccine in four weeks or other medications in two weeks. Patient had no COVID prior vaccination. Patient did not tested COVID post vaccination. Follow-up attempts are completed. No further information is expected.

VAERS ID:	2148186 (history)	**Vaccinated:**	2021-01-20
Form:	Version 2.0	**Onset:**	2021-11-01
Age:	59.0	**Days after vaccination:**	285
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 2	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood cholesterol increased, Blood test, Rash
SMQs:, Anaphylactic reaction (broad), Dyslipidaemia (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Lipodystrophy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Blood work- cholesterol was high.
CDC Split Type: vsafe
Write-up: After Thanksgiving, my right arm started to break out in a rash. It gives bumps just like Shingles. I had the shingles vaccine before Thanksgiving. I had a total of 5 shots for different things. I think it is because of constantly washing and the gloves I use for work. My doctor has been taking tests as needed. My cholesterol was high but I do not think it has anything to do with my arm. I also went to a dermatologist last year. I have another appointment on May with my doctor. My doctor gave me some cream for my arm. It seems to be helping. I still have the rash and I am hoping to get better soon with time.

VAERS ID: 2148526 (history)		**Vaccinated:**	2022-02-22
Form:	Version 2.0	**Onset:**	2022-02-22
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DDAVP 0.1 mg tabs, 3 tabs qAM, 4 tabs qPM
Current Illness:
Preexisting Conditions: diabetes insipidus
Allergies: augmentin--diarrhea
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was given pediatric Pfizer vaccine on 13th birthday.

VAERS ID: 2151854 (history)		**Vaccinated:**	2022-02-26
Form:	Version 2.0	**Onset:**	2022-02-27
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9896 / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Lymphadenopathy, Oedema peripheral
SMQs:, Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: for both flu shots and all covid shots (including this one) - tolerable fever, fatigue, muscle aches, and joint pain for up to 4
Other Medications: Rheumatoid Arthritis -Spondylarthropathy - Humira - 40 mg/2-weeks - injection - Celebrex - 200 mg/day - capsule - Medical Marijuana - 5 mg/day tincture + 2.5 edible as needed Thyroid Disease (Hypo) - Levothyroxine Sodium - 50 mg/day - tabl
Current Illness: none
Preexisting Conditions: Rheumatoid Arthritis -Spondylarthropathy Irritable Bowel Syndrome Gastroesophogeal Reflux Disease Sliding Hiatal Hernia Polycystic Ovarian Disorder Heart Murmur Eczema Thyroid Disease (non-specific)
Allergies: Medications - none known - Food - no life threatening allergies, many intolerances causing gastric distress or mild reaction (itching, diarrhea), the worst of which are: garlic, onion, peaches, apples, asparagus, and gluten containing foods - Environmental - not life threatening: dust, perfumes, pollen, mold, mildew cause sneezing, coughing, itching, runny nose/eyes, congestion - Skin - very sensitive, will break out in contact dermatitis from lots of adhesives and regular topicals.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swollen lymph node and swelling in left armpit (same side as the shot was given). Was examined by a doctor at PCP clinic 2 days after symptoms were first noticed, at that time lymph node swelling described as walnut-sized. Said it may take a couple of weeks to completely resolve or come back in for a re-check.

VAERS ID:	2155075 (history)	**Vaccinated:**	2022-02-28
Form:	Version 2.0	**Onset:**	2022-03-02
Age:	67.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	7M7E5 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pain, Injection site rash, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin, Vitamin C, Calcium Carbonate
Current Illness: none
Preexisting Conditions: acid reflux, pituitary microadenoma
Allergies: contrast dye, shellfish, fruit with stones, latex sensitivity
Diagnostic Lab Data:
CDC Split Type:
Write-up: rash/redness at injection site measuring 2"x2", tender to the touch - noticed 3/2/22 at 8am rash on forearm measuring 2"x3", itchy, noticed 3/2/22 at 11am

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VAERS ID:	2155103 (history)	**Vaccinated:**	2021-08-30
Form:	Version 2.0	**Onset:**	2021-08-31
Age:	78.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3184 / 3	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Biopsy, Colitis microscopic, Colonoscopy, Diarrhoea
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Noninfectious diarrhoea (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Premarin .3mg, Vitamin B, Multivitamin
Current Illness: None
Preexisting Conditions: None
Allergies: Latex, Clindamycin
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: The next day had watery uncontrollable diarrhea. Was referred to Gastroenterologist that scheduled a Colonoscopy on 12/8/2021. After Colonoscopy biopsies were taken, got a

diagnosis of Microscopic Colitis.

VAERS ID:	2157891 (history)	**Vaccinated:**	2021-11-30
Form:	Version 2.0	**Onset:**	2022-01-17
Age:	30.0	**Days after vaccination:**	48
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058H21A / 1	UN / UN

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal distension, Anxiety, Blood test, Dyspnoea, Fatigue, Feeling abnormal, Insomnia, Panic disorder
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: none
Preexisting Conditions: none
Allergies: tree nuts
Diagnostic Lab Data: Physical exam, blood work
CDC Split Type:
Write-up: Digestive issues - started with bloating where I experienced difficulty taking a full breath. That caused anxiety and panic. After visiting urgent care and my PCP I made changes to my diet. After making significant lifestyle changes and changes to my diet (cutting out sugar) I''ve been feeling brain fog, fatigue, and insomnia (trouble staying asleep, no issues falling asleep)

VAERS ID:	2161688 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-03-05
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Anosmia, Illness, Investigation
SMQs:, Taste and smell disorders (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: tests; Result Unstructured Data: Test Result:unknown results; Comments: Then, both her and her daughter had tests later
CDC Split Type: USPFIZER INC202200150246
Write-up: sick; lost her smell; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A female patient received bnt162b2 (BNT162B2) (Batch/Lot number: unknown) as dose number unknown, single for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. The following information was reported: ILLNESS (non-serious), outcome "unknown", described as "sick"; ANOSMIA (non-serious), outcome "unknown", described as "lost her smell". Relevant laboratory tests and procedures are available in the appropriate section. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected. Follow-up attempts completed. No further information is expected. Follow-up (28Feb2022): This follow-up is being submitted to notify that the lot/batch number is not available despite the follow-up attempts made. Follow-up attempts completed. No further information is expected.

VAERS ID:	2165469 (history)	**Vaccinated:**	2021-06-24
Form:	Version 2.0	**Onset:**	2021-06-25
Age:	40.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	EN0177 / 2	RA / SYR

PFIZER/BIONTECH		

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Injection site pain, Mobility decreased, Musculoskeletal stiffness, Periarthritis, X-ray limb
SMQs:, Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: On 3/7/2022, I received a physical examination, and x-rays of the right shoulder joint were taken. The medical professionals concluded I''m experiencing adhesive capsulitis of the right shoulder. My current symptoms are emblematic of the "frozen" stage of the condition. The time period of late-June, to early-March, was likely the "freezing" stage of the condition. Without explanation, the shoulder joint froze very rapidly, and is very painful.
CDC Split Type:
Write-up: The injection was quite painful when the needle went in the right arm muscle near the shoulder. The next day the range of motion in the right shoulder joint became slightly limited due to pain. These symptoms persisted for 8 months, at which time, in early-March, the pain became severe all of a sudden, and resulted in no range of motion in the right shoulder joint due to pain and stiffness. At which time, I sought medical treatment.

VAERS ID:	2165517 (history)	**Vaccinated:**	2022-03-03
Form:	Version 2.0	**Onset:**	2022-03-04
Age:	74.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	9474M / 1	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Headache, Injection site rash, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient came to the pharmacy today 3/8/22 and reports that she experienced chills, headache, and localized injection site rash the morning after her first shingrix vaccine which took place on 3/3/22. Patient feels better now but stated the symptoms lasted about 3 days. The rash still remains and patient will let us/MD know if rash gets worse or does not go away with the next few days.

VAERS ID:	2168322 (history)	**Vaccinated:**	2022-01-11
Form:	Version 2.0	**Onset:**	2022-01-11
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	BD0810 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:
Write-up: Patient was given a expired (BUD) vaccination. Patient was informed and advised to have another vaccination ASAP.

VAERS ID:	2168340 (history)	**Vaccinated:**	2022-01-11
Form:	Version 2.0	**Onset:**	2022-01-11
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	BD0810 / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given a expired (BUD) vaccination. Patient informed and advised to have another vaccination ASAP.

VAERS ID:	2168346 (history)	**Vaccinated:**	2022-01-13
Form:	Version 2.0	**Onset:**	2022-01-13
Age:	53.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	BD0810 / 2	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given a expired (BUD) vaccination. Patient informed and advised to have another vaccination ASAP.

VAERS ID:	2168348 (history)	**Vaccinated:**	2022-01-10
Form:	Version 2.0	**Onset:**	2022-01-10
Age:	53.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	BD0810 / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient given a expired (BUD) vaccination. Patient informed and advised to have another vaccination ASAP.

VAERS ID:	2168354 (history)	**Vaccinated:**	2022-01-10
Form:	Version 2.0	**Onset:**	2022-01-10
Age:	36.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	BD0810 / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient given a expired (BUD) vaccination. Patient informed and advised to have another vaccination ASAP.

VAERS ID:	2168360 (history)	**Vaccinated:**	2022-01-10
Form:	Version 2.0	**Onset:**	2022-01-10
Age:	40.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-09

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	BD0810 / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient given a expired (BUD) vaccination. Patient informed and advised to have another vaccination ASAP.

VAERS ID:	2173777 (history)	**Vaccinated:**	2021-03-10
Form:	Version 2.0	**Onset:**	2021-03-11
Age:	68.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048A21A / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Decreased appetite, Discomfort, Disorientation, Headache, Injection site pain, Pain
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Simvastatin, Metoprolol Succinate, Lasix, Aspirin
Current Illness: none
Preexisting Conditions: Heart attack 1995 and 2002
Allergies: Ticlid
Diagnostic Lab Data:
CDC Split Type:
Write-up: Complete body ache, a slight feeling of disorientation, chills, loss of appetite, headache and slight soreness at the injection site. The duration of discomfort was about 24 hours and when it was over, it was over, just like that.

VAERS ID:	2176375 (history)	**Vaccinated:**	2021-10-03
Form:	Version 2.0	**Onset:**	2021-10-03
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30155BA / 3	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cyst, Hepatic pain
SMQs:, Liver related investigations, signs and symptoms (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TOPAMAX
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Egg allergy; Epilepsy; Migraine; Seizure
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101488151
Write-up: Pain in liver area after each injection; I have cyst that is 5.7 cm in size and now is causing increased pain since getting injections; This is a spontaneous report received from contactable reporter(s) (Other HCP). The reporter is the patient. A 55 year-old female patient (not pregnant) received bnt162b2 (BNT162B2), administered in arm right, administration date 03Oct2021 (Lot number: 30155BA) at the age of 55 years as dose 3 (booster), single for covid-19

immunisation. Relevant medical history included: "migraines" (unspecified if ongoing); "epilepsy" (unspecified if ongoing); "known allergies: eggs" (unspecified if ongoing); "seizure", start date: 1986 (unspecified if ongoing). Concomitant medication(s) included: TOPAMAX. Past drug history included: Novocaine, reaction(s): "known allergies: Novocaine"; Lidocaine, reaction(s): "known allergies: Lidocaine"; Celebrex, reaction(s): "known allergies: celebrex". Vaccination history included: Bnt162b2 (dose 1, single, product= COVID 19, brand= Pfizer, lot number= EL1284, administration date= 06Jan2020,, vaccine location= Left arm), administration date: 06Jan2021, when the patient was 54 years old, for COVID-19 immunization; Bnt162b2 (dose 2, single, product= COVID 19, brand= Pfizer, lot number= EL9261, administration date= 27Jan2021, vaccine location= Left arm), administration date: 27Jan2021, when the patient was 54 years old, for COVID-19 immunization. The following information was reported: HEPATIC PAIN (non-serious) with onset 03Oct2021, outcome "recovered with sequelae", described as "Pain in liver area after each injection"; CYST (non-serious) with onset 03Oct2021, outcome "recovered with sequelae", described as "I have cyst that is 5.7 cm in size and now is causing increased pain since getting injections". Therapeutic measures were taken as a result of hepatic pain, cyst. Additional information: Facility type vaccine was reported as Pharmacy or Drug Store. Patient had not received any other vaccines within 4 weeks before COVID vaccine and patient was not diagnosed with COVID-19 prior or post vaccination. Pain in liver area after each injection. She had cyst that was 5.7 cm in size and now was causing increased pain since getting injections. She had thought it was an inflammatory response until she sought treatment for pain and weight loss. She was reporting as she did not correlate until after her most recent injection as her symptoms were resolved and within hours of injection pain resurfaced in liver area. The patient recovered with lasting effects. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2177386 (history)	**Vaccinated:**	2021-10-26
Form:	Version 2.0	**Onset:**	2021-10-26
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Dysgeusia, Hypoaesthesia oral, Nervous system disorder, Pain
SMQs:, Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None

Current Illness: None
Preexisting Conditions: None
Allergies: Pertussis vaccine
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Tongue went numb. Strong taste of metal in my mouth. Lasted two hours then began to subside. A month later I began having nerve system issues... pain running throughout my joints, moving pain, mostly at night. I went to my doctor who told me to report it and that it could be Guillain Barre Syndrome...

VAERS ID:	2179177 (history)	**Vaccinated:**	2021-11-08
Form:	Version 2.0	**Onset:**	2021-11-08
Age:	36.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FG3529 / 3	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling cold, Insomnia, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SPRYCEL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Chronic myeloid leukemia
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202101557371
Write-up: became chilled again and started having shaking in both arms; Tuesday throughout the day I felt chilled but had no fever; On Monday night I had trouble sleeping; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 36 year-old male patient received bnt162b2 (BNT162B2), administered in arm left, administration date 08Nov2021 17:00 (Lot number: FG3529) at the age of 36 years as dose 3 (booster), single for covid-19 immunisation. Relevant medical history included: "chronic myeloid leukemia" (unspecified if ongoing). Concomitant medication(s) included: SPRYCEL. Vaccination history included: Bnt162b2 (Dose 2, Lot Number: EN6203, Dose administration time: 09:00AM,

Anatomical location: Left arm), administration date: 09Mar2021, when the patient was 35 years old, for Covid-19 immunization; Bnt162b2 (Dose 1, Lot Number: EL9266, Dose administration time: 10:00AM), administration date: 16Feb2021, when the patient was 35 years old, for Covid-19 immunization. The following information was reported: INSOMNIA (non-serious) with onset 08Nov2021, outcome "unknown", described as "On Monday night I had trouble sleeping"; FEELING COLD (non-serious) with onset 09Nov2021, outcome "unknown", described as "Tuesday throughout the day I felt chilled but had no fever"; TREMOR (non-serious) with onset 10Nov2021 10:00, outcome "unknown", described as "became chilled again and started having shaking in both arms". It was unknown if therapeutic measures were taken as a result of insomnia, feeling cold, tremor. Additional information: Patient had no known allergies. The patient had not received any other vaccine within 4 weeks. Patient had not been diagnosed with COVID-19 prior to vaccination and had not been tested since the vaccination. Other medications in two weeks are one a day vitamins. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2179864 (history)	**Vaccinated:**	2022-02-09
Form:	Version 2.0	**Onset:**	2022-02-09
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	068H21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Pain in extremity, Product administered to patient of inappropriate age
SMQs:, Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Loryna
Current Illness: No known
Preexisting Conditions:
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received a moderna covid vaccine for the first dose of the series on 2/9/22. Patient should have received pfizer instead due to age. Pfizer covid vaccine given 03/09/2022 as second dose of series. department of health, patients parents and patient"s PCP made aware of

the error. Patient has now completed the covid vaccine series. No unexpected adverse events. Patient reported fatigue, sore arm and feeling run down after having Moderna vaccine. Symptoms lasted a day.

VAERS ID:	2179954 (history)	**Vaccinated:**	2022-01-14
Form:	Version 2.0	**Onset:**	2022-01-14
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FD0810 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Patient was given a expired (BUD) dosage. Patient advised to have re-vaccination ASAP.
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient given expired (BUD) dosage. Patient advised and informed to have re-vaccination ASAP

VAERS ID:	2179957 (history)	**Vaccinated:**	2022-01-11
Form:	Version 2.0	**Onset:**	2022-01-11
Age:	29.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /		

PFIZER/BIONTECH	FD0810 / 2	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given a expired vaccination, Patient informed and advised to have re-vaccination ASAP.

VAERS ID:	2179970 (history)	**Vaccinated:**	2022-03-09
Form:	Version 2.0	**Onset:**	2022-03-09
Age:	86.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ1614 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient given undiluted dose. Patient did not have any major side effects. Just some fatigue the following day. Patient advised if becomes symptomatic at all to contact office with symptoms.

VAERS ID:	2180197 (history)	**Vaccinated:**	2021-12-14
Form:	Version 2.0	**Onset:**	2021-12-20
Age:	66.0	**Days after vaccination:**	6
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Axillary pain, Breast discomfort, Breast pain, Discomfort, Neuralgia, Nipple pain, Pain, Pruritus
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (narrow), Lipodystrophy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lopressor, Norvasc, Metformin, Lisinopril, Aspirin, Zocor
Current Illness:
Preexisting Conditions: Heart Disease, Type 2 Diabetes.
Allergies: Penicillin
Diagnostic Lab Data: I went to my doctor for my check-up and examination of the area. I asked her to put it in my record.
CDC Split Type:
Write-up: After the boost shot on 12/14/21, I started having nerve pain in my legs and an itchy spot was happening on my back. The itching progressed to pain like shingles. This spread around my right side, under my armpit then to the front of my chest. It affected my breasts and nipples causing discomfort and periods of pain. No visible markings on my body. I still have discomfort on my right side.

VAERS ID:	2182237 (history)	**Vaccinated:**	2021-05-14
Form:	Version 2.0	**Onset:**	2021-05-15
Age:	53.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	035C21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Injection site pain, Muscle spasms, Muscle twitching, Musculoskeletal stiffness
SMQs:, Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None.
Current Illness: None.
Preexisting Conditions: None.
Allergies: None.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: She got her vaccine, had injection site pain starting at 12:30 AM. Her wrist hurt alot but was not concerned about that. She woke up at 12:30 with right leg cramping like a Charley horse from her hip to her foot and could not release it. It was very, very tight and in a spasm. That lasted many hours. She went back to bed, and when she woke up again around 5:30 or 6:00 her leg was still somewhat cramped, but her calves were completely twitching and tiny muscle spasms, and she would say hundreds to thousands of them going off all the time, tiny muscle spasms. Since then she has been left with this problem in her calves specifically, but also all over her entire body including her cheeks, thighs, stomach, buttocks all day every day. It seems to lessen at times, but comes back, worse at rest and did not have any issues like this before the vaccine. It is mainly generalized in her calves. She has seen a doctor and her doctor did not give her anything to treat the condition. She has just been dealing with it on her own pretty much.

VAERS ID: 2184294 (history)		**Vaccinated:**	2022-03-15
Form:	Version 2.0	**Onset:**	2022-03-15
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	068H21A / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu vaccine
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Eggs
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient came in to clinic to receive her booster. Vaccinator administered the booster dose without checking the prior vaccination date on the card. Patient''s dose 2 vaccine was on 12/29/21 and she was not supposed to receive her booster vaccine until May 2022, so she received it two months early. Staff monitored the patient for a full 30 minutes to ensure no adverse reaction and patient tolerated the dose well. Both prior vaccinations were also Moderna.

VAERS ID: 2188122 (history)		**Vaccinated:**	2022-03-18
Form:	Version 2.0	**Onset:**	2022-03-18
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1855835 / 3	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was given a 3 rd dose. He only listed 1 previous dose on his form and he presented with a vaccine card that only had one dose on it. When I was documenting the dose after I had given it i realized that it was in fact his 3rd dose of this vaccine. I have tried reaching the patient to let him know but I have been unsuccessful so far. I will continue to try. As far as I am aware he is not having any side effects at this time

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VAERS ID:	2189653 (history)	**Vaccinated:**	2021-04-10
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	64.0	**Days after vaccination:**	21
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA032BZIA / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	MODERNA004C21A / 2	RA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Sciatica
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: pramipexole, buprop, hydrochlorot, Atnolol vitamin D
Current Illness: no
Preexisting Conditions: RLS controlled with medication depression controlled with medication high blood pressure controlled with medication
Allergies: Hey Fever

Diagnostic Lab Data:
CDC Split Type:
Write-up: Sciatica

VAERS ID:	2189812 (history)	**Vaccinated:**	2021-02-08
Form:	Version 2.0	**Onset:**	2022-03-01
Age:	70.0	**Days after vaccination:**	386
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011L20A / 1	UN / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031L20A / 2	UN / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	020F21A / 3	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 18 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: ADMITTED TO HOSPITAL, DISCHARGED TO HOSPICE.

VAERS ID:	2192308 (history)	**Vaccinated:**	2022-01-04
Form:	Version 2.0	**Onset:**	2022-01-06
Age:	43.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route

Administered by: Public **Purchased by:** ?
Symptoms: Asthma, Bronchitis viral, Chest X-ray normal, Condition aggravated, Cough, Discomfort, Feeling abnormal, Haemoptysis, Illness, Pain, Respiratory tract irritation, Sleep disorder
SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Dementia (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Infective pneumonia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Trazadone 50-100 mg, Melatonin 1-2 per night.
Current Illness: None.
Preexisting Conditions: Asthma, seasonal bronchitis.
Allergies: Oxycodone.
Diagnostic Lab Data: Chest x-ray.
CDC Split Type:
Write-up: She got her vaccine, did not know it was Pfizer, thought it was J&J. Was in the lobby where she lives, lady was behind her and did not say anything to her, got her the shot in her right arm, then looked at her vaccine card and saw that it was Pfizer and informed her that J&J did not have a booster. She did not feel anything, a little bee sting feeling. Then on 1/6/22 she started coughing and started getting sick. She saw the nurse at Health Clinic and they told her lungs were clear. She did not feel comfortable with the booster shot. She had a cough in January and it has progressively gotten worse. She has a stabbing type of discomfort in her left lung. She saw the doctor at the clinic (who she saw twice), also had a teledoc call, and said that if it wasn''t for the booster shot she would probably be in the hospital due to her asthma. The cough went away and then it comes right back. She is coughing up clear, bubbly shot. She did have a chest x-ray after seeing Dr. and her lung x-ray was normal, which she was informed yesterday. Was given codeine cough syrup, getting blood in her sputum and got those results yesterday. She was told not to go out in the cold weather, but the nurses told her that it was OK. She was prescribed Benzonatate for her cough, also takes her inhalers as needed Singular and Ventolin inhalers as needed. The medicine does not seem to be helping and the inhalers don''t seem to be working either, neither is the codeine and still wakes up in the middle of the night coughing, does not get sleep and wakes up her boyfriend from coughing so much. It''s a dry cough, different from her usual bronchitis type symptoms that she has. They feel that it is her anxiety overworking her, but says she knows her body and it does not feel right. It''s now been 3 weeks for this flare up and has not subsided. She coughs so much she coughs up her medicines and her food. They told her that they feel that she had viral bronchitis with a cough.

VAERS ID:	2194598 (history)	**Vaccinated:**	2021-03-22
Form:	Version 2.0	**Onset:**	2021-04-04
Age:	50.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8730 / 2	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Ageusia, Allergy test negative, Anosmia, Chest discomfort, SARS-CoV-2 test negative
SMQs:, Anaphylactic reaction (broad), Taste and smell disorders (narrow), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin, Prilosec As needed
Current Illness: None
Preexisting Conditions: None
Allergies: Grass, Latex, Azithromycin
Diagnostic Lab Data: 02/15/2022 Allergy Needle Testing and everything came back: normal
CDC Split Type: vsafe
Write-up: About two weeks after the vaccine, I noticed at dinner I was not able to taste or smell my food. I have no taste no smell. I"ve also have started to have a heavy chest. Started taking Claritin, Flonase, saline flushes and nothing helped. In 12/2021, I had a tele visit with my doctor. She asked if I tested for COVID and I told her I had and was negative. When I blow my nose its only clear. I am not congested. I called my doctor and she sent me to an allergy specialist. 02/15/2022, I have my appointment with the allergist. They performed an Allergy Needle Test and everything came back: normal. They are setting up a cat scan in 04/21/2022 to see if I have any polyps. They advised I should take Nasacort and I"ve been taking two sprays in the AM and two sprays in the PM.

VAERS ID:	2194703 (history)	**Vaccinated:**	2022-02-15
Form:	Version 2.0	**Onset:**	2022-02-18
Age:	69.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	DA327 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Balance disorder, Blood test normal, Decreased activity, Fatigue, Full blood count normal, Laboratory test normal, Loss of personal independence in daily activities, Mental impairment, Muscle spasms, Myalgia, Nausea, Neck pain, Pain, Somnolence, Thyroid function test normal
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Synthroid 75 mcg daily
Current Illness: none
Preexisting Conditions: hypothyroidism osteoarthritis
Allergies: rhubarb
Diagnostic Lab Data: Blood tests 3/15/22 normal (blood count, chemistries, thyroid)
CDC Split Type:
Write-up: Muscle pain and spasms Day #4 - 7, L shoulder and L neck. Required Vicodin for pain control. Severe fatigue, sleepiness, intermittent nausea, body aches days 7-21. Mental "fuzziness" and sense of imbalance, fatigue persisted days 22-29. Symptoms gradually improved and resolved by day #30. Unable to do normal activity days #4 - 21, diminished activity days 21-30.

VAERS ID:	2198163 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2022-03-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPAB: HEP A + HEP B (TWINRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incomplete course of vaccination

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202205
Write-up: first dose in October 2021; This case was reported by a pharmacist via call center representative and described the occurrence of incomplete course of vaccination in a patient who received HAB (Twinrix) for prophylaxis. Co-suspect products included hepatitis A and hepatitis B vaccine pre-filled syringe device (Twinrix Pre-Filled Syringe Device) injection syringe for prophylaxis. Previously administered products included Twinrix (1st dose of Twinrix vaccine received in October 2021). On an unknown date, the patient received the 2nd dose of Twinrix and Twinrix Pre-Filled Syringe Device. On an unknown date, unknown after receiving Twinrix and Twinrix Pre-Filled Syringe Device, the patient experienced incomplete course of vaccination. On an unknown date, the outcome of the incomplete course of vaccination was unknown. This report is made by GSK without prejudice and does not imply any admission or liability for the incident or its consequences. Additional details were provided as follows: The age at vaccination was not applicable for this report. The patient did not receive the 2nd dose of Twinrix adult till the time of reporting, which led to incomplete course of vaccination. The reporter consented to follow up by phone.

VAERS ID:	2200379 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-03-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPAB: HEP A + HEP B (TWINRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incomplete course of vaccination
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202205
Write-up: first dose 15Oct2021, has not received another; This case was reported by a other health professional via call center representative and described the occurrence of incomplete course of vaccination in a male patient who received HAB (Twinrix) for prophylaxis. Co-suspect products included hepatitis A and hepatitis B vaccine pre-filled syringe device (Twinrix Pre-Filled Syringe Device) injection syringe for prophylaxis. Previously administered products included Twinrix (1st dose received on 15th October 2021). On an unknown date, the patient received the 2nd dose of Twinrix and Twinrix Pre-Filled Syringe Device. On an unknown date, unknown after receiving Twinrix and Twinrix Pre-Filled Syringe Device, the patient experienced incomplete course of vaccination. On an unknown date, the outcome of the incomplete course of vaccination was unknown. This report is made by GSK without prejudice and does not imply any admission or liability for the incident or its consequences. Additional details were provided as follows: The age at vaccination was not applicable for this report. Till the time of reporting, the patient did not receive 2nd dose of Twinrix, which led to incomplete course of vaccination. The vaccine administration facility was the same as primary reporter. The reporter did not want to give out patients details beside gender. The reporter consented to follow up.

VAERS ID:	2200800 (history)	**Vaccinated:**	2021-04-05
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	61.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0150 / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Aphonia, Blood test, Eye swelling, Hordeolum, Laryngoscopy, Lymphadenopathy, Oropharyngeal pain, Pain in jaw, Swelling, Swelling face
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Osteonecrosis (broad), Ocular infections (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Calcium, multi vitamin, fish oil, ambien
Current Illness: None
Preexisting Conditions: None
Allergies: sulfa, penicillin, erthrymycin, advil, aspirin
Diagnostic Lab Data: Blood tests, throat scope
CDC Split Type:
Write-up: 4/7/21.Swelling in head, eyes (both), and stye in eye on Sudden onset. Dr visit 4/8/21Continued swelling - Dr visit 4/9/21 Jaw pain, continued face swelling. 4/14/21 Throat swelling (lymph nodes) - Dr. visit 12/06/21 Continued lymph node swelling in throat and occassional loss of voice, sore throat

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VAERS ID:	2203408 (history)	**Vaccinated:**	2021-08-02
Form:	Version 2.0	**Onset:**	2021-08-01
Age:	60.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-03-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	3454N / 1	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Dysphagia, Immediate post-injection reaction, Injection site urticaria, Malaise, Nausea, Oesophageal oedema, Pharyngeal oedema, Weight decreased
SMQs:, Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: AUGMENTIN
Current Illness: Tooth infection
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202205
Write-up: Have edema in his throat/Have swelling his throat; Have edema in his esophagus/Have swelling esophagus; he has not been able to eat or drink normally; Not been able to eat or drink normally has lost 40 pound; Developed a welt at the injection site the size of a baseball; Feeling very nauseous; Feeling sick; This case was reported by a consumer via call center representative and described the occurrence of injection site wheal in a 60-year-old male patient who received Herpes zoster (Shingrix) (batch number 3454N, expiry date 23rd August 2022) for prophylaxis. Concurrent medical conditions included tooth infection. Concomitant products included amoxicillin + clavulanic acid (Augmentin). On 2nd August 2021, the patient received the 1st dose of Shingrix (intramuscular) .5 ml. On 2nd August 2021, immediately after receiving Shingrix, the patient experienced injection site wheal, nausea and feeling unwell. In August 2021, the patient experienced throat edema, esophageal edema, swallowing difficult and weight loss. On an unknown date, the outcome of the injection site wheal, nausea and feeling unwell were recovered/resolved and the outcome of the throat edema and esophageal edema were not recovered/not resolved and the outcome of the swallowing difficult and weight loss were unknown. It was unknown if the reporter considered the injection site wheal, nausea, feeling unwell, throat edema, esophageal edema, swallowing difficult and weight loss to be related to Shingrix. Additional details were provided as follows: The case was reported by the patient. The patient received Shingrix in his left arm. Soon after receiving the injection, he reported feeling very nauseous and sick, and he developed a welt at the injection site the size of a baseball. These symptoms last 3 days before resolving. The reporter then stated that about one week after the vaccine, he began to had swelling and edema in his throat and esophagus and described his throat as a riverbed of rocks. He stated he had not been able to eat or drink normally since then and has lost 40 pounds. The patient had an appointment for a GI (gastro-intestinal) exam later this week. The reporter stated at the time of the Shingrix vaccine he was also suffering from a tooth infection and was being treated with the antibiotic Augmentin. The patient reported the swelling of his throat and esophagus were the worst from the months of October through December and are still unresolved. The patient stated that he would not be taking the second dose of Shingrix due to the adverse events experienced. The reporter consented to follow up.

VAERS ID:	2203539 (history)	**Vaccinated:**	2021-10-09
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	92.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-03-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / 3	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Biopsy skin, Injection site haematoma, Insomnia, Pruritus, Rash
SMQs:, Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow),

Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ELIQUIS; ZYRTEC [CETIRIZINE HYDROCHLORIDE]; BENADRYL; TYLENOL; PREDNISONE.
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: skin biopsy; Result Unstructured Data: Test Result:Unknown Results; Comments: Dermatologist did a skin biopsy on both arms to make sure it wasn''t a bug bite, and it came back as a Probable drug eruption .
CDC Split Type: USPFIZER INC202200440566
Write-up: This is a spontaneous report received from a contactable reporter(s) (Consumer or other non-HCP). The reporter is the patient. A 93-year-old female patient received bnt162b2 (BNT162B2), administered in arm right, administration date 09Oct2021 (Lot number: FF8841) at the age of 92 years as dose 3 (booster), single for covid-19 immunisation. The patient''s relevant medical history was not reported. Concomitant medication(s) included: ELIQUIS taken for anticoagulant therapy; ZYRTEC [CETIRIZINE HYDROCHLORIDE]; BENADRYL; TYLENOL; PREDNISONE taken for rash. Vaccination history included: Bnt162b2 (Her first vaccine was on 23Jan2021, with lot number EN5318., Her first two vaccines were given in her left arm), administration date: 23Jan2021, when the patient was 91 years old, for Covid-19 immunization; Bnt162b2 (Her second vaccine was on 13Feb2021 with lot number EN5318., Her first two vaccines were given in her left arm), administration date: 13Feb2021, when the patient was 91 years old, for Covid-19 immunization. The following information was reported: INSOMNIA (non-serious), outcome "unknown", described as "she hasn''t been able to sleep at night"; PRURITUS (non-serious), outcome "not recovered", described as "body itching"; RASH (non-serious), outcome "not recovered", described as "rash all over her upper body, including her arms, back, and stomach"; INJECTION SITE HAEMATOMA (non-serious), outcome "recovered", described as "Her arm had a big hematoma where she had the shot in her right arm.". The events "body itching" and "rash all over her upper body, including her arms, back, and stomach" were evaluated at the physician office visit. Relevant laboratory tests and procedures are available in the appropriate section. Additional information: Patient received 3 doses of the COVID shots. She doesn''t had a prescribing doctor. It has been five months now, and she hadn''t been able to sleep at night. She had been experiencing body itching and a rash all over her upper body, including her arms, back, and stomach. She had been to a Dermatologist 5 times, and nobody can say what it was. She had tried antihistamine, steroid ointments, and prednisone, and none of them worked for her rash. Right after her booster shot, four days later, she developed COVID arm. Her arm had a big hematoma where she had the shot in her right arm. She had recovered completely from that. Her first two vaccines were given in her left arm. The rash started about two weeks after the booster. It started with itching skin and then broke out from there. She got her first two vaccines in her senior complex. For a year and a half she had been on Eliquis a blood thinner. She takes 2.5mg in

morning and 2.5mg at night. She had tried taking Zyrtec, Benadryl, and Tylenol. She doesn''t know what else. She checks her medicines regularly. Patient visit dermatologist and primary Physician Office. Patient did not visit Emergency Room. Patient did not taken prior Vaccinations (within 4 weeks). Patient medical history (including any illness at time of vaccination): provide other relevant medical history including but not limited to these conditions: diagnosed allergies, compromised immune status, respiratory illness, genetic/chromosomal abnormalities, endocrine abnormalities (including diabetes) and obesity: no. Relevant Tests: List other relevant diagnostic and confirmatory test results for event(s), for example, from blood tests, cerebrospinal fluid culture, bacterial sero-type, diagnostic imaging, (e.g., chest X-ray, MRI). Description of complaint: She has tried antihistamine, steroid ointments, and prednisone, and none of them worked for her rash. She doesn''t have the NDC/lot/expiration for those products. She knows she has tried Zyrtec, Benadryl, and Tylenol, but doesn''t know what else right now. Is a sample of the product available to be returned, if requested (Y/N): Yes, caller was informed of a prepaid mailer in 3-10 business days. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2204034 (history)	**Vaccinated:**	2022-03-29
Form:	Version 2.0	**Onset:**	2022-03-29
Age:	2.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	X9A9B / 2	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pt was Given adult dose of the vaccine at Age 2

VAERS ID:	2204955 (history)	**Vaccinated:**	2021-10-07
Form:	Version 2.0	**Onset:**	2021-10-14
Age:	65.0	**Days after vaccination:**	7
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Acoustic stimulation tests abnormal, Deafness unilateral, Sudden hearing loss, Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Januvia, metformin, simvastatin, metoprolol, celebrex, basaglar, multivitamin
Current Illness:
Preexisting Conditions: diabetes, hyperlipidemia, svt
Allergies: penicilin
Diagnostic Lab Data: MRI showing no physical reason for hearing loss, hearing test showing significant hearing loss in left ear not related to neurological loss.
CDC Split Type:
Write-up: Increase in level of tinnittus leading to diagnosed hearing loss in early December. The healing loss was of sudden onset shortly after the vaccine booster. Loss was only in one ear(left)

VAERS ID:	2206639 (history)	**Vaccinated:**	2021-11-29
Form:	Version 2.0	**Onset:**	2022-03-01
Age:	67.0	**Days after vaccination:**	92
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012H21B / 3	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Chest X-ray normal, Chest pain, Electrocardiogram normal, Laboratory test abnormal, Pain, Pain in jaw

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Osteonecrosis (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillin; sulfa; macrodontia; aleurone
Diagnostic Lab Data: EKG normal (March 2022). Chest X-ray normal (March 2022). Lab work normal (March 2022).
CDC Split Type: vsafe
Write-up: I had a sudden on site gradually intensity chest pain radiating to my jaw and both of my shoulders. I went to the ER. I was prescribed ibuprofen 600mg 3xday. It was a one time event because I haven''t had that happen again since.

VAERS ID:	2207135 (history)	**Vaccinated:**	2021-10-20
Form:	Version 2.0	**Onset:**	2021-10-20
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Feeling hot, Hypoaesthesia
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Lisinopril, Amlodipine, Atorvastatin, Synthroid, Aspirin 81mg, claritin, antacids,
Current Illness: No illnesses.
Preexisting Conditions: Multiple Myeloma, Bladder Cancer. I have two stents also.
Allergies: Food allergies: fish, green beans, blue crab, and intolerance to some additives. Polysorbates, Soy, Sulfa, Yellow Dye, Latex, Natural Rubber, Adhesive. Meds: Ciprofloxacin, Amoxicillin, Cephalexin, Decadron, Diazepam, Dicyclomine, Erythromycin, Nexium, Terconazole. Mostly from the additives to medicines.
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Soon after the shot, while waiting the 15 minutes, my face from my chin to my eyebrows felt very warm. Like it was getting red and numb. I sat very still and did not panic. I took a Claritin while waiting. The pharmacist who gave the shot had gone back to work. At the end of 15 minutes I received my paperwork and left the pharmacy. I was not checked on or asked if everything was OK. I went home and sat quietly for the evening. The sensation wore off about 5 1/2 hours later. I took another Claritin before bed. When I had received the previous 2 shots I did not have any concerning reactions. They had been given by pharmacy - EN5318 & EN6199 in right arm.

VAERS ID:	2209304 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-01
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-03-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 2	LA / SYR

Administered by: School **Purchased by:** ?
Symptoms: Body temperature increased, Erythema, Malaise, Peripheral swelling, Pneumonia
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: The next morning, red and swollen arm, a temperature, and malaise. Made an appt with the doctor. No testing ran. He said I had pneumonia when I saw him a few days later. Prescribed antibiotics. This helped. This lasted 4 weeks.

VAERS ID:	2213342 (history)	**Vaccinated:**	2021-04-13
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	36.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Fatigue, Feeding disorder, Feeling abnormal, Fluid intake reduced, Hallucination, Nausea, Pain, Pyrexia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Baclofen, Colestipol, Flonase, Mucinex, Pantoprazole
Current Illness: None
Preexisting Conditions: Cerebral palsy, Under developed lungs, Scoliosis
Allergies: Cipro, Keflex
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: Fever over 104. Nausea/vomiting. Hallucinations, body aches. I couldn''t eat or drink. Everything was sore. Symptoms lasted for about 2-3 days. after that I had bad brain fog 10-14 days afterward. I was very exhausted for about month.

VAERS ID: 2213950 (history)		**Vaccinated:**	2022-04-01
Form:	Version 2.0	**Onset:**	2022-04-01
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
MENB: MENINGOCOCCAL B (BEXSERO) / NOVARTIS VACCINES AND DIAGNOSTICS	ABXB59AA / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U7211AA / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Sertraline 150 mg
Current Illness: None
Preexisting Conditions: Anxiety, OCD , Seasonal allergies
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Doses administered too early, before 16th birthday Menactra will have to be repeated near high school graduation to extend through college years.

VAERS ID: 2216377 (history)		**Vaccinated:**	2022-03-15
Form:	Version 2.0	**Onset:**	2022-03-15
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9729 / 1	AR / IM

Administered by: Private **Purchased by:** ?

Symptoms: Incorrect dose administered, Pain in extremity, Product administered to patient of inappropriate age
SMQs:, Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: I met with the family to administer 2nd vaccine to son , on 3/15/22. Via interpreter and from the father and the son, I was told that his other son was about to turn 12 and he really needed the vaccine today as they didn''t know when they might be able to get it if they didn''t get it now. The father and the child, both gave a DOB and said he was going to be 12. Due to the circumstances and the urgency from father I administered the first Pfizer vaccine. Today I went back to give the 2nd shot and the interpreter that was interpreting said the child''s birthday year was and the child had just turned 11. The father continued to insist the child was 12....Advised the father that the child received the wrong dose of vaccine and for his 2nd vaccine needs to get the appropriate Pfizer vaccine for children 12 and under. The child had no adverse side effects other than a sore arm. Father expressed understanding and a plan was made to administer the appropriate dose of vaccine in the future.

VAERS ID:	2218212 (history)	**Vaccinated:**	2021-03-31
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	39.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 2	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood test, Condition aggravated, Fatigue, Gait disturbance, Muscular weakness, Nervous system disorder
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Imuran 75mcg, Prednisone 2.5mg, Tirosint 75mcg, Methionine 60mg, Multivitamin, Calcium plus D, Turmeric, and Fish Oil
Current Illness: None
Preexisting Conditions: Lupus, Hypothyroidism, Neuromuscular Junction
Allergies: Benlysta, Sulfa, Shellfish, Gluten
Diagnostic Lab Data: Bloodwork
CDC Split Type: vsafe
Write-up: Caused a flare of my condition; muscle weakness, fatigue and difficulty walking.

VAERS ID:	2219744 (history)	**Vaccinated:**	2022-04-04
Form:	Version 2.0	**Onset:**	2022-04-04
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: Expired dose administered to patient; This spontaneous case was reported by a nurse and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (Expired dose

administered to patient) in a male patient of an unknown age who received mRNA-1273 (Spikevax) (batch no. 067H21A) for COVID-19 vaccination. No Medical History information was reported. On 04-Apr-2022, the patient received dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On 04-Apr-2022, the patient experienced EXPIRED PRODUCT ADMINISTERED (Expired dose administered to patient). At the time of the report, EXPIRED PRODUCT ADMINISTERED (Expired dose administered to patient) outcome was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter did not provide any causality assessments. No relevant concomitant medications were reported. Treatment medication was not provided by the reporter. It was reported that number of doses/vials was 4 doses/1 vial. On 5-MAR-2022 vial was initially stored in the refrigerator. Vial did not undergone any temperature excursions. This case was linked to MOD-2022-532744, MOD-2022-532746 (Patient Link).

VAERS ID:	2219747 (history)	**Vaccinated:**	2022-04-04
Form:	Version 2.0	**Onset:**	2022-04-04
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: Expired dose administered to patient; This spontaneous case was reported by a nurse and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (Expired dose administered to patient) in a male patient of an unknown age who received mRNA-1273 (Spikevax) (batch no. 067H21A) for COVID-19 vaccination. No Medical History information was reported. On 04-Apr-2022, the patient received dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On 04-Apr-2022, the patient experienced EXPIRED PRODUCT ADMINISTERED (Expired dose administered to patient). At the time of the report, EXPIRED PRODUCT ADMINISTERED (Expired dose administered to patient) outcome was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter did not provide any causality assessments. No concomitant

medications were reported. Date the vial was initially stored in the refrigerator was reported as 05-Mar-2022. It was reported that vial did not undergo any temperature excursion. No treatment medications were reported. This case was linked to MOD-2022-532663, MOD-2022-532746 (Patient Link).

VAERS ID:	2219748 (history)	**Vaccinated:**	2022-04-04
Form:	Version 2.0	**Onset:**	2022-04-04
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: Expired doses administered; This spontaneous case was reported by a nurse and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (Expired doses administered) in a male patient of an unknown age who received mRNA-1273 (Spikevax) (batch no. 067H21A) for COVID-19 vaccination. No Medical History information was reported. On 04-Apr-2022, the patient received dose of mRNA-1273 (Spikevax) (Intramuscular) 1 dosage form. On 04-Apr-2022, the patient experienced EXPIRED PRODUCT ADMINISTERED (Expired doses administered). At the time of the report, EXPIRED PRODUCT ADMINISTERED (Expired doses administered) outcome was unknown. For mRNA-1273 (Spikevax) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medications reported. No treatment medications reported

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VAERS ID:	2219749 (history)	**Vaccinated:**	2022-04-04
Form:	Version 2.0	**Onset:**	2022-04-04
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: Patient received expired dose after manufacturer date of expiry; This spontaneous case was reported by a nurse and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (Patient received expired dose after manufacturer date of expiry) in a male patient of an unknown age who received mRNA-1273 (Spikevax) (batch no. 067H21A) for COVID-19 vaccination. No Medical History information was reported. On 04-Apr-2022, the patient received dose of mRNA-1273 (Spikevax) (Intramuscular) 1 dosage form. On 04-Apr-2022, the patient experienced EXPIRED PRODUCT ADMINISTERED (Patient received expired dose after manufacturer date of expiry). At the time of the report, EXPIRED PRODUCT ADMINISTERED (Patient received expired dose after manufacturer date of expiry) outcome was unknown. For mRNA-1273 (Spikevax) (Intramuscular), the reporter did not provide any causality assessments. Concomitant medication information was not provided by the reporter. It was reported that the vial was stored in the refrigerator on 05-Mar-2022. Vial did not undergo any temperature excursions. Treatment information was not provided by the reporter. This case was linked to MOD-2022-532744, MOD-2022-532663, MOD-2022-532745 (Patient Link).

VAERS ID:	2220230 (history)	**Vaccinated:**	2021-03-27
Form:	Version 2.0	**Onset:**	2022-03-27
Age:	67.0	**Days after vaccination:**	365
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8730 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Acupuncture, Arthritis, Bone scan abnormal, Breast tenderness, Chest pain, Costochondritis, Mammogram normal, Musculoskeletal chest pain, Pain in extremity, Sleep disorder, Ultrasound breast normal
SMQs:, Systemic lupus erythematosus (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Osteonecrosis (broad), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D3, Calcium with Magnesium, Multivitamin
Current Illness: none
Preexisting Conditions: arthritis, degenerative disc disease, right knee ACL reconstruction
Allergies: none
Diagnostic Lab Data: 05/03/2021 - routine Mammogram - normal 5/12/2021 - Dr. evaluation - I suggested I have costochondritis vs. adverse event; Dr. adopted costochondritis DX 05/20/2021 acupuncture - 3 sessions - didn''t help 07/28/2021 Mammogram diagnostic - normal 07/28/2021 Breast Ultrasound - normal 09/01/2021 Dr. follow-up 9/17/2021 - MM bone whole scan - minimal arthritis - top rib 11/03/2021 - Interventional Pain Management Consultation - bone scan did not correlate to pain 12/10/2021 - Physical Therapy
CDC Split Type:
Write-up: I may have misunderstood the last question. The vaccine was administered at a pharmacy. I experienced left arm pain which resolved. I also experienced pain in my chest wall/ribs/sternum on the left, as well as breast tenderness in the left. Initially, the pain woke me up at night. Although that went away, I stopped wearing a standard bra and am wearing a bra with less support. The pain has persisted. It seemed to flare a bit when I had the third Pfizer vaccination on 10/04/2021. The condition is an annoyance at times but has not changed my relatively active lifestyle.

VAERS ID:	2220241 (history)	**Vaccinated:**	2022-04-02
Form:	Version 2.0	**Onset:**	2022-04-02
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	066K21A / 4	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Axillary pain, Contusion, Lymph node pain, Lymphadenopathy, Pain, Skin discolouration
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 3/16/21, Chills, malaise.
Other Medications: Atorvastatin, Metoprolol
Current Illness: A-Fib, mild asthma, high cholesterol
Preexisting Conditions: mitral valve prolapse, high cholesterol, last three years A-Fib.
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: About 11 pm my armpit became sore and grew increasingly so until to move it was painful. Upon inspection the following morning there was a nickel-sized black and blue mark and some yellow discoloration beneath that of an area about four inches by 5 inches to the side of the breast. The black and blue marks continued to appear over the next several days. The pain lasted for three days before subsiding enough so that it was not painful to move. My GP was consulted on day 5 and confirmed the lymph nodes were swollen and painful upon applying pressure.

VAERS ID:	2223342 (history)	**Vaccinated:**	2021-10-22
Form:	Version 2.0	**Onset:**	2021-10-22
Age:	73.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	076C21A / 3	RA / SYR

Administered by: School **Purchased by:** ?

Symptoms: Immediate post-injection reaction, Joint range of motion decreased, Pain in extremity, Product administered at inappropriate site, Sleep disorder
SMQs:, Drug abuse and dependence (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan Flecanaide Omeprezole Finasteride Metoprolol Multivitamin Krill Oil Glucosamine with Chondroitan
Current Illness: none
Preexisting Conditions: Arrythmogenic Cardiomyopathy (ARVC)
Allergies: Latex
Diagnostic Lab Data: Physician visits 2/16/22 and 4/5/22, PT assessment 3/2/22
CDC Split Type:
Write-up: The pharmacist did not put the shot in the muscle - it was very high on his shoulder and the pain immediately went down his arm. It was apparently injected into the tendon. Six months later he is still using painkillers, physical therapy sessions 1-2x week, icing every day. He still can''t sleep flat on his back and does not have full range of motion in that arm.

VAERS ID:	2226386 (history)	**Vaccinated:**	2022-04-09
Form:	Version 2.0	**Onset:**	2022-04-09
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002M21A / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Rash erythematous, Rash pruritic
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: Clopidogrel, gabapentin
Current Illness: None reported
Preexisting Conditions: Patient stated cancer history
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient presented with itchy, red rash. She was advised to take an antihistamine such as Benadryl until she could see her provider later in the afternoon. Patient visited provider who prescribed the patient hydroxyzine for the itchiness.

VAERS ID:	2231824 (history)	**Vaccinated:**	2021-11-09
Form:	Version 2.0	**Onset:**	2021-11-15
Age:	51.0	**Days after vaccination:**	6
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2539 / 3	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Amenorrhoea, Arthralgia, Arthritis, Dyspepsia, Gastrooesophageal reflux disease, Headache, Impaired driving ability, Irritable bowel syndrome, Migraine, Muscle spasms, Myalgia, Neuralgia, Pain, Pyrexia, Sciatica, Vaginal discharge
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dystonia (broad), Gastrointestinal nonspecific dysfunction (narrow), Eosinophilic pneumonia (broad), Fertility disorders (broad), Arthritis (narrow), Noninfectious diarrhoea (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine 2.5micrograms; Liothyronine .05mg; Progesterone 40mg, Troche; Multivitamin
Current Illness: None
Preexisting Conditions: Thyroid Condition; Lyme Disease
Allergies: Penicillin; Sulfa; Sulfur; Wheat; Mold; Dairy; Molds; Yeast; Dust; Gluten; Pet dander; Bee stings.
Diagnostic Lab Data: PCP, clinic

CDC Split Type: vsafe
Write-up: I had my booster on 11/9/2021 and had headache and fever for a couple of days afterward. Then on 11/15/2021 it started to get worse. The headache turned into a migraine, and I started having joint, muscle and nerve pain along with cramping and sciatica pain. It got to where I could barely move without being in pain, and I could barely drive. The pain never did ease up. All my joints are inflamed and above a 10 on a pain scale. Until this happened, I didn''t menstruate for 10 months, then all of a sudden started having heavy discharge. It''s not blood, like a regular period would be, it''s like a light pink and brownish color with yellow mixed in sometimes. The clinic told me it sounded like my uterine line was shedding. But I haven''t been able to confirm anything. I started to have IBS problems as well. I started to have acid reflux and was barely able to stomach anything. I decided to try intermittent fasting to help reset my digestion. I''ve occasionally tried this in the past and I''ve always felt like it helped me. This time I did it for almost a month and gradually started bringing soft bland food into my diet. Still working through migraines and sciatica and having joint pain, it''s like having "charley horses" in different parts of my body daily. My doctor advised me to have an MRI, but I don''t have the money or anyone to take me as I still can''t safely drive very well.

VAERS ID:	2233818 (history)	**Vaccinated:**	2022-04-07
Form:	Version 2.0	**Onset:**	2022-04-10
Age:	51.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Herpes zoster
SMQs:, Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: arithromyacin
Diagnostic Lab Data:
CDC Split Type:

Write-up: shingles

VAERS ID:	2234203 (history)	**Vaccinated:**	2021-02-20
Form:	Version 2.0	**Onset:**	2021-04-27
Age:	27.0	**Days after vaccination:**	66
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006MZ0A / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Anosmia, Asthenia, Cardiac function test, Cardiac monitoring, Cardiac stress test, Dyspnoea, Electrocardiogram, Heart rate increased, Malaise, Mobility decreased, Pain, Palpitations, SARS-CoV-2 test
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Hydralazine; Cetirizine; Spironolactone; Omeprazole; Acetazolamide; Sertraline
Current Illness: None
Preexisting Conditions: Asthma; Idiopathic Intracranial Hypertension
Allergies: Amoxicillin
Diagnostic Lab Data: COVID Test, Cardiac testing, EKG, Cardiac Stress Test, Zio Patch.
CDC Split Type: vsafe
Write-up: I came back from vacation and thought I had allergies. I was unable to smell the day after I got home. I tested a few days later. On day five is when I started having trouble with my breathing. I spent about a week in bed and had a ton of SOB. I was weak and my body was aching. I also had my heart rate go up and it was constantly racing. This led me to get testing because this heart racing continued beyond my other symptoms resolved.

VAERS ID:	2236184 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2021-03-16
Age:	69.0	**Days after vaccination:**	41
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Headache, Mobility decreased, Muscle tightness, Neck pain, Pain, Sensory disturbance, Tendon disorder
SMQs:, Peripheral neuropathy (narrow), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Arthritis (broad), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu Shot September 2019. My arm hurt really bad and I still have pain at the Injection site.
Other Medications: Atorvastatin 10MG once daily at night; ibuprofen PRN; EmergenC vitamin C vitamin drink.
Current Illness: None.
Preexisting Conditions: BP 140/72 Hypertension.
Allergies: Albuterol; several medicines I have been given medications for hypotension such as lisinopril; losartan; hydrochlorothiazide; I am not sure of others but these type medications made my legs swell and my skin peeled.
Diagnostic Lab Data: None.
CDC Split Type: vsafe
Write-up: On 03/12/2021 at 11:00AM I woke up and went into work. I work for a doctors office. I was having very tight neck pain, aches, muscles and tendons feeling like they were coming out of my skull and so tight. I could not turn my head left or right. This pain went down into my top of my head down to my shoulders. I went and made an appointment with a Chiropractor for the 03/16/2022 for first treatment and returned for 03/18/2021 and 03/26/2021. It did not help so then I went to my PCP on 04/15/2021. I started Physical Therapy on the 19th @ 02:15 at the local office. It was the beginning of relief. I was given deep tissue massage and some stretches to do. I went back on 04/26/2021, 04/29/2021, 05/03/2021, 05/06/2021, and the 05/13/2021. Was my last twice weekly appointment. She did get things loosened. I went back on 05/26/2021, 06/02/2021, 06/16/2021 for my final PT appointment. I just took OTL ibuprofen.

VAERS ID:	2240815 (history)	**Vaccinated:**	2022-04-02
Form:	Version 2.0	**Onset:**	2022-04-03
Age:	58.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	005M21A / 4	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Arthralgia, Condition aggravated, Joint range of motion decreased, Rotator cuff syndrome
SMQs:, Arthritis (broad), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Losartan, Hydrochlorothiazide
Current Illness: None
Preexisting Conditions: Arthritis
Allergies: Sulfa; Penicillin
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: The day after the vaccine, experienced extreme pain in my right shoulder which severely limited my range of motion. I had a torn rotator cuff before which this exacerbated. I went to the doctor on 4/15 and was given pain medication but it has resolved.

VAERS ID:	2240932 (history)	**Vaccinated:**	2021-11-18
Form:	Version 2.0	**Onset:**	2022-03-17
Age:	52.0	**Days after vaccination:**	119
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2593 / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: COVID-19, Exposure to SARS-CoV-2, SARS-CoV-2 test positive, Vaccine breakthrough infection
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advair HSA 115/21mcg, Montelukast, Citalopram 20mg, Incruse Ellipta 62.5 mcg
Current Illness: None
Preexisting Conditions: Asthma
Allergies: None
Diagnostic Lab Data: Home rapid COVID Test-positive
CDC Split Type: vsafe
Write-up: I had a break through case of COVID 4 months after receiving my vaccine after being exposed to someone who learned they were positive about 12 hours after speaking with me without masks. I am still recovering from this case of COVID after taking a course of prednisone.

VAERS ID:	2240955 (history)	**Vaccinated:**	2022-04-19
Form:	Version 2.0	**Onset:**	2022-04-19
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Dysphagia, Dyspnoea
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes

Hospitalized? No
Previous Vaccinations:
Other Medications: Methylprednisolone, Calcium Ascorbate, Hydroxizine, Diphenhydramine, Dulera, Senicaps, Famotidine, Montelukast, Cromolyn, Combivent, Ipratropium, Vitamin D-3, Magnesium Gluconate, Potassium Gluconate, Ceterizine, Hydroxychloroquine
Current Illness:
Preexisting Conditions: Mast Cell Disorder, Panic Disorder
Allergies: Gabapentin, Soy, Gluten, Histamine, Doxycycline, Flovent,
Diagnostic Lab Data: Vital signs/oxygen saturation normal
CDC Split Type:
Write-up: Received Covid (Pfizer) #1 shot - had been told by pulmonologist she was okay to receive the shot - prior to coming to office to receive vaccine, patient pre-medicated with 100mg Benadryl and 40mg or prednisone - developed cough and shortness of breath - vital signs remained normal - given 0.3mg of epi via epi pen - developed a sensation of difficulty swallowing, was transported via wheel chair to Hospital.

VAERS ID:	2240969 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-05-01
Age:	49.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0161 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Feeling abnormal, Hypertension
SMQs:, Neuroleptic malignant syndrome (broad), Dementia (broad), Hypertension (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Singulair; Pepcid
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: During summer of 2021 began feeling off. In December of 2021 began checking blood pressure and realizing it was running extremely high.

VAERS ID:	2245926 (history)	**Vaccinated:**	2021-11-05
Form:	Version 2.0	**Onset:**	2021-11-06
Age:	46.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032F21A / 3	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Erythema, Haemorrhage, Injection site erythema, Injection site pruritus, Injection site urticaria, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Diamox Humira(held for 2 weeks prior) Omeprazole Plaquenil Vitamin d Probiotic
Current Illness: No illness
Preexisting Conditions: IBD Pseudotumor cerebrii Gastroparesis Arthritis Asthma
Allergies: Cefazolin Reglan Compazine
Diagnostic Lab Data: Saw pcp and derm Tried double dose oral antihistamine Itching so intense thought I was going insane Itched until I bled Low dose steroid oral did not work did 3 weeks steroid 40mg then taper along with double dose allegra
CDC Split Type:
Write-up: Started as hives, erythema on right upper arm, itchy as it quickly spread armpit to chest abdomen, neck, back, other arm, groin, thighs. Avoided face?

VAERS ID:	2247828 (history)	**Vaccinated:**	2021-10-15
Form:	Version 2.0	**Onset:**	2022-01-14
Age:	63.0	**Days after vaccination:**	91
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8839 / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Impaired work ability, Malaise, Pain in extremity, SARS-CoV-2 test positive
SMQs:, Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: Sulfur, Codeine
Diagnostic Lab Data: Covid test
CDC Split Type: vsafe
Write-up: Arm was very sore. Did not have sore with other two. Got sick at Christmas time, out of work for three days. West to Urgent care and received +Covid test in January.

VAERS ID:	2248167 (history)	**Vaccinated:**	2022-04-21
Form:	Version 2.0	**Onset:**	2022-04-22
Age:	55.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 4	LA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Abdominal pain upper, Flushing, Nausea, Pain, Sleep disorder
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations: Previous Moderna mRNA vaccines caused flu like symptoms for 48hrs and then resolved.
Other Medications: Vit D-2000U, B12-1000mcg, Calcium750mg, Turmeric and Bromelain, 450mg, SAMe (S-ADenosyl L-Methionine) 400mg, Pantoprazole-40mg
Current Illness: none
Preexisting Conditions: arthritis, asthma
Allergies: sulpha medications, benzoperoxide, Flagyl
Diagnostic Lab Data: None. Consult by phone with my MD boss who works with pancreatitis patients.
CDC Split Type:
Write-up: Sever epigastric pain waking me up at 3:00am 14hrs after vaccination, nausea, flushing. Pain lasted throughout the morning, waxing and waning. By 4pm symptoms are mostly resolved.

VAERS ID:	2249506 (history)	**Vaccinated:**	2022-04-09
Form:	Version 2.0	**Onset:**	2022-04-19
Age:	76.0	**Days after vaccination:**	10
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / UNK	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood folate normal, Blood lactate dehydrogenase normal, Blood thyroid stimulating hormone normal, C-reactive protein normal, Full blood count normal, Haematocrit decreased, Haemoglobin decreased, Metabolic function test normal, Neutrophil count decreased, Pancytopenia, Platelet count decreased, Vitamin B12 normal, White blood cell count decreased
SMQs:, Agranulocytosis (narrow), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Haematopoietic erythropenia (broad), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Systemic lupus erythematosus (broad), Myelodysplastic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine, multivitamin, aspirin 81 mg, vitamin D, vitamin B12, Vitamin C, magnesium.
Current Illness: None

Preexisting Conditions: Hypothyroid post thyroidectomy
Allergies: None
Diagnostic Lab Data: Labs done 4/19/2022 as part of routine health maintenance; repeat labs done 4/22/2022 were similar: total WBC 2.16, absolute neutrophil 510 (0.51), Hgb 12.2, Hct 36.6, platelets 111. LDH, CRP, B12, Folate, complete metabolic profile and TSH all normal. Office visit 4/22/2022 -- no other or abnormal findings)with MD Unknown if the event is vaccine related but previous health and CBC all normal.
CDC Split Type:
Write-up: Profound pancytopenia discovered on routine lab work: WBC 2300, absolute leukocyte count 400 (0.4), Hct 35, Hgb 11.8, platelets 110; no associated symptoms.

VAERS ID:	2249977 (history)	**Vaccinated:**	2021-11-20
Form:	Version 2.0	**Onset:**	2021-11-25
Age:	77.0	**Days after vaccination:**	5
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: nightly headaches. never had them before. still having them. wake up during sleeping hours and need medicine to relieve headache.
Current Illness: none
Preexisting Conditions: none
Allergies: no
Diagnostic Lab Data:
CDC Split Type:
Write-up: headaches

VAERS ID: 2250085 (history)		**Vaccinated:**	2021-10-23
Form:	Version 2.0	**Onset:**	2022-04-16
Age:	44.0	**Days after vaccination:**	175
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	AR / SYR

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, Headache, Nasal congestion, Productive cough, Respiratory tract congestion, SARS-CoV-2 test positive
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Albuterol
Current Illness: None
Preexisting Conditions: Asthma
Allergies: Dairy
Diagnostic Lab Data: COVID test, positive
CDC Split Type: vsafe
Write-up: 4/16/2022 I have seasonal allergies, but this day I had a phlegmy cough, which is different from my allergy symptoms. I took a home COVID test, it did not show positive. I had the PCR test, and it was positive for COVID. My symptoms were stuffy nose, minor headache, congestion and the phlegmy cough.

VAERS ID: 2252059 (history)		**Vaccinated:**	2021-10-21
Form:	Version 2.0	**Onset:**	2022-04-10
Age:	36.0	**Days after vaccination:**	171
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8020 / 3	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: COVID-19, Cough, Fatigue, Hyperacusis, Nasopharyngitis, Photophobia, SARS-CoV-2 test positive, Sinus disorder, Vaccine breakthrough infection

SMQs:, Anaphylactic reaction (broad), Noninfectious meningitis (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Birth control - Vienza; Olly Women''s Multivitamin
Current Illness: None
Preexisting Conditions: Polycystic Ovarian Syndrome (PCOS)
Allergies: None
Diagnostic Lab Data: COVID-19 test - positive
CDC Split Type: vsafe
Write-up: COVID-19 breakthrough. I started off with a wet cough in the back of the throat and it traveled up to my sinuses. I had sensitivity to light and sound. I was also extremely fatigued. Its been very similar to a sinus cold with an extra cough. The worst of it was from the 4/10/2022-4/14/2022. Now its pretty much just a lulling cough that I can take a cough drop for and be okay.

VAERS ID:	2254624 (history)	**Vaccinated:**	2022-04-19
Form:	Version 2.0	**Onset:**	2022-04-22
Age:	59.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	MYG5G / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bursitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: omeprazole and vitamin D
Current Illness: n/a

Preexisting Conditions: obesity, arthritis in knee
Allergies: flonase
Diagnostic Lab Data: Examination on 4/25/2022 and 4/272022
CDC Split Type:
Write-up: Subacromial bursitis developed within several hours after vaccine administration, worsening on day 3, no signs of infection. Responding well to exercises and NSAIDs at this time

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VAERS ID:	2254657 (history)	**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-12-01
Age:	50.0	**Days after vaccination:**	229
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8731 / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Arthritis, Blood test, COVID-19, Chest discomfort, Condition aggravated, Dyspnoea, Erythema, Feeling abnormal, Feeling hot, Headache, Muscle spasms, Pain, Pyrexia, SARS-CoV-2 test positive, Skin warm
SMQs:, Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Arthritis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Balsalazide Methotrexate Magnesium Iron Turmeric Multivitamin
Current Illness: None
Preexisting Conditions: Crohn''s Disease; Arthritis; Breast Cancer
Allergies: Amoxicillin caused a rash; Monoclonal Antibody infusion caused an anaphylactic reaction
Diagnostic Lab Data: COVID-19 Test- positive 11/12/2021; Bloodwork
CDC Split Type: vsafe
Write-up: I had body aches, a fever, and a headache for about 3 hours for 2 afternoons in a row. Then I tested positive for COVID-19. The next morning, I got the monoclonal antibody infusion which caused a reaction. Within 3 minutes of receiving, it I started getting a warm feeling in my belly. Something went up my body, and I couldn''t breathe. I got really hot and really red. Then I

ended up in the emergency room. My heart felt weird. I had a little bit of tightness in my chest. After I had recovered from COVID-19 I had cramping in my hands. My arthritis has gotten significantly worse too.

VAERS ID:	2256791 (history)	**Vaccinated:**	2022-04-05
Form:	Version 2.0	**Onset:**	2022-04-17
Age:	70.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	C27L21A / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Exposure to SARS-CoV-2, Fatigue, Nasopharyngitis, Oropharyngeal pain, SARS-CoV-2 test positive, Sinusitis
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: All COVID-19 shots: Soreness at the injection site and fatigue for the 1st day and then it''s gone.
Other Medications: Vitamin D; Calcium; Multivitamin
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: COVID-19 antigen test (04/18/2022): positive. COVID-19 antigen test (04/25/2022): negative.
CDC Split Type: vsafe
Write-up: Starting on 04/17/2022, I developed a sore throat. It kind of went away so I didn''t think much about it. When I woke up in the AM, I had a head cold and a sore throat. I knew I had been exposed the previous week so I got tested for COVID-19 via an antigen test and it was positive. The head cold got worse (more like a sinus infection) and by day 3-4 I started developing severe fatigue. By day 5 the head cold had mostly gone away and the fatigue was gone. I tested again on 04/25/2022 and I was negative.

VAERS ID:	2256888 (history)	**Vaccinated:**	2021-10-21
Form:	Version 2.0	**Onset:**	2022-03-23
Age:	52.0	**Days after vaccination:**	153
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2593 / UNK	AR / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Fatigue, Headache, Illness, Malaise, Nausea
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Imuran, Zyrtec, Bupropion
Current Illness: None
Preexisting Conditions: Crohn"s disease
Allergies: None
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: COVID-19 outbreak March 2021. The symptoms were a general feeling of not being well, tired, headache, mild nausea, and a headache at times with general fatigue. I called my doctor"s office and I spoke to a nurse and described what was going on and they prescribed Paxlovid, and I have been taking that. The illness lasted about 4 days. I am feeling fine now and outcome is good.

VAERS ID:	2257353 (history)	**Vaccinated:**	2021-12-06
Form:	Version 2.0	**Onset:**	2021-12-01
Age:	40.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-04-28
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / 3	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Blood test normal, Mechanical urticaria, Pruritus, Rash erythematous, Rash papular, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Sulfa; cats
Diagnostic Lab Data: Blood work, negative results.
CDC Split Type: vsafe
Write-up: Adverse event began about 3 to 4 after the 3rd dose of Moderna. I started having hives on various parts of my body, It was more prevalent when anything touched my skin. One day it flared up to almost 60% to 70% of my torso. It was where ever I scratched, it was very itchy. There were red raised welts where ever I scratched or had something touched my skin. It went on, after the first day my PCP had given me Pridinol, I went back in a week and was given prednisone. He was also having me taking Benadryl at night, which really did not help diminish the effects really. After a while he suggested that I take Zyrtec twice per day and that calmed it down quite a bit, that actually helped me sleep. That did not stop the flair up, but made it less itchy. I have been taking Zyrtec 10mg since about February. I have tried to stop taking the allergy medication, but it has flared up today. I would prefer to not have to take any medication any more. I saw a dermatologist confirmed that this was happening with Moderna boosters. The diagnosis was skin dermatographias.

VAERS ID:	2257808 (history)	**Vaccinated:**	2021-11-01
Form:	Version 2.0	**Onset:**	2021-11-02
Age:	49.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF3527 / 3	RA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cardiac tamponade, Chest X-ray abnormal, Dyspnoea, Dyspnoea exertional, Echocardiogram abnormal, Intensive care, Myalgia, Pericardial drainage, Pericarditis, Pulmonary embolism, Scan with contrast normal, Ultrasound Doppler normal

SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 2 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Atorvastatin 20mg Amlodipine 5mg Metformin 500mg Enalapril 20mg
Current Illness: None
Preexisting Conditions: HTN and high cholesterol. Pre-diabetes
Allergies: Dust and mold
Diagnostic Lab Data: Ecocardiograms x2 Chest x-ray with contrast Ultrasounds x2 to rule out DVT"s in each leg (both negative)
CDC Split Type:
Write-up: Vaccine booster given on 11/1/2021. Muscle aching noted the next day. The days following I began to become winded doing things as simple as normal walking. The feeling of being winded continued and worsened by the day until I went to the Emergency Room during the early morning hours of 11/9/2021. I was transferred by ambulance from there to the Medical Center in Emergency Room to see cardiology. I had flown from 11/4 to 11/8. I was diagnosed by cardiology as having pericarditis. I was sent to the cardiac cath lab to remove the fluid. 1075 cc"s of fluid was removed from my heart. My cardiologist said that my heart had gone into cardiac tamponade during the procedure. I was moved to the ICU after the procedure and then discharged home the next day. I was placed on preventative meds on discharge. In follow-up chest imaging, it was determined that I also had a small pulmonary embolus that showed in my right lung. The cardiologist said it appeared to be older and likely from when the pericarditis was.

VAERS ID:	2258027 (history)	**Vaccinated:**	2021-10-29
Form:	Version 2.0	**Onset:**	2021-10-29
Age:	77.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939903 / 3	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Seizure
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis

(broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VIMPAT; CELEXA
Current Illness: Blood pressure; Depression; Focal epilepsy; Food allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: after the first booster they also got a big seizure companion could not understand what she was saying; This spontaneous case was reported by a consumer and describes the occurrence of SEIZURE (after the first booster they also got a big seizure companion could not understand what she was saying) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 939903) for COVID-19 vaccination. Concurrent medical conditions included Food allergy, Blood pressure, Focal epilepsy and Depression. Concomitant products included CITALOPRAM (CELEXA) for Depression, LACOSAMIDE (VIMPAT) for Seizure. On 29-Oct-2021, the patient received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 29-Oct-2021, the patient experienced SEIZURE (after the first booster they also got a big seizure companion could not understand what she was saying) (seriousness criterion medically significant). At the time of the report, SEIZURE (after the first booster they also got a big seizure companion could not understand what she was saying) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant medications included unspecified seizure medication and blood pressure medication. Patient dosage text reported as First booster dose. The patient never had COVID positive test or diagnosis. The patient did not receive any other vaccines within 1 month prior to Moderna COVID-19 vaccine. Adverse event cause patient to seek medical care. Patient experienced a similar event in the past. The patients symptoms were improved. It was stated that the patient had no reactions to any of the other doses, but now had a sore arm around the injection site and was not so bad, and that after the first booster the patient also got a big seizure, and her companion could not understand what she was saying and that the patient was extraordinary dizzy until this day. Company comment: This is a spontaneous case concerning a 77-year-old, female patient with no reported medical history and with relevant concomitant medications of Lacosamide (Vimpat) and Citalopram (Celexa) and vaccine history of receiving first and second dose of mRNA-1273 vaccine, who experienced the unexpected serious (medically significant) AESI event of seizure. The event occurred the same day after the first booster dose of mRNA-1273 vaccine administration. The relevant concomitant medications of Lacosamide (Vimpat) and Citalopram (Celexa) remain confounders for the event seizure. The outcome of the event was unknown. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-548597 (Patient Link).; Sender''s Comments: This is a spontaneous case concerning a 77-year-old, female patient with no reported medical history and with relevant concomitant medications of Lacosamide (Vimpat) and

Citalopram (Celexa) and vaccine history of receiving first and second dose of mRNA-1273 vaccine, who experienced the unexpected serious (medically significant) AESI event of seizure. The event occurred the same day after the first booster dose of mRNA-1273 vaccine administration. The relevant concomitant medications of Lacosamide (Vimpat) and Citalopram (Celexa) remain confounders for the event seizure. The outcome of the event was unknown. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.

VAERS ID:	2258530 (history)	**Vaccinated:**	2021-10-28
Form:	Version 2.0	**Onset:**	2022-04-25
Age:	49.0	**Days after vaccination:**	179
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	O41C21A / 3	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Nausea, Oropharyngeal pain, Polymerase chain reaction, Pyrexia, Respiratory tract congestion
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Yes
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: PCR
CDC Split Type: vsafe
Write-up: Fever, sore throat, congestion, headache, nausea, chills, fatigue.

VAERS ID:	2259633 (history)	**Vaccinated:**	2021-02-03
Form:	Version 2.0	**Onset:**	2022-04-01
Age:	77.0	**Days after vaccination:**	422
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013M20A / 3	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Hypersomnia, Seizure, Vaccination site pain
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Vimpat; Celexa [Citalopram Hydrobromide]
Current Illness: Blood pressure abnormal (blood pressure medication); Depressive disorder (antidepressants Celexa); Focal epilepsy; Food allergy (Turmeric)
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: This spontaneous case was reported by a consumer and describes the occurrence of SEIZURE (told the ushers that they were having a seizure/ knew they were having a seizure) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 001M21A, 013M20A, 012A21A and 939903) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Food allergy (Turmeric), Focal epilepsy, Blood pressure abnormal (blood pressure medication) and Depressive disorder (antidepressants Celexa). Concomitant products included CITALOPRAM HYDROBROMIDE (CELEXA [CITALOPRAM HYDROBROMIDE]) for Depression, LACOSAMIDE (VIMPAT) for an unknown indication. On 03-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 29-Oct-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 22-Apr-2022, received fourth dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In April 2022, the patient experienced VACCINATION SITE PAIN (haves a sore arm around the injection site and is not so bad). On 23-Apr-2022, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced SEIZURE (told the ushers that they were having a seizure/ knew they were having a seizure) (seriousness criterion medically significant). On 24-Apr-2022, the patient experienced HYPERSOMNIA (slept all day). At the time of the report, SEIZURE (told the ushers that they were having a seizure/ knew they were having a seizure) was resolving and HYPERSOMNIA (slept all day) and VACCINATION SITE PAIN (haves a sore arm around the injection site and is not so bad) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant medications included unspecified seizure medication and blood pressure medication.

It was reported that, 24 hours after getting the second booster the patient got diarrhea but was not sure, had to use the toilet a few times, and on the theater had to go up some stairs, and felt dizzy, and was not firm on the steps, and told the ushers that patient had a seizure. Also was very dizzy going up the stairs. Patient knew she had a seizure, but did not remember off been in the ambulance, going to the hospital, been put in IV, or been admit in the hospital for a couple hours. It was stated that she had no reactions to any of the other doses, but now had a sore arm around the injection site and was not so bad, and that after the first booster she also got a big seizure and there companion could not understand what she was saying and she was extraordinary dizzy until that day, and that they slept all day. The patient never had COVID positive test or diagnosis. The patient did not receive any other vaccines within 1 month prior to Moderna COVID-19 vaccine. Adverse event cause patient to seek medical care. Patient experienced a similar event in the past. Patient''s symptoms were improved. No treatment medication was reported. Company comment: This spontaneous case concerns an 77-year-old female patient with underlying medical history Focal epilepsy, blood pressure abnormal and depressive disorder who experienced the unexpected, serious (medically significant) AESI of Seizure and unexpected, non-serious AESI of hypersomnia. The event Seizure occurred 1 day after receiving a dose of mRNA1273 and Hypersomnia started 2 days after administration of mRNA1273 as fourth dose of COVID-19 vaccine. The events may be in association with each other. The patient had seizure and was having trouble remembering the events that happened thereafter, persistence of dizziness was also noted. The clinical course and treatment details were not stated in the case. The patient''s advanced age and underlying medical history of Focal epilepsy, blood pressure abnormal and depressive disorder may be considered as risk factors to the event Seizure and Hypersomnia and remain as confounders in this case. The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to MOD-2022-548571 (Patient Link). Sender''s Comments: This spontaneous case concerns an 77-year-old female patient with underlying medical history Focal epilepsy, blood pressure abnormal and depressive disorder who experienced the unexpected, serious (medically significant) AESI of Seizure and unexpected, non-serious AESI of hypersomnia. The event Seizure occurred 1 day after receiving a dose of mRNA1273 and Hypersomnia started 2 days after administration of mRNA1273 as fourth dose of COVID-19 vaccine. The events may be in association with each other. The patient had seizure and was having trouble remembering the events that happened thereafter, persistence of dizziness was also noted. The clinical course and treatment details were not stated in the case. The patient''s advanced age and underlying medical history of Focal epilepsy, blood pressure abnormal and depressive disorder may be considered as risk factors to the event Seizure and Hypersomnia and remain as confounders in this case. The benefit-risk relationship of mRNA-1273 is not affected by this report.

VAERS ID:	2259905 (history)	**Vaccinated:**	2022-04-21
Form:	Version 2.0	**Onset:**	2022-04-21
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	RA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Xyzal; Vitamin C; Rizatriptan; ProAir; Norlyda; Zofran.
Current Illness: Dysparenunia; stress incontinence; essential thrombocythemia; elevated liver enzymes; migraine; anxiety; fatigue; hyperlipidemia; Sicca syndrome; carpal tunnel syndrome; insomnia; chronic pain.
Preexisting Conditions:
Allergies: Oxycodone; Sulfa; Pineapple
Diagnostic Lab Data:
CDC Split Type:
Write-up: Given Pfizer outside beyond use date.

VAERS ID:	2259908 (history)	**Vaccinated:**	2022-04-22
Form:	Version 2.0	**Onset:**	2022-04-22
Age:	44.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pregnenolone, vitamin D, lamotrigine, Vyvanse, levothyroxine, Lexapro, Mirena
Current Illness: Hypocalcemia, dysglycemia, obesity, major depressive disorder, vitamin D

deficiency, anxiety disorder, allergic rhinitis, thyroid cancer
Preexisting Conditions:
Allergies: Betadine, iodine, eggs or egg-derived products, shellfish-derived products
Diagnostic Lab Data:
CDC Split Type:
Write-up: Given vaccine outside of beyond use date

VAERS ID:	2259909 (history)	**Vaccinated:**	2022-04-22
Form:	Version 2.0	**Onset:**	2022-04-22
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Claritin, fluoxetine, Focalin, focalin
Current Illness: anxiety, major depressive disorder, vitamin D deficiency
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Given vaccine outside of beyond use date

VAERS ID:	2259910 (history)	**Vaccinated:**	2022-04-22
Form:	Version 2.0	**Onset:**	2022-04-22
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: topiramate, cetirizine, Focalin, vitamin D, amitriptyline, meloxicam
Current Illness: ADHD, headache, chronic pain, chronic nausea
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date

VAERS ID:	2259911 (history)	**Vaccinated:**	2022-04-22
Form:	Version 2.0	**Onset:**	2022-04-22
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine

Current Illness: Hyperlipidemia, right hip pain, benign neoplasm of pituitary gland, hypothyroidism
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered past beyond use date

VAERS ID:	2259913 (history)	**Vaccinated:**	2022-04-07
Form:	Version 2.0	**Onset:**	2022-04-07
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Mirena, mirtazpine, venlafaxine, pregabalin, vitamin B complex, folate
Current Illness: major depressive disorder, anxiety, fibromyalgia, elevated liver enzymes, nicotine dependence, palpitations, headache
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered after beyond use date

VAERS ID:	2259915 (history)	**Vaccinated:**	2022-04-07
Form:	Version 2.0	**Onset:**	2022-04-07
Age:	46.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
	0335K21-2A / 3	

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lyrica; prednisone; Celebrex
Current Illness: major depressive disorder; chronic pain; cervicalgia; low back pain; nicotine dependence; vitamin D deficiency; elevated sed rate; left shoulder pain; right hip pain.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date.

VAERS ID:	2259917 (history)	**Vaccinated:**	2022-04-07
Form:	Version 2.0	**Onset:**	2022-04-07
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flovent, ProAir, Seroquel, sertraline, methimazole, vitamin D
Current Illness: Hyperlipidemia, thyrotoxicosis, atrial fibrillation, environmental allergies, anxiety disorder, obesity, major depressive disorder,

Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date

VAERS ID:	2259918 (history)	**Vaccinated:**	2022-04-07
Form:	Version 2.0	**Onset:**	2022-04-07
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Trelegy Ellipta; Zyrtec; ProAir; Singulair; ibuprofen
Current Illness: osteoarthritis; COPD
Preexisting Conditions:
Allergies: sulfa antibiotics
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date.

VAERS ID:	2259920 (history)	**Vaccinated:**	2022-04-07
Form:	Version 2.0	**Onset:**	2022-04-07
Age:	52.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: levothyroxine, northindrone
Current Illness: hypothyroidism, hyperlipidemia, obesity, menopause
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date

VAERS ID:	2259922 (history)	**Vaccinated:**	2022-04-11
Form:	Version 2.0	**Onset:**	2022-04-11
Age:	49.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Testosterone
Current Illness: Hypogonadism, hyperlipidemia, allergic rhinitis
Preexisting Conditions:
Allergies: sulfa antibiotics, penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date

VAERS ID:	2259924 (history)	**Vaccinated:**	2022-04-11
Form:	Version 2.0	**Onset:**	2022-04-11
Age:	39.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product use issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lexapro, Wellbutrin
Current Illness: dyspepsia, PMS, PMDD,
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date

VAERS ID:	2259927 (history)	**Vaccinated:**	2022-04-28
Form:	Version 2.0	**Onset:**	2022-04-28
Age:	48.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: sertraline, amlodipine, L-methylfolate
Current Illness: BPPV, anxiety, PTSD, prediabetes, obesity
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine administered past beyond use date

VAERS ID:	2259930 (history)	**Vaccinated:**	2022-04-28
Form:	Version 2.0	**Onset:**	2022-04-28
Age:	62.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Duloxetine; Crestor; Aspirin
Current Illness: Hereditary hypogammaglobulinemia; major depressive disorder; chronic pain; central retinal vein occlusion; hyperlipidemia.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date.

VAERS ID:	2259932 (history)	**Vaccinated:**	2022-04-28
Form:	Version 2.0	**Onset:**	2022-04-28
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Testosterone, diazepam, hydrochlorothiazide, amlodipine, famotidine, Advil
Current Illness: Hypertension, chronic pain, low back pain, elevated liver enzymes, hyperlipidemia, anxiety, heartburn
Preexisting Conditions:
Allergies: peas, penicillin, latex
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date

VAERS ID:	2259933 (history)	**Vaccinated:**	2022-04-28
Form:	Version 2.0	**Onset:**	2022-04-28
Age:	54.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0335K21-2A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product use issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Diazepam, Crestor, Lovaza, Wellbutrin, sertraline, Advil
Current Illness: Hyperlipidemia, anxiety, fatigue, obesity, menopausal, insomnia, nausea, alopecia areata
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date.

VAERS ID:	2260161 (history)	**Vaccinated:**	2021-10-27
Form:	Version 2.0	**Onset:**	2022-03-22
Age:	70.0	**Days after vaccination:**	146
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017F21A / 3	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin; Blood Pressure Medication; Amlodipine; HCTZ
Current Illness: No
Preexisting Conditions: High Blood Pressure
Allergies: Seasonal Allergies
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: I and my wife were out of the country, and was diagnosed with COVID-19 about 3 days after returning home. Called doctor but did not go into office.

VAERS ID:	2260409 (history)	**Vaccinated:**	2021-12-14
Form:	Version 2.0	**Onset:**	2022-04-11
Age:	63.0	**Days after vaccination:**	118
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FD0810 / 3	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Ageusia, Body temperature increased, Cough, Decreased appetite, Disturbance in attention, Fatigue, Headache, Influenza like illness, Oropharyngeal pain, SARS-CoV-2 test positive, Throat irritation
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ibuprofen 200mg 2 tabs as needed, Chondroitin with MSM 1000mg twice daily, Fish Oil 1000mg 2 tabs daily, Acyclovir 400mg as needed up to 3 times daily for 4-5 days (2 times yearly)
Current Illness: None
Preexisting Conditions: None
Allergies: Bee Venom
Diagnostic Lab Data: Home COVID-19 tests x3 on 4-14-22. 2 were positive.
CDC Split Type: vsafe
Write-up: I was fully vaccinated and on 4-11-22, I started having a scratchy/sore throat, cough, intense headache and my temperature spiked to 100.9, I felt fatigued and I could not concentrate. I had a poor appetite. I lost sense of taste for a short while. I felt like I could compare it to the flu. I had 3 home tests for COVID-19. The first was negative and the next two were positive on 4-14-22. I began feeling better by 4-16-22.

VAERS ID:	2260440 (history)	**Vaccinated:**	2022-04-22
Form:	Version 2.0	**Onset:**	2022-04-22
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: No Known Food/Environmental or Drug Allergies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient had received an expired COVID 19 vaccine. Vaccine was drawn up on 4/21/22 at 12:00pm for a patient & the vial was put back into the refrigerator. At the end of the day, vial wasn''t wasted & it also wasn''t dated. Next day around 1630, pt received his 1st dosage of COVID 19 as ordered by Dr. Staff then realized that the vial wasn''t labeled & it was from 4/21/22. Dr. called the parents up on 4/21/22 to check on patient at the end of the day. Parents stated that pt was fine. No symptoms noted. Patient was brought back to the office on 5/2/2022 to received a dose of COVID 19.

VAERS ID:	2261601 (history)	**Vaccinated:**	2021-12-21
Form:	Version 2.0	**Onset:**	2022-04-20
Age:	40.0	**Days after vaccination:**	120
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	- / 3	- / -

PFIZER/BIONTECH		

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, Investigation, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: VIT D [COLECALCIFEROL]; CETRIZINE; FLONASE ALLERGY RELIEF
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Factor V Leiden mutation (other medical history: Factor 5 Leiden); Idiopathic intracranial hypertension
Allergies:
Diagnostic Lab Data: Test Date: 202204; Test Name: Test; Result Unstructured Data: Test Result: high viral load; Test Date: 20220412; Test Name: home test.; Test Result: Negative; Comments: Tested negative 12Apr & 16Apr on at home test.; Test Date: 202204; Test Name: home test.; Test Result: Positive; Comments: Symptoms started back up 20Apr2022 and then tested positive on at home test.; Test Date: 20220416; Test Name: home test.; Test Result: Negative; Comments: Tested negative. April 12Apr & 16Apr on at home test.
CDC Split Type: USPFIZER INC202200636361
Write-up: This is a spontaneous report received from contactable reporter(s) (Other HCP). The reporter is the patient. A 40-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 21Dec2021 as dose 3 (booster), single (Batch/Lot number: unknown) at the age of 40 years for covid-19 immunisation; COVID-19 Vaccine - Manufacturer Unknown, as dose 1, single (Batch/Lot number: unknown) and as dose 2, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history included: "Idiopathic Intercranial Hypertension" (unspecified if ongoing); "Factor V Leiden mutation" (unspecified if ongoing), notes: other medical history: Factor 5 Leiden. Known allergies: No. Other medication in 2weeks product concomitant medication(s) included: VIT D [COLECALCIFEROL]; CETRIZINE; FLONASE ALLERGY RELIEF. The following information was reported: DRUG INEFFECTIVE (medically significant) with onset 20Apr2022, outcome "unknown", COVID-19 (medically significant) with onset 20Apr2022, outcome "not recovered" and all described as "Covid-19". The patient underwent the following laboratory tests and procedures: Test: (Apr2022) high viral load; SARS-CoV-2 test: (12Apr2022) Negative, notes: Tested negative, 12Apr & 16Apr on at home test; (Apr2022) Positive, notes: Symptoms started back up 20Apr2022 and then tested positive on at home test; (16Apr2022) Negative, notes: Tested negative. April 12Apr & 16Apr on at home test. Therapeutic measures were taken as a result of covid-19. It was reported that, Anti viral details: product=COVID-19 Treatment, Brand= Paxlovid, Treatment start date=06Apr2022,, Treatment stop date=11Apr2022, Indication=Treatment of COVID-19. Patient Had a reinfection 8 days after ending treatment of Paxlovid. Tested negative 12Apr & 16Apr on at home test. Symptoms started back up 20Apr and then tested positive on at home test. Local Hospital did a test and found high viral load, said more than likely was infected. Adverse event start date: 20Apr2022. Patient recovered: Recovered. Treatment ae: No. The information on the batch/lot number for BNT162b2

has been requested and will be submitted if and when received.

VAERS ID:	2261692 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	2022-04-05
Age:	49.0	**Days after vaccination:**	339
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	EW0173 / 2	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flonase Allegra
Current Illness: No.
Preexisting Conditions: No.
Allergies: No.
Diagnostic Lab Data: Covid rapid and PCR
CDC Split Type:
Write-up: Contracted Covid

VAERS ID:	2261983 (history)	**Vaccinated:**	2021-01-08
Form:	Version 2.0	**Onset:**	2021-01-09
Age:	48.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	RA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Anxiety, Arthralgia, Blood test, Chest X-ray, Chest pain, Computerised tomogram, Condition aggravated, Fatigue, Headache, Neck pain, Ocular discomfort, Palpitations, Paranasal sinus discomfort, Pericarditis, Pleural effusion, Pleurisy, Pulmonary mass, Sinusitis, Vertigo, Vomiting

SMQs:, Acute pancreatitis (broad), Systemic lupus erythematosus (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Vestibular disorders (narrow), Chronic kidney disease (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Magnesuim, Vitamin D, plaquenil.
Current Illness: none
Preexisting Conditions: Anxiety, inflammation.
Allergies: Sulfa Cyndamacine Ertythamacin
Diagnostic Lab Data: CT scan x3 Chest xray Blood tests
CDC Split Type:
Write-up: after fist shot had racing heart for about 2 days and increased anxiety. a little headache. After the 2nd shot i had a headache and was a little tired. I continued to develop sinus and eye problems in the next few weeks with sinus and eye pressure. I was treated with an antibiotic for a sinus infection. 3 months after my 2 nd shot I developed severe and debilitating vertigo with neck pain and vomiting and a headache. It took about 6 months for the vertigo to go away. I started having more neck and shoulder pain along with some chest pain over the year but thought it was from exercise. I was just diagnosed with pleurisy with effusion and pericarditis. I very strongly feel the connection with the vaccine and my recent diagnoses. I am sensitive to most medicines and this one is just another. I have also developed lung nodules that were not there until I got the vaccine.

VAERS ID:	2261997 (history)	**Vaccinated:**	2021-10-28
Form:	Version 2.0	**Onset:**	2022-04-25
Age:	51.0	**Days after vaccination:**	179
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032F21A / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Cough, Headache, Malaise, Pollakiuria, Pyrexia, SARS-CoV-2 test positive, Sinus congestion
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Dose 1 & 2 Moderna High blood pressure, fever and chills.
Other Medications: No
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: I am reporting my COVID 19 symptoms that I tested positive on 04/25/2022. My symptom are mild. I have sinus congestion, headache, had to urine a lot, occasionally cough and fever for the first day.

VAERS ID:	2262031 (history)	**Vaccinated:**	2021-11-01
Form:	Version 2.0	**Onset:**	2022-03-30
Age:	73.0	**Days after vaccination:**	149
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017F21A / 3	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Body temperature increased, COVID-19, Cough, Dysgeusia, Influenza like illness, Oropharyngeal pain, Pain, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D and Vitamin B12
Current Illness: None

Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: COVID test (03/30/2022): Positive
CDC Split Type: vsafe
Write-up: On 03/30/2022, I tested positive for COVID and was asymptomatic at that time. I was prescribed Paxlovid to take for 5 days and was told to isolate for 5 days (but I isolated for 8). During that period, I had elevated temperature (2 degrees higher than normal for 2 days), a cough and a sore throat for about 4-5 days. I had general flu like symptoms and was overall achy. The only odd symptom I had was a metallic taste on my tongue for about 8 days but I contributed that to the antiviral. I was told to mask for 10 days which I did and steill continue to mask. Now I feel fine.

VAERS ID:	2262152 (history)	**Vaccinated:**	2021-11-12
Form:	Version 2.0	**Onset:**	2021-11-25
Age:	50.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Audiogram, Deafness unilateral, Magnetic resonance imaging head normal, Nerve injury, Tinnitus
SMQs:, Accidents and injuries (narrow), Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: MRI of left ear had no significant findings, audiology exam on my left ear every 6 weeks.
CDC Split Type: vsafe
Write-up: I experienced hearing loss in my left ear as in nerve damage to the point that I cannot decipher words, tinnitus and ringing in my left ear, and those symptoms have not resolved.

VAERS ID:	2262846 (history)	**Vaccinated:**	2022-04-28
Form:	Version 2.0	**Onset:**	2022-04-28
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	033K21-2A / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: Moderna that has BUD of 3/30/22 administered; This spontaneous case was reported by an other health care professional and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (Moderna that has BUD of 3/30/22 administered) in a patient of an unknown age and gender who received mRNA-1273 (Spikevax) (batch no. 033K21-2A) for COVID-19 vaccination. No Medical History information was reported. On 28-Apr-2022, the patient received dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On 28-Apr-2022, the patient experienced EXPIRED PRODUCT ADMINISTERED (Moderna that has BUD of 3/30/22 administered). At the time of the report, EXPIRED PRODUCT ADMINISTERED (Moderna that has BUD of 3/30/22 administered) outcome was unknown. The action taken with mRNA-1273 (Spikevax) (Unknown) was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter did not provide any causality assessments. No concomitant medications reported. No treatment reported It was reported that the vial administered has an expiration of 5/20/22, and a BUD of 3/30/22 to one person this was done today which is 4/28/2022. The reported wanted to know if it was recommended for the individual to be revaccinated.

VAERS ID:	2263157 (history)	**Vaccinated:**	2022-02-01
Form:	Version 2.0	**Onset:**	2022-02-01
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Mechanical urticaria
SMQs:, Hypersensitivity (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Doxycycline, benzoyl peroxide, ProAir, tretinoin
Current Illness: Acne
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dermatographic urticaria

VAERS ID:	2263236 (history)	**Vaccinated:**	2022-04-19
Form:	Version 2.0	**Onset:**	2022-04-22
Age:	74.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001M21A / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Cough, Exposure to SARS-CoV-2, Influenza like illness, Nasopharyngitis, Oropharyngeal pain, Respiratory tract congestion, SARS-CoV-2 test positive, Sneezing
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amlodipine Metformin Vesicare Atorvastatin Multivitamin Vitamin C, D3, B12 Fish Oil
Current Illness: None
Preexisting Conditions: HBP Type 2 Diabetes High cholesterol
Allergies: None
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: I had sneezing and coughing and felt like a bad head cold, I had the flu feeling, sore throat and lots of congestion. I saw the doctor the day after I tested positive, I home tested on Sunday and called my doctors office right away and got the medication for the Paxlovid. It got really severe but I think it would have been more severe and longer without the Paxlovid. Someone in the house hold had symptoms a couple days a heard of me and got COVID-19, so I assume I got it from her.

VAERS ID:	2263323 (history)	**Vaccinated:**	2022-04-29
Form:	Version 2.0	**Onset:**	2022-04-29
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002M21A / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Apretude, Dextroamphetamine, viagra, xenical, budesonide, testosterone, restatsis eye drops, truvada
Current Illness: N/A
Preexisting Conditions: obesity, dry eye, depression, anxiety, fatty liver disease, IBS, OSA, hyperlipidemia, narcolepsy, ED, hypogonadism
Allergies: N/A

Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: A third moderna booster was given unintentionally after the second booster. Patient waited 30 minutes post administration(s). Patient was immediately made aware of what happened and experienced no adverse reactions. Patient was called 2 afterwards for follow up.

VAERS ID:	2263513 (history)	**Vaccinated:**	2022-05-02
Form:	Version 2.0	**Onset:**	2022-05-02
Age:	60.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC20: PNEUMO (PREVNAR20) / PFIZER/WYETH	FJ2605 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chest discomfort, Impaired work ability, Influenza like illness, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ENBREL
Current Illness: NONE
Preexisting Conditions: PSORIATIC ARTHRITIS
Allergies: NONE
Diagnostic Lab Data: No information at this time. We contacted his primary care provider office and they have spoken with him and will be responding to his further needs.
CDC Split Type:
Write-up: Pt. had a flu like reaction to Prevnar 20 and came in today to report that he has missed 2 days of work due to fever and tightness in his chest. I advised him to contact his doctor ASAP to be evaluated and go to ED if symptoms get worse.

VAERS ID: 2264502 (history)		**Vaccinated:**	2022-04-29
Form:	Version 2.0	**Onset:**	2022-04-29
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Syringe issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Error: Leaking from Syringe-

VAERS ID: 2264611 (history)		**Vaccinated:**	2021-11-19
Form:	Version 2.0	**Onset:**	2021-12-02
Age:	53.0	**Days after vaccination:**	13
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017F21A / 2	AR / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Condition aggravated, Deafness bilateral, Migraine, Vertigo positional, Vestibular migraine
SMQs:, Hearing impairment (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Sumatriptan Fluoxitine 20 mg
Current Illness: Meniere''s Syndrome (bilateral) Migraine
Preexisting Conditions: Migraine Meniere''s Syndrome - Bilateral
Allergies: Sulfa
Diagnostic Lab Data:
CDC Split Type:
Write-up: Severe BBPV Vertigo Migraine Vesibular Migraine Hearing loss in both ears

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VAERS ID:	2264994 (history)	**Vaccinated:**	2022-05-02
Form:	Version 2.0	**Onset:**	2022-05-03
Age:	58.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	BH5G2 / 1	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Fatigue, Headache, Pain, Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 2 days post vaccine this patient developed a generalized rash over torso, preceded by body aches, headaches, and fatigue.

VAERS ID:	2265944 (history)	**Vaccinated:**	2022-04-01
Form:	Version 2.0	**Onset:**	2022-04-01
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Immediate post-injection reaction, Induration, Injection site erythema, Injection site mass, Injection site pruritus, Injection site swelling, Nodule, Pain, Pruritus, Pyrexia, Scab, Swelling, Wound
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Accidents and injuries (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Trazadone, Clonazepam, Cymbalta, Pantoprazole, Tramadol, Atorvastatin.
Current Illness: None.
Preexisting Conditions: High cholesterol, gastric reflux disease, degenerative disc disease.
Allergies: None.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: She got her vaccine, had immediate pain and swelling, had fever, and had a hard lump under her skin like a large strawberry and itchiness, lots of it. The hard lump has somewhat subsided. At the injection site the area has grown and it is the size of a fingernail now. It is red, lump is smaller, but is still present and itchy. She has not taken anything for it, and has not gone to her doctor. She has sent a photo and a message and waiting for that response. Had tetanus vaccine at the same time in the same arm. Says the wound itself looks like a flesh eating thing that is a bizarre wound. She has had shingles in the past, about 10 years ago and asked the nurse at the time if it mattered if she had had shingles in the paste or not, and she was informed that it did not. This area is now a wound not just an injection site, it did scab over and it''s below skin level and is now a crater. The scab will fall off, and the itching is intense so she may be scratching it in the night. She got her 4th vaccine a week ago and had a fever, chills which is how she felt after the shingle shot as well, but no other reactions.

VAERS ID:	2266045 (history)	**Vaccinated:**	2022-04-04
Form:	Version 2.0	**Onset:**	2022-05-03
Age:	65.0	**Days after vaccination:**	29
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 4	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Blood test, Blood thyroid stimulating hormone increased, Bone densitometry, Low density lipoprotein increased, Osteoporosis, Thyroxine free decreased, Vaccination site pain, Vaccination site swelling
SMQs:, Dyslipidaemia (narrow), Hypothyroidism (broad), Hyperthyroidism (broad), Osteoporosis/osteopenia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: COVID 19 Vaccines and Boosters, felt ill, triggered Fibromyalgia flare up. achy, tired, pain at vaccination site, age 64 and 6
Other Medications: Prescriptions: Pramipexole, Armour Thyroid, Compound Sublingual Allergy Drops Vitamins and Supplements: Multi Vit, Vit D3, Magnesium, Fiber, Calcium, Black Elderberry, Vit B, Probiotic
Current Illness: Hashimotos Thyroiditis, Fibromyalgia, Osteoarthritis, Hypoglycemia, Restless Leg Syndrome, Irritable Bowel Syndrome
Preexisting Conditions: Hashimotos Thyroiditis, Fibromyalgia, Osteoarthritis, Hypoglycemia, Restless Leg Syndrome, Irritable Bowel Syndrome
Allergies: Penicillin, Bee Stings, Adverse Reaction to OTC Allergy Meds, Sensitivity to Gluten
Diagnostic Lab Data: Blood work 4/18/22. Bone Density Test 11/3/21
CDC Split Type:
Write-up: 1. A month following vaccination #4, soreness and swelling at vaccination site on left arm. Still experiencing these symptoms on 5/6/22. No treatment received as of 5/6/22 2. Recently Diagnosed with Osteoporosis. Prescribed Evista. Have not started to take yet. Unsure if this is related to the series of COVID 19 Moderna vaccines received. 3. As of 4/18/22 LDL and TSH are elevated. T4 Free is low. Prescribed increase in Armour Thyroid Med. Unsure if this is related to the series of COVID 19 Moderna vaccines received.

VAERS ID:	2266386 (history)	**Vaccinated:**	2022-04-03
Form:	Version 2.0	**Onset:**	2022-04-04
Age:	59.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ9943 / 4	RA / -
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	3527M / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cerebral haemorrhage, Computerised tomogram head abnormal, Fall, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Haemorrhagic central nervous system vascular conditions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: no known illnesses
Preexisting Conditions: unknown
Allergies: no known allergies
Diagnostic Lab Data: CAT scan 4/4/22
CDC Split Type:
Write-up: Pt reports no issues with prior COVID vaccinations. Pt believes it was the combination of the first Shingrix and COVID second booster (dose 4) that caused this adverse event. No issues immediately following vaccination on 4/3/22. The morning of 4/4/22 the patient was found unconscious. CAT scan did not show any stroke or aneurysm, but pt reported having a brain bleed after the fall that left the patient unconscious.

VAERS ID: 2266947 (history)		**Vaccinated:**	2022-04-25
Form:	Version 2.0	**Onset:**	2022-04-27
Age:	80.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9844 / 4	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no but chronic neck issue
Preexisting Conditions: HTN, Hyper cholesterol, Chronic neck issue
Allergies: Lipitor
Diagnostic Lab Data: na
CDC Split Type:
Write-up: Full body aching starting in arm and neck but also in legs and hips

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VAERS ID: 2266973 (history)		**Vaccinated:**	2021-05-11
Form:	Version 2.0	**Onset:**	2021-05-12
Age:	63.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024C21A / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Erythema, Immunisation reaction, Pain in extremity, Peripheral swelling
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: 84 mg aspirin
Current Illness: None
Preexisting Conditions: Diabetes 2, and other neurological disorders
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Extreme pain, swelling and redness of the entire arm for more than 2 weeks. I used the walk-in clinic at my doctors office on 2 or 3 occasions. I took only Ibuprofen for pain and tried using ice but the swelling remained. I was told it was ?COVID Arm? and nothing they could do but run it?s course

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VAERS ID:	2269368 (history)	**Vaccinated:**	2022-05-09
Form:	Version 2.0	**Onset:**	2022-05-10
Age:	22.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP4554 / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Axillary pain, Fatigue, Headache, Influenza like illness
SMQs:, Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Had practically the same flu-like reaction to second dose of the Pfizer vaccine, aged 21 at the time, vaccine received 4/14/2021
Other Medications: Ibuprofen, Flonase, and Xyzal
Current Illness: None.
Preexisting Conditions: None.
Allergies: Amoxicillin and tree nuts

Diagnostic Lab Data:
CDC Split Type:
Write-up: Flu like symptoms, bodily weakness, pain in left armpit, headache, fatigue

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VAERS ID:	2270785 (history)	**Vaccinated:**	2022-04-01
Form:	Version 2.0	**Onset:**	2022-04-04
Age:	56.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9895 / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Blood test, Chest discomfort, Electrocardiogram, Electrocardiogram ambulatory, Fatigue, Malaise, Tachycardia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Ulcerative colitis; seasonal asthma
Allergies: NSAIDs
Diagnostic Lab Data: EKG; blood test
CDC Split Type: vsafe
Write-up: A couple of days after the vaccine I felt very sick and extreme fatigue as well as pressure on my chest like tachycardia. I called my doctor on 4/5/22 and was told it''s probably because I got my vaccine too early after getting Covid in January. I went to the doctor again 3 weeks later due to extreme tachycardia. They ordered a halter monitor. On 4/28 I went to the the ER due to extreme tachycardia again. All tests came back clear. I wore a halter monitor from 4/29-5/1 and I''m waiting for my results.

VAERS ID:	2273198 (history)	**Vaccinated:**	2021-10-11
Form:	Version 2.0	**Onset:**	2022-04-01
Age:	55.0	**Days after vaccination:**	172
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30145BA / 3	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: VERAPAMIL; VIVELLE [ESTRADIOL]; RESTASIS; FISH OIL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Dry eye (dry eye (Restasis)); Hypertrophic cardiomyopathy ((take Verapamil for it)); Hysterectomy (total hysterectomy at age 45 due to fibroids on HRT (Vivelle) for early menopause); Menopause (total hysterectomy at age 45 due to fibroids on HRT (Vivelle) for early menopause)
Allergies:
Diagnostic Lab Data: Test Date: 202204; Test Name: Covid test; Test Result: Positive ; Test Date: 202204; Test Name: Covid test; Test Result: Negative ; Comments: a week later
CDC Split Type: USPFIZER INC202200690139
Write-up: diagnosed with Covid; diagnosed with Covid; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 56-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 06Mar2021 at 13:00 as dose 1, single (Lot number: EP6955), in left arm, on 03Apr2021 at 13:00 as dose 2, single (Lot number: ER8729), in left arm and on 11Oct2021 at 13:00 as dose 3 (booster), single (Lot number: 30145BA) at the age of 55 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "genetic hypertrophic cardiomyopathy" (unspecified if ongoing), notes: (take Verapamil for it); "dry eye (Restasis)" (unspecified if ongoing), notes: dry eye (Restasis); "hysterectomy" (unspecified if ongoing), notes: total hysterectomy at age 45 due to fibroids on HRT (Vivelle) for early menopause; "menopause" (unspecified if ongoing), notes: total hysterectomy at age 45 due to fibroids on HRT (Vivelle) for early menopause. Concomitant medication(s) included: VERAPAMIL; VIVELLE [ESTRADIOL]; RESTASIS; FISH OIL Multi-vitamin, turmeric. The following information was reported: PYREXIA (non-serious) with onset 01Apr2022, outcome "recovered" (Apr2022), described as "having a fever"; COUGH (non-serious)

with onset Apr2022, outcome "recovered" (15Apr2022), described as "Bad cough"; COVID-19 (medically significant) with onset Apr2022, outcome "recovered" (Apr2022), VACCINATION FAILURE (medically significant), outcome "unknown" and all described as "diagnosed with Covid". The events "diagnosed with covid" and "having a fever" required emergency room visit. The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (Apr2022) Positive; (Apr2022) Negative, notes: a week later. Therapeutic measures were taken as a result of vaccination failure, covid-19, pyrexia. Therapeutic measures were not taken as a result of cough included Paxlovid.

VAERS ID:	2273453 (history)	**Vaccinated:**	2022-04-11
Form:	Version 2.0	**Onset:**	2022-04-13
Age:	75.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9895 / 4	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Arthralgia, Blood test, Joint swelling, Mobility decreased, Myalgia, Neck pain
SMQs:, Rhabdomyolysis/myopathy (broad), Parkinson-like events (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Allegra Vitamin E Vitamin D Flonase Levothyroxine Lisinopril Simethicone Estradiol Opti Fiber KY Lubricating Gel
Current Illness: None
Preexisting Conditions: None
Allergies: Darvon Keflex Azithromycin Sulfa Corn Products High Acid Foods
Diagnostic Lab Data: Blood Work
CDC Split Type: vsafe
Write-up: Joint pain, swelling in right knee, shoulder pain, neck pain, muscles in back of legs had pain and arms as well, found it hard to move without assistance.

VAERS ID:	2273564 (history)	**Vaccinated:**	2022-05-02
Form:	Version 2.0	**Onset:**	2022-05-04
Age:	89.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 4	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Homans' sign positive, Muscle spasms, Oedema, Oedema peripheral, Pulse absent, Ultrasound Doppler normal
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Embolic and thrombotic events, venous (narrow), Dystonia (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Medication reconciliation Active Outpatient Medications (excluding Supplies): Active Outpatient Medications Status
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1) ACCU
Current Illness: n/a
Preexisting Conditions: Active problems - Computerized Problem List is the source for the following: 1. IDA - Iron deficiency anemia 2. Symptoms of depression 3. Ingrowing nail 4. Shoulder pain 5. Mixed urinary incontinence 6. Fall risk 7. Age related macular degeneration 8. Benign prostatic hyperplasia 9. Dementia 10. Glaucoma 11. Surgeries 12. LBP - Low back pain 13. Colonic Polyps 14. Heart murmur 15. Type 2 diabetes mellitus 16. Benign essential hypertension 17. Osteoarthritis 18. Hearing loss 19. Cataract
Allergies: Lisinopril-cough
Diagnostic Lab Data: Ultra sound on 5/6/22 negative for DVT.
CDC Split Type:
Write-up: 2 days after vaccine 5/4, Patient has 2+ pitting edema to left foot and lower leg and 1+ pitting edema to rt foot. There is no pain noted to the foot or calf, no redness or increased warmth. Pedal pulses not palpable due to the swelling. (Patient doesn''t have hx of lower extremity edema) 3rd day after vaccine, 5/5 Nurse reports the Patient ''s left leg from the foot to the knee has 3 + edema and a positive homan''s sign. Ultra sound ordered to rule out DVT. findings negative for DVT. Muscle spasm left calf on 5/10. Muscle cramp and lower extremity edema resolved by 5/11/22.

VAERS ID:	2273685 (history)	**Vaccinated:**	2021-12-30
Form:	Version 2.0	**Onset:**	2021-12-31
Age:	51.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	33025BD / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Acoustic stimulation tests, Dizziness, Head injury, Impaired work ability, Loss of consciousness, Magnetic resonance imaging head, Vertigo, Vestibular neuronitis, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: HRT Tylenol
Current Illness: none
Preexisting Conditions: Post Covid Syndrome_fatigue/body aches
Allergies: EMycin Sulfa Levoquin Sulfa
Diagnostic Lab Data: Brain MRI Physical Therapy Hearing Test Lots of doctor appointments
CDC Split Type:
Write-up: Within a day or so of receiving my 3rd Covid vaccine , I developed severe dizziness. This increased to vomiting with movement. I also had vertigo so severe one day that I passed out and hit my head. These symptoms took 4 months to improve. I missed a lot of work, attended PT and am now just getting back to my job as a nurse. I still have occasional dizziness. I was worked up by my PCP, Neurologist and ENT. They all agreed it Vestibular Nephritis from the Covid vaccines

VAERS ID:	2278332 (history)	**Vaccinated:**	2021-11-12
Form:	Version 2.0	**Onset:**	2022-05-03
Age:	40.0	**Days after vaccination:**	172
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / UNK	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C21A / UNK	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017F21A / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, Cough, Eye pruritus, Feeling abnormal, Headache, Influenza like illness, Injection site reaction, Injection site swelling, Nasal congestion, Oropharyngeal pain, Pain, Rash erythematous, Rhinorrhoea, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (narrow), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxin, Primella, Sumptriptian, Naproxen
Current Illness: None
Preexisting Conditions: Asthma, migraines, hypothyroidism, eczema, lichen sclerosis, herniated disc?s, no gallbladder
Allergies: Morphine, Tylenol, penicillin, latex, lavender
Diagnostic Lab Data: At home COVID tests. Tested positive on 5/3/2022. Tested negative on 5/7/2022
CDC Split Type:
Write-up: The first shot I had flu like symptoms for about 2 days. 8 days after the shot I ended up with a round red rash at the injection site. It puffed up and was about the size of a softball. On May 3rd, 2022 I woke up with a sore throat after having allergy type symptoms to usual seasonal allergies. I tested positive at home. I had brain fog leading up to this event for about 5 days beforehand. I had a runny/stuffy nose, itchy eyes, headache, body aches, coughing and then the sore throat. Symptoms are still showing with a cough, body aches and the headache.

VAERS ID: 2280744 (history)		**Vaccinated:**	2022-05-17
Form:	Version 2.0	**Onset:**	2022-05-17
Age:	5.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	24T2N / 5	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: Developmental and speech delay
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt. was given a Kinrix vaccine instead of an MMRV.

VAERS ID: 2281404 (history)		**Vaccinated:**	2021-04-20
Form:	Version 2.0	**Onset:**	2021-04-20
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0164 / 1	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Condition aggravated, Migraine
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu Vaccine 2014/2015/2016 - I passed out with each one.
Other Medications: Magnesium supplement 250mg daily, Naproxen 500mg as needed, Sumatriptan 50mg as needed
Current Illness: Migraines once monthly
Preexisting Conditions: Migraines once a month
Allergies: Gluten intolerance; amoxicillin; wasps stings
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: The same day of vaccination, I started having a migraine. It continued for several days so I had a telehealth visit with my pcp (date unknown) and they gave me a prescription for naproxen and sumatriptan. I have been taking them as needed. My migraines have increased in frequency after every vaccine. I am now experiencing migraines up to 5 times a week. In January of 2022, my doctor put me on Topiramate daily. In April 2022, I stopped that medication and changed to amlodipine. It has only made a slight difference and the topiramate works better for me but it has more side effects.

VAERS ID:	2283447 (history)	**Vaccinated:**	2022-04-18
Form:	Version 2.0	**Onset:**	2022-04-19
Age:	44.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	056A22A / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Ear pain, Fatigue, Headache, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: venlafaxine 75mg, exemestane 25mg, synthroid 50mcg
Current Illness: none
Preexisting Conditions: hx of eye melanoma and breast cancer, NED (no evidence of disease) at the time of vaccination
Allergies: gadolinium
Diagnostic Lab Data: I have not seen a medical provider yet because I don''t have other

symptoms, and they are just going to look in my ear and say they don''t see anything. And then charge me an arm and a leg. I don''t know what to do. Wait until it gets really bad? Hope it goes away? I feel like no one will believe me anyway if they don''t see blood coming out of my ears.
CDC Split Type:
Write-up: I received the Moderna booster (after initially getting Johnson & Johnson vaccination) on Monday, April 18. The next day, on Tuesday, April 19, I started being achey and fatigued with a headache, as expected after this vaccine. However, I also developed a left earache (unilateral). It has now been more than 4 weeks, and I still have the earache. It is a constant dull ache, with occasional exacerbation and stabbing sensation. It hurts deep inside the ear.

VAERS ID:	2287173 (history)	**Vaccinated:**	2021-12-16
Form:	Version 2.0	**Onset:**	2021-12-16
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	03302573D / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Hypothermia
SMQs:, Accidents and injuries (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Dexilant 80mg, Lansoprazole, Buspirone, Hydrocodone 5mg/325mg, Ferrous Sulfate 325mg, Ondansetron 8mg, Metoclopramide, Hydrochlorothiazide 25mg, Potassium, Levothyroxine, Dicyclomine, Imitrex (injection), Naratriptan, Diazepam, Carafate, Cy
Current Illness: N/A
Preexisting Conditions: Seizure, Depression, Anxiety, IBS, Barrett''s Esophagus, Vitamin D Deficiency, Anemic, Acute Schizophrenia Episodes, Insomnia, Edema, Hypothyroidism, GERDs, Epilepsy, PTSD, Migraine
Allergies: Toradol
Diagnostic Lab Data: No
CDC Split Type: vsafe
Write-up: I ended up with hypothermia, it lasted until the next day. I was covered in blankets and my fianc? laid with me to keep me warm. By the next morning my temperature was back to normal.

VAERS ID: 2287193 (history)		**Vaccinated:**	2021-03-23
Form:	Version 2.0	**Onset:**	2021-04-07
Age:	72.0	**Days after vaccination:**	15
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Limb mass, Pain, Trigger finger
SMQs:, Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metformin 1000mg, Glimepiride 2mg, Nexium 20mg, Baby Aspirin 81mg, Lisinopril 10mg, Oxybutynin 5mg, Atorvastatin 40mg, Prebiotic (culturelle), Vitamin D3 2000IU, Women''s One a Day, Caltrate + D 600mg, Cranberry Capsule, Move Free Capsule a
Current Illness: None
Preexisting Conditions: Diabetes; Hypertension; Overactive Bladder
Allergies: ADVIL; ALEVE gel caps
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: 2 weeks after I got my 2nd shot, I got a pea sized lump on the tendon in the middle of my hand that gave me trigger finger and it was very sore. It lasted for about a month. I had to get a steroid injection into the middle of my hand and that made is gradually go away.

VAERS ID: 2287201 (history)		**Vaccinated:**	2021-10-22
Form:	Version 2.0	**Onset:**	2021-11-05
Age:	72.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	AO20 / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Mass, Pain, Tendon disorder, Trigger finger
SMQs:, Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Same exact reaction after 2nd dose of Pfizer.
Other Medications: Metformin 1000mg, Glimepiride 2mg, Nexium 20mg, Baby Aspirin 81mg, Lisinopril 10mg, Oxybutynin 5mg, Atorvastatin 40mg, Prebiotic (culturelle), Vitamin D3 2000IU, Women"s One a Day, Caltrate + D 600mg, Cranberry Capsule, Move Free Capsule a
Current Illness: None
Preexisting Conditions: Diabetes, Hypertension and Overactive Bladder
Allergies: Advil and Aleve gel caps
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: 2 weeks after I got my 2nd shot, I got a pea sized lump on the tendon in the middle of my hand that gave me trigger finger and it was very sore. It lasted for about a month. I had to get a steroid injection into the middle of my hand and that made is gradually go away.

VAERS ID:	2287207 (history)	**Vaccinated:**	2022-05-12
Form:	Version 2.0	**Onset:**	2022-05-14
Age:	73.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Tendon pain
SMQs:, Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Trigger Finger 2nd dose and 3rd dose

Other Medications: Metformin 1000mg, Glimepiride 2mg, Nexium 20mg, Baby Aspirin 81mg, Lisinopril 10mg, Oxybutynin 5mg, Atorvastatin 40mg, Prebiotic (culturelle), Vitamin D3 2000IU, Women"s One a Day, Caltrate + D 600mg, Cranberry Capsule, Move Free Capsule a
Current Illness: None
Preexisting Conditions: Diabetes, Hypertension and Overactive Bladder
Allergies: Advil and Aleve gel caps
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: 48 hours after receiving the vaccine I started noticing soreness in the tendon in the middle of my right hand. I am concerned that the trigger finger event that happened after the 2nd dose and the 3rd dose is happening again.

VAERS ID:	2292784 (history)	**Vaccinated:**	2022-05-23
Form:	Version 2.0	**Onset:**	2022-05-24
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	005M21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Injection site erythema, Injection site swelling
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: none reported via CDC pre vaccination checklist
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client received vaccine on 5/23/22 and called on 5/24/22 to report redness and swelling in her left arm down to the elbow. This nurse encouraged the client to contact PCP to follow up with symptoms or go to urgent care/ER.

VAERS ID:	2294176 (history)	**Vaccinated:**	2021-10-05
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	74.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-05-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hay fever (Childhood hay fever (remission)); Prostate cancer (prostate cancer (remission))
Allergies:
Diagnostic Lab Data: Test Name: Covid-19; Test Result: Positive ; Test Date: 20220506; Test Name: Covid-19; Test Result: Negative ; Comments: Tested negative on 06May on an antigen test; Test Date: 20220511; Test Name: Covid-19; Test Result: Positive ; Comments: Tested positive on 11May on an antigen test
CDC Split Type: USPFIZER INC202200732129
Write-up: COVID 19; COVID 19; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 74-year-old male patient received BNT162b2 (BNT162B2), on 05Oct2021 at 15:00 as dose number unknown, single (Batch/Lot number: unknown) at the age of 74 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "Hay Fever" (unspecified if ongoing), notes: Childhood hay fever (remission); "Prostate cancer" (unspecified if ongoing), notes: prostate cancer (remission). The patient''s concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), 7 months 6 days after the suspect product(s) administration, outcome "unknown", COVID-19 (medically significant), 7 months 6 days after the suspect product(s) administration, outcome "not recovered" and all described as "COVID 19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (unspecified date) Positive; (06May2022) Negative, notes: Tested negative on 06May on an antigen test; (11May2022) Positive, notes: Tested positive on 11May on an antigen test. Therapeutic measures were taken as a result of covid-19. Clinical course: Paxlovid treatment

given for covid-19 from 01May2022 to 05May2022. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2294471 (history)	**Vaccinated:**	2021-11-22
Form:	Version 2.0	**Onset:**	2022-05-06
Age:	60.0	**Days after vaccination:**	165
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	TJ1620 / 3	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Abdominal pain upper, COVID-19, Chills, Cough, Fatigue, Headache, Malaise, Myalgia, Pyrexia, SARS-CoV-2 test positive
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: no
Current Illness: no
Preexisting Conditions: no
Allergies: sulfur
Diagnostic Lab Data: at home covid test - positive
CDC Split Type: vsafe
Write-up: I had a fever of 102.7, chills, muscle pain, stomach cramps, extreme headache, and the 2nd day it turned into a bad cough. And extreme fatigue. I had at home covid test and it was positive. They gave an antiviral and then it lasted for, and I only started to feel well this week. The symptoms have been very bad.

VAERS ID:	2295815 (history)	**Vaccinated:**	2021-11-06
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-05-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LOSARTAN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma; Hypertension
Allergies:
Diagnostic Lab Data: Test Name: COVID-19; Result Unstructured Data: Test Result:Unknown result
CDC Split Type: USPFIZER INC202200732063
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 40-year-old male patient received BNT162b2 (BNT162B2), on 06Mar2021 at 09:30 as dose 1, single (Lot number: EN6199), in left arm, on 03Apr2021 at 09:00 as dose 2, single (Lot number: ER8737), in left arm and on 06Nov2021 at 10:00 as dose 3 (booster), single (Lot number: FH8027), in left arm for covid-19 immunisation. The patient"s relevant medical history included: "Hypertension" (unspecified if ongoing); "asthma" (unspecified if ongoing). Concomitant medication(s) included: LOSARTAN, start date: 01Mar2015. The following information was reported: COVID-19 (medically significant), VACCINATION FAILURE (medically significant), outcome "unknown" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Unknown result. Therapeutic measures were taken as a result of covid-19, vaccination failure. Clinical course: The patient took Pfizer Paxlovid anti-viral as Covid-19. The treatment started since 13May2022 to 18May2022 with lot number lot number= FY5656. The other medication took in 2 weeks product Lupin Losartan started on 01Mar2015. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2295840 (history)	**Vaccinated:**	2021-12-04
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	42.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-05-26
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: METHOTREXATE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Obesity; Polycystic ovary; Psoriatic arthritis; Rheumatoid arthritis; Sarcoidosis
Allergies:
Diagnostic Lab Data: Test Name: COVID-19; Test Result: Positive; Comments: Treatment of COVID-19.
CDC Split Type: USPFIZER INC202200737887
Write-up: This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 42-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 04Dec2021 as dose 3 (booster), single (Batch/Lot number: unknown) at the age of 42 years, in left arm for Covid-19 immunisation; CoviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown) and as dose 2, single (Batch/Lot number: unknown) for Covid-19 immunisation. The patient''s relevant medical history included: "Crossover Psoriatic Arthritis" (unspecified if ongoing); "Rheumatoid Arthritis" (unspecified if ongoing); "Sarcoidosis" (unspecified if ongoing); "PCOS" (unspecified if ongoing); "Obesity" (unspecified if ongoing). Concomitant medication(s) included: METHOTREXATE. Past drug history included: Rybelsus (same reaction), reaction(s): "known allergies"; Azithromycin, reaction(s): "pin prick rash"; Codeine, reaction(s): "severe heartburn". The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant), outcome "unknown" and all described as "COVID-19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Positive, notes: Treatment of COVID-19. Therapeutic measures were taken as a result of drug ineffective, Covid-19. Clinical course: Anti-viral details, Product: COVID-19 Treatment, Brand: Paxlovid, Treatment start date:

18May2022, Treatment stop date: 19May2022, Lot number: GA1189, Indication: Treatment of COVID-19. It was reported that patient received other medication within 2weeks. Additional information: After the first dose- Severe dysgeusia after 1 hour of the first dose. The taste was so bad that it was difficult to sleep. After the second dose- small very itchy bumps appeared on chest, near belly button, left leg, left arm, side and head. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2300975 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2021-09-05
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-05-28
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Myocarditis, Pericarditis, Troponin
SMQs:, Systemic lupus erythematosus (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: ALBUTEROL [SALBUTAMOL]; ANAKINRA; CALCIUM + VITAMIN D [CALCIUM CARBONATE;COLECALCIFEROL]; CETIRIZINE; CLOBETASOL 0.05%; DEXTRAN;GLYCEROL;HYPROMELLOSE; DICLOFENAC; DEXTROMETHORPHAN HBR AND GUAIFENESIN; FLUTICASONE; OMEPRAZOLE; PREDNISONE; TO
Current Illness: Macrophage activation syndrome; Still''s disease adult onset
Preexisting Conditions: Medical History/Concurrent Conditions: Pneumonia
Allergies:
Diagnostic Lab Data: Test Date: 20210906; Test Name: Cardiac Troponin; Result Unstructured Data: Test Result:4.86 ng/ml; Test Date: 20210907; Test Name: Cardiac Troponin; Result Unstructured Data: Test Result:4.94 ng/ml; Test Date: 20211019; Test Name: Cardiac Troponin; Result Unstructured Data: Test Result:0.02 ng/ml; Comments: less than 0.02
CDC Split Type: USPFIZER INC202200721875
Write-up: Pericarditis/myocarditis; Pericarditis/myocarditis; This is a non-interventional study report received from a contactable reporter (Physician). A 36-year-old female patient received BNT162b2 (Pfizer Covid-19 vaccine), as dose 3, single (Batch/Lot number: unknown)

intramuscular for covid-19 immunization. The patient''s relevant medical history included: "Adult-onset Still''s disease" (ongoing); "Macrophage activation syndrome" (ongoing); "Pneumonia", start date: 06Sep2021 (unspecified if ongoing). The patent took the following concomitant medications: Salbutamol (ALBUTEROL) 90mcg inhaled, for shortness of breath, Anakinra for immune suppression, calcium 600 mg/vitamin D 400 units, cetirizine, clobetasol 0.05% ointment, dextran 70/glycerol 0.02%/hypromel 0.3%, diclofenac 1% topical gel for pain, dextromethorphan (DM)10/guaifenesin 100mg/5ml, for cough, fluticasone for allergy symptom, omeprazole, prednisone, tocilizumab 162mg autoinjector, carboxymethylcellulose 1% opth gel apply 1 drop to both eyes, three times per day, acetaminophen 500mg by mouth every 8 hours, biotin, doxepin, fish oil, and levonorgestrel; all ongoing (reported active medicines). The following information was reported: Pericarditis/myocarditis" (hospitalization) with onset 05Sep2021. "Clinical course: The patient with Adult-Onset Still''s Disease (AOSD), Macrophage Activation Syndrome, who presented to the hospital with shortness of breath and fevers 1 week after being given her 3rd dose of Pfizer''s COVID-19 vaccine. The patient was diagnosed with pneumonia as well as concomitant myopericarditis. She was noted to have elevated cardiac biomarkers which then resolved over time with treatment of both the pneumonia and the myopericarditis. The patient recovered from the event without significant adverse sequelae. In follow-up, in the outpatient setting, her Rheumatologist''s opinion was that the episode occurred as a result of the third dose of vaccine. The reporter became aware of this case while reviewing charts for patients as part of a project looking at the association between the Pfizer Covid-19 vaccine and incidence of pericarditis/myocarditis. In the reporter''s opinion, the possible causes for the episode included pericarditis associated with the patient''s episode of pneumonia, a flare of AOSD or exposure to the vaccine (due to the close temporal relationship). The patient was seen at the hospital on Sep2021 and it was unknow if an adverse reaction was reported to Pfizer for this patient at the time of the event as the reporter reviewed the events, it occurred less than 8 months after the illness occurred. The patient underwent the following laboratory tests and procedures: Troponin (0.0-0.3): (06Sep2021) 4.86 ng/ml; (07Sep2021) 4.94 ng/ml; (19Oct2021) less than 0.02 ng/ml. The action taken in response to the event was not applicable (not reported). Outcome of the event was recovered on unspecified date. The reporter considered "pericarditis/myocarditis" related to third dose of BNT162b2, but not related to concomitant medications.; Sender''s Comments: Based on known drug safety profile, there is reasonable possibility of causal association between the events pericarditis and myocarditis and BNT162B2.

VAERS ID:	2301741 (history)	**Vaccinated:**	2022-04-19
Form:	Version 2.0	**Onset:**	2022-04-29
Age:	61.0	**Days after vaccination:**	10
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027L21A / 4	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Histamine level, Pruritus, Rash, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Allergy to antibiotic (cillin medications); Hashimoto''s thyroiditis
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 2022; Test Name: Histamines; Result Unstructured Data: more active/increased
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: Across upper torso a little itchy; rash and hives on ankles, feet, toes, mainly middle lower extremities, stomach, occasionally on arm/travels throughout body; rash and hives on ankles, feet, toes, mainly middle lower extremities, stomach, occasionally on arm/travels throughout body; This spontaneous case was reported by a patient and describes the occurrence of PRURITUS (Across upper torso a little itchy), URTICARIA (rash and hives on ankles, feet, toes, mainly middle lower extremities, stomach, occasionally on arm/travels throughout body) and RASH (rash and hives on ankles, feet, toes, mainly middle lower extremities, stomach, occasionally on arm/travels throughout body) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 027L21A) for COVID-19 vaccination. Concurrent medical conditions included Allergy to antibiotic (cillin medications) and Hashimoto''s thyroiditis. On 19-Apr-2022, the patient received fourth dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) .25 milliliter. On 29-Apr-2022, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced URTICARIA (rash and hives on ankles, feet, toes, mainly middle lower extremities, stomach, occasionally on arm/travels throughout body). On an unknown date, the patient experienced PRURITUS (Across upper torso a little itchy) and RASH (rash and hives on ankles, feet, toes, mainly middle lower extremities, stomach, occasionally on arm/travels throughout body). The patient was treated with DIPHENHYDRAMINE HYDROCHLORIDE (BENADRYL [DIPHENHYDRAMINE HYDROCHLORIDE]) at an unspecified dose and frequency; LORATADINE (CLARITINE) at an unspecified dose and frequency and PREDNISONE at an unspecified dose and frequency. At the time of the report, PRURITUS (Across upper torso a little itchy), URTICARIA (rash and hives on ankles, feet, toes, mainly middle lower extremities, stomach, occasionally on arm/travels throughout body) and RASH (rash and hives on ankles, feet, toes, mainly middle lower extremities, stomach, occasionally on arm/travels throughout body) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2022, Histamine level: more active/increased (High) more active/increased. No concomitant medications were reported. Patient''s date of birth mentioned. The patient had allergy to poison ivy. She did not have seasonal allergies and had not added any new foods to diet. Moderna 2nd booster dose Lot number was reported as 027L21A or Z1A. The patient suspected hives and rash were due to vaccine in combination with having hashimotos. She experienced hives and rash had been going for weeks and saw doctor. The rash and hives happened through the day, histamines were more active at night. Treatment with Benadryl, Claritin, prednisone made that worse. The patient had not experienced a similar event in the past.

VAERS ID:	2303385 (history)	**Vaccinated:**	2022-05-03
Form:	Version 2.0	**Onset:**	2022-05-03
Age:	76.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Condition aggravated, Fatigue, Nausea, Tinnitus, Tremor, Vertigo, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hearing impairment (narrow), Vestibular disorders (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: To Moderna COVID vaccines
Other Medications: Sertraline, Fluticasone proportionate
Current Illness: None
Preexisting Conditions: Tinnitus
Allergies: Sulfa drugs
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Similar to previous Moderna vaccines - nausea, vomiting, fatigue. However Pfizer vaccine caused SEVERE chills and shaking for over 1 hour. As time has passed, my tinnitus has gotten much worse! I can hear my pulse and in the last 3 days have developed peripheral vertigo which I have never had before.

VAERS ID:	2305107 (history)	**Vaccinated:**	2021-08-04
Form:	Version 2.0	**Onset:**	2022-01-19
Age:	61.0	**Days after vaccination:**	168
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	EW0186 / 2	RA / SYR

PFIZER/BIONTECH		

Administered by: Other **Purchased by:** ?
Symptoms: Cough, Fatigue, Headache, Pain, Pyrexia, SARS-CoV-2 test positive, Sinus congestion, Sinusitis
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: no
Preexisting Conditions: asthma
Allergies: penicillin
Diagnostic Lab Data: pcr covid test - positive antigen covid tests -positive
CDC Split Type: vsafe
Write-up: Headache, body ache, slight fever, cough, sinus congestion for about 5 days. Symptoms weren''t as bad as when I had the flu. I''ve had 3-4 months of sinus infections that I couldn''t get rid off and more frequent headaches. i took 2 different rounds of antibotics but didn''t clear up the sinus infection. And I''ve been more tired though my asthma hasn''t been affected.

VAERS ID:	2305113 (history)	**Vaccinated:**	2021-03-03
Form:	Version 2.0	**Onset:**	2021-03-03
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Tinnitus
SMQs:, Hearing impairment (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Tinnitus started almost immediately the morning after the inoculation.

VAERS ID:	2305243 (history)	**Vaccinated:**	2022-05-31
Form:	Version 2.0	**Onset:**	2022-05-31
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cataplexy, Dizziness, Lipids, Malaise, Supine position, Syncope, Urine analysis
SMQs:, Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient fainted at th end of her office visit. Patient was here for her 18 yr PE. She received Hep A #1 and MCV #2. Also had point of care lipid test done via finger prick. Procedure and shots were at the end of her visit. She proceeded to get up without symptoms and head to the bathroom with the MA to give a urine sample. While in the bathroom patient described feeling

unwell and came out of the bathroom and satdown in the waiting room to which our receptionist noted something seemed wrong. She opened her window and inquired if the patient was OK to which the patient said she felt like she was going to faint. This nurse was within the reception area when the receptionist noted this response and asked me to respond. I came out to the waiting room to find her starting to slump forward and then to the side of her chair, fainting. This nurse ran to the patient catching her preventing her from falling to the floor. Another MA and nurse responded. We immediately brought her to the floor and raised her legs. She immediately became alert again and started talking with us. Patient''s mother was called into the office. The patient was given juice boxes x 2 and a pack of crackers. She admitted to not eating anything this morning prior to her office visit. After remaining in supine position for approx 10 minutes she tolerated a change to sitting then standing. After she reported feeling better she was offered to be escorted to her car with her mom. They declined an escort and were discharged.

VAERS ID:	2305594 (history)	**Vaccinated:**	2022-01-14
Form:	Version 2.0	**Onset:**	2022-01-15
Age:	1.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Atrial fibrillation, Cardiac monitoring, Fatigue, Insomnia, Pain, Palpitations, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Heart monitor
CDC Split Type:
Write-up: Heart palpitations and Atrial fibrillation..pain swelling, fatigue, and sleeplessness

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VAERS ID:	2306279 (history)	**Vaccinated:**	2021-03-20
Form:	Version 2.0	**Onset:**	2022-05-24
Age:	70.0	**Days after vaccination:**	430
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046A21A / 1	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Cough, Illness, Nasopharyngitis, Oropharyngeal pain, SARS-CoV-2 test, Sinus congestion, Sinusitis
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PAXLOVID
Current Illness: Allergy NOS
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20220522; Test Name: SARS-CoV-2 test; Test Result: Negative ; Result Unstructured Data: Tested negative for Covid
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: sick with symptoms; sinus infection; bad cold; sinus congestion; mild cough; sore throat; This spontaneous case was reported by a consumer and describes the occurrence of OROPHARYNGEAL PAIN (sore throat), ILLNESS (sick with symptoms), SINUSITIS (sinus infection), NASOPHARYNGITIS (bad cold) and SINUS CONGESTION (sinus congestion) in a 70-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 040B21A and 046A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Co-suspect product included non-company product NIRMATRELVIR, RITONAVIR (PAXLOVID) for COVID-19 treatment. Concurrent medical conditions included Allergy NOS. On 20-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 17-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 12-Nov-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 14-May-2022, the patient started NIRMATRELVIR, RITONAVIR (PAXLOVID) (unknown route) at an unspecified dose. On 24-May-2022 at 7:00 PM, the patient experienced OROPHARYNGEAL PAIN (sore throat). On 26-May-2022, the patient experienced ILLNESS (sick with symptoms), SINUSITIS (sinus infection), NASOPHARYNGITIS (bad cold), SINUS CONGESTION (sinus congestion) and COUGH (mild cough). At the time of the report, OROPHARYNGEAL PAIN (sore throat), ILLNESS (sick with symptoms), SINUSITIS (sinus

infection), NASOPHARYNGITIS (bad cold), SINUS CONGESTION (sinus congestion) and COUGH (mild cough) was resolving. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 22-May-2022, SARS-CoV-2 test: neagtive (Negative) Tested negative for Covid. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant medications details were not reported by the reporter Patient was not taking any other medications/products within 2 weeks of starting COVID-19 treatment. Reportedly, Patient Last course of treatment completed on May 18, 2022. He Developed minor sore throat on May 24, 2022. By May 26, 2022, he was definitely sick with symptoms mimicking a bad cold or sinus infection. Sore throat, sinus congestion, and mild cough and reports No fever. Treatment details was not reported by the reporter. Pfizer have permission to contact them and also have permission to contact the patient''s healthcare provider about this report . The device date was reported as 28-May-2022

VAERS ID:	2306599 (history)	**Vaccinated:**	2022-03-22
Form:	Version 2.0	**Onset:**	2022-05-01
Age:	43.0	**Days after vaccination:**	40
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 4	RA / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Graves'' disease (Graves Disease); Multiple sclerosis
Allergies:
Diagnostic Lab Data: Test Name: Tested positive for COVID; Test Result: Positive ; Test Date: 20220528; Test Name: Tested positive for COVID; Test Result: Positive ; Comments: Tested positive for COVID for second time on 28May.

CDC Split Type: USPFIZER INC202200772713
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 43-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 22Mar2022 at 10:00 as dose 4 (booster), single (Batch/Lot number: unknown) at the age of 43 years, in right arm for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown), as dose 2, single (Batch/Lot number: unknown) and as dose 3 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation. The patient"s relevant medical history included: "Multiple Sclerosis" (unspecified if ongoing); "Graves Disease" (unspecified if ongoing), notes: Graves Disease. The patient"s concomitant medications were not reported. The following information was reported: COVID-19 (medically significant), DRUG INEFFECTIVE (medically significant) all with onset May2022, outcome "unknown" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (unspecified date) Positive; (28May2022) Positive, notes: Tested positive for COVID for second time on 28May. Therapeutic measures were taken as a result of covid-19, drug ineffective. No other medications the patient received within 2 weeks of vaccination. No known allergies. Sick again after course of Paxlovid. Tested positive for COVID for second time on 28May. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2306706 (history)	**Vaccinated:**	2022-05-31
Form:	Version 2.0	**Onset:**	2022-05-31
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	056M21A / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Arthralgia, Immediate post-injection reaction, Pain
SMQs:, Hypersensitivity (narrow), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: metoprolol xl 25mg, losartan 25mg, atorvastatin 20mg, vitamin D 2000 units, multivitamin, aspirin 81mg E.C.
Current Illness: none
Preexisting Conditions: HBP (controlled)
Allergies: none
Diagnostic Lab Data: Evaluated 06/01/2022 by patient"s PCP
CDC Split Type:

Write-up: Deep pain in left shoulder joint immediately upon administration. Pain continued to intensify over the next 30 - 45 minutes. Dull pain in left shoulder, worse during the night. Persists and is increased when raising arm, especially above head, rotating arm out to left side or attempting to lift objects with left hand/arm

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VAERS ID:	2306903 (history)	**Vaccinated:**	2022-05-16
Form:	Version 2.0	**Onset:**	2022-05-17
Age:	41.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia
SMQs:, Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: began taking Tylenol, ibuprofen after the vaccine, not before.
Current Illness: none noted
Preexisting Conditions: exercise induced asthma, hypertension, obesity, acute right flank pain, anxiety, migraine, acne, tinea versicolor
Allergies: erythromycin, fioricet, lisinopril, minocycline, nifedipine, shellfish containing products
Diagnostic Lab Data: none
CDC Split Type:
Write-up: joing pain for weeks following Pfizer COVID vaccines.

VAERS ID:	2307857 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2022-06-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Incomplete course of vaccination
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS2022AM
Write-up: first shot about a year ago, never got second; This case was reported by a consumer via call center representative and described the occurrence of incomplete course of vaccination in a patient who received Herpes zoster (Shingrix) for prophylaxis. Previously administered products included Shingrix (got first Shingrix shot about a year ago (would be confirmed) but definitely more than 6 months). On an unknown date, the patient did not receive the 2nd dose of Shingrix. On an unknown date, unknown after receiving Shingrix, the patient experienced incomplete course of vaccination. On an unknown date, the outcome of the incomplete course of vaccination was unknown. Additional Information: GSK Receipt Date: 30-MAY-2022 Reporter''s Comment: The patient never got his/her second shot of Shingrix. The reporter wanted to know how did they go about getting this finished. Additional Supportive Information: The patient did not receive the 2nd dose of Shingrix till the time of reporting, which led to incomplete course of vaccination.

VAERS ID:	2308461 (history)	**Vaccinated:**	2022-05-31
Form:	Version 2.0	**Onset:**	2022-05-31
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Influenza virus test, Livedo reticularis, Lymphadenopathy, Nausea, Pyrexia, Respiratory syncytial virus test, SARS-CoV-2 test, Streptococcus test, Tachycardia, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad),

Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flouride- 1MG Magnesium citrate 100 MG Multivitamin with probiotic
Current Illness: Seasonal allergies
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: swab for flu, rsv, covid and rapid strep test
CDC Split Type: vsafe
Write-up: Swollen Lymph Nodes in neck tacacardia motteling of the skin nausea vomiting rigors fever

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VAERS ID:	2308796 (history)	**Vaccinated:**	2022-06-01
Form:	Version 2.0	**Onset:**	2022-06-02
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038A22A / 4	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Chills, Decreased appetite, Feeling abnormal, Headache, Insomnia, Mobility decreased, Muscle discomfort, Nausea, Vomiting
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: simvastatin, calcium. vitamin d, multi vitamin
Current Illness: none
Preexisting Conditions: elevated cholesterol treated by medication

Allergies: none
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Chills started around 1:30am, very bad headache (I never get headaches), some muscle discomfort, was unable to sleep. The following day, very weak, no appetite, nauseous and did vomit several times. Had to stay in bed pretty much the whole day. Following day -today- feel better but still not 100%- some brain fog.

VAERS ID:	2311317 (history)	**Vaccinated:**	2022-03-28
Form:	Version 2.0	**Onset:**	2022-05-21
Age:	27.0	**Days after vaccination:**	54
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7533 / 1	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ALBUTEROL [SALBUTAMOL]
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma
Allergies:
Diagnostic Lab Data: Test Date: 202205; Test Name: COVID-19; Result Unstructured Data: Test Result:Negative; Test Date: 202205; Test Name: COVID-19; Result Unstructured Data: Test Result:Positive
CDC Split Type: USPFIZER INC202200772632
Write-up: COVID-19; COVID-19; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 27-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 28Mar2022 as dose 1, single (Lot number: EP7533) at the age of 27 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "Asthma" (unspecified if ongoing). Concomitant medication(s) included: ALBUTEROL [SALBUTAMOL]. The following information was reported: DRUG INEFFECTIVE (medically significant) with onset 21May2022, outcome "unknown", COVID-19 (medically significant) with onset 21May2022, outcome "not recovered" and all described as "COVID-19".

The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (May2022) Negative; (May2022) Positive. Therapeutic measures were taken as a result of covid-19. Clinical course: The vaccine was received. Patient received other medication in 2weeks: product- Albuterol inhaler, brand- ProAir. Anti-viral details product- Paxlovid, COVID 19 Treatment, treatment start date was 18May2022, treatment stop date was 22May2022 for indication Treatment of COVID-19. Symptoms returned after taking Paxlovid. Took Paxlovid on Day 2, and symptoms resolved shortly after. Tested negative on Day 9, then tested positive again on Day 12. Symptoms include runny nose, sore throat and some chills. No known allergies.

VAERS ID:	2311569 (history)	**Vaccinated:**	2021-04-02
Form:	Version 2.0	**Onset:**	2021-04-16
Age:	56.0	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007B21A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Alopecia, Autoimmune disorder
SMQs:, Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin
Current Illness: depression
Preexisting Conditions: irritable bowel syndrome, psoriasis
Allergies: none
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Alopecia, thought to be autoimmune.

VAERS ID:	2311711 (history)	**Vaccinated:**	2021-12-22
Form:	Version 2.0	**Onset:**	2022-05-18
Age:	43.0	**Days after vaccination:**	147
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test positive
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril 20mg, occasional Excedrin for Migraines
Current Illness: None
Preexisting Conditions: HBP
Allergies: None
Diagnostic Lab Data: Home COVID test
CDC Split Type: vsafe
Write-up: I tested positive for COVID 5 months after getting my 2nd vaccine of Moderna.

VAERS ID:	2312676 (history)	**Vaccinated:**	2021-10-25
Form:	Version 2.0	**Onset:**	2022-05-01
Age:	75.0	**Days after vaccination:**	188
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2590 / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None, Comment: Other Conditions: No
Allergies:
Diagnostic Lab Data: Test Date: 202205; Test Name: Covid-19; Test Result: Positive ; Comments: Caller stated she tested Covid Positive last Monday or Tuesday.
CDC Split Type: USPFIZER INC202200793811
Write-up: she has already taken a total of 3 shots of the vaccine; she was prescribed Paxlovid when she asked her doctor if she could take it since she had covid; she has already taken a total of 3 shots of the vaccine; she was prescribed Paxlovid when she asked her doctor if she could take it since she had covid; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 75-year-old female patient received BNT162b2 (BNT162B2), on 17Feb2021 as dose 1, single (Lot number: EN6201), on 09Mar2021 as dose 2, single (Lot number: EN6199) and on 25Oct2021 as dose 3 (booster), single (Lot number: FF2590) at the age of 75 years for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset May2022, outcome "not recovered" and all described as "she has already taken a total of 3 shots of the vaccine; she was prescribed Paxlovid when she asked her doctor if she could take it since she had covid". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (May2022) Positive, notes: Caller stated she tested Covid Positive last Monday or Tuesday.

VAERS ID:	2312997 (history)	**Vaccinated:**	2022-06-06
Form:	Version 2.0	**Onset:**	2022-06-06
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 5	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: pATIENT RECEIVED A COVID VACCINE WHEN SHE WASN"T ELIGIBLE TO RECEIVE AN ADDITIONAL DOSE

VAERS ID:	2313042 (history)	**Vaccinated:**	2022-01-06
Form:	Version 2.0	**Onset:**	2022-01-06
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Chest pain, Chills, Dyspnoea, Electrocardiogram, Heart rate increased, Pain, Palpitations, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: EKG
CDC Split Type:
Write-up: - unable to breathe, heart pounding, rapid heart rate, chest pain, fever, aches, chills (10 hours after 3rd vaccine) - chest pain (lasted for 2 months) - occasional chest pain and rapid heart rate (still happening)

VAERS ID: 2313116 (history)		**Vaccinated:**	2021-11-04
Form:	Version 2.0	**Onset:**	2022-04-09
Age:	35.0	**Days after vaccination:**	156
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032F21A / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, Fatigue, Headache, Myalgia, Oropharyngeal pain, Paranasal sinus discomfort, Pharyngeal swelling, SARS-CoV-2 test, Throat irritation
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole 20 mg
Current Illness: N/A
Preexisting Conditions: Heart Burn
Allergies: N/A
Diagnostic Lab Data: At home COVID-19 test.
CDC Split Type: vsafe
Write-up: I ended up getting COVID-19. I had very sore scratchy and swollen throat, extreme fatigue, headache. Sinus pressure, and muscle aches. I took TYLENOL for my symptoms. This lasted for about a week. I still have fatigue.

VAERS ID: 2314144 (history)		**Vaccinated:**	2022-05-25
Form:	Version 2.0	**Onset:**	2022-06-06
Age:	63.0	**Days after vaccination:**	12
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Cough, Fatigue, Nasopharyngitis, SARS-CoV-2 test positive, Sinus headache, Throat irritation
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D3; Glucosamine; Cranberry Tablet; One A Day MultiVitamin; Red Yeast Rice
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: COVID-19 Rapid Test Positive 06/06/2022
CDC Split Type: vsafe
Write-up: Basically I had cough and scratchy throat. The worst day which was a sinus headache. I have had fatigue. I took over the counter MUCINEX one time and that helped. I felt like a basic cold.

VAERS ID:	2314253 (history)	**Vaccinated:**	2022-06-09
Form:	Version 2.0	**Onset:**	2022-06-09
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	T028929 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Blood pressure decreased, Fall, Loss of consciousness
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zyrtec 10 mg tab- 1 tab daily for allergies Singulair 5 mg Tab Chewable -1 tablet orally daily for allergies
Current Illness:
Preexisting Conditions:
Allergies: No known
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was sitting on the exam table with her mom in the room as I was administering the HPV vaccine. I administered the vaccine in her RT deltoid muscle and turned around to toss away my sharps in the sharps container. As I turned back around I noticed Patient falling down off the exam table from a seated position and I was bae to run and catch her before she fell and hit the counter corner/ground in the exam room. I placed her in supine position on the exam table and she opened her eyes after about 5-10 seconds and "came to" asking what was wrong/what happened. I had her lay down for about 15 minutes and placed a cool cloth on her forehead and took her BP which did decrease a small amount from 104/64 to 90/70. Here PAP, Dr came and made sure she was doing okay before having them leave.

VAERS ID:	2315202 (history)	**Vaccinated:**	2021-05-04
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	62.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-06-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032BZIA / UNK	RA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CELECOXIB; CITALOPRAM.
Current Illness: Spondyloarthropathy.
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: COVID-19; This spontaneous case was reported by a patient and describes the occurrence of COVID-19 (COVID-19) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 032F21A and 032BZIA) for COVID-19 vaccination. Concurrent medical conditions included Spondyloarthropathy. Concomitant products included CELECOXIB and CITALOPRAM for an unknown indication. On 04-May-2021, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 11-Nov-2021, received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced COVID-19 (COVID-19). The patient was treated with NIRMATRELVIR, RITONAVIR (PAXLOVID) from 26-May-2022 to 01-Jun-2022 for COVID-19 treatment, at an unspecified dose and frequency. At the time of the report, COVID-19 (COVID-19) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Patient has no known drug allergies. She felt better on May. Device date:03Jun2022 Company comment: This is a spontaneous case concerning a 63-year-old, female patient with no relevant medical history and with vaccine history of receiving unknown dose number of mRNA-1273 vaccine on 4 May 2021, who experienced the unexpected non-serious event of Covid-19. The event occurred approximately 6 months after the unknown dose number of mRNA-1273 vaccine administration on 11 November 2021. Allegedly the event was described as, approximately 174 days after the most recent unknown dose number of mRNA-1273 vaccine administration, patient took Nirmatrelvir + Ritonavir (Paxlovid) for treatment of Covid-19. No other information surrounding the event was reported. The outcome of the event was reported as not resolved from the time of last observation. The current Covid-19 pandemic remain confounder for the event. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. Sender''s Comments: This is a spontaneous case concerning a 63-year-old, female patient with no relevant medical history and with vaccine history of receiving unknown dose number of mRNA-1273 vaccine on 4 May 2021, who experienced the unexpected non-serious event of Covid-19. The event occurred approximately 6 months after the unknown dose number of mRNA-1273 vaccine administration on 11 November 2021. Allegedly the event was described as, approximately 174 days after the most recent unknown dose number of mRNA-1273 vaccine administration, patient took Nirmatrelvir + Ritonavir (Paxlovid) for treatment of Covid-19. No other information surrounding the event was reported. The outcome of the event was reported as not resolved from the time of last observation. The current Covid-19 pandemic remain confounder for the event. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.

VAERS ID:	2316554 (history)	**Vaccinated:**	2022-05-27
Form:	Version 2.0	**Onset:**	2022-05-27
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC20: PNEUMO (PREVNAR20) / PFIZER/WYETH	FJ2601 / UNK	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Injected limb mobility decreased, Injection site pain, Interchange of vaccine products, Muscular weakness, Myalgia, Pain, Vaccination site pain
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre

syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: No, Comment: Verbatim : Other Conditions: No
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200809738
Write-up: to use other arm to move that arm, it is slightly better/If she engaged her muscle she would not lift it; painful/this is day 12 of pain and describes it as severe/It hurt so much; it was an unusually painful injection; muscle pain and weakness/muscle soreness; muscle pain and weakness; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from medical information team, Program ID: (005570). The reporter is the patient. A 65-year-old female patient received pneumococcal 20-val conj vac (dipht CRM197 protein) (PREVNAR 20), on 27May2022 as dose number unknown, 0.5ml single (Lot number: FJ2601) at the age of 65 years, in left arm for immunisation. The patient''s relevant medical history included: "No" (unspecified if ongoing), notes: Verbatim : Other Conditions: No. There were no concomitant medications. Vaccination history included: pfizer covid-19 vaccine (1st dose, Lot: ER8727, Expiration: Unknown, Dose: 0.3ml in the Right arm), administration date: 27Mar2021, when the patient was 64-year-old, for COVID-19 immunization; pfizer covid-19 vaccine (2nd dose, Lot: EW0161, Expiration: Unknown, Dose: 0.3ml in the Left Arm), administration date: 17Apr2021, when the patient was 64-year-old, for COVID-19 immunization; pfizer covid-19 vaccine (3rd dose, Lot: 32030DB, Expiration: Unknown, Dose: 0.3ml in the Left arm), administration date: 25Oct2021, when the patient was 64-year-old, for COVID-19 immunization; moderna covid-19 vaccine (Date: 31Mar2022, Lot: 066K21A, Expiration: Unknown, Dose: Injection in the left arm), administration date: 31Mar2022, when the patient was 65-year-old, for COVID-19 immunization. The following information was reported: VACCINATION SITE PAIN (non-serious) with onset 27May2022, outcome "unknown", described as "it was an unusually painful injection"; MUSCULAR WEAKNESS (non-serious) with onset 27May2022, outcome "unknown", described as "muscle pain and weakness"; MYALGIA (non-serious) with onset 27May2022, outcome "recovering", described as "muscle pain and weakness/muscle soreness"; MOBILITY DECREASED (non-serious), outcome "unknown", described as "to use other arm to move that arm, it is slightly better/If she engaged her muscle she would not lift it"; PAIN (non-serious), outcome "unknown", described as "painful/this is day 12 of pain and describes it as severe/It hurt so much". Additional information: Patient never felt disabled by a vaccine before. Caller stated this was day 12 of pain and describes it as severe. It was painful to even lay on that side. Patient thought it was regular vaccine soreness. If patient engaged her muscle she would not lift it. She would use her other arm to not engage the muscle it was so painful. Caller said that she had a sore arm after her Covid

vaccines for a day or so at the injection site. No significant side effects from the Covid vaccines. Patient got both Moderna and Pfizer Vaccines. Patient got the Moderna Dose at Pharmacy. The rest of the Covid-19 vaccines received at another pharmacy. No follow-up attempts are possible. No further information is expected.

VAERS ID:	2316712 (history)	**Vaccinated:**	2022-06-11
Form:	Version 2.0	**Onset:**	2022-06-11
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: The vaccine was a Pfizer Covid-19 pediatric and WAS NOT diluted prior to administration off 0.2ml

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VAERS ID:	2317182 (history)	**Vaccinated:**	2021-12-11
Form:	Version 2.0	**Onset:**	2022-05-23
Age:	57.0	**Days after vaccination:**	163
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /		

PFIZER/BIONTECH	FJ8762 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, Cough, Nasal congestion, Nasopharyngitis, Oropharyngeal pain, Pain, Parosmia, Pyrexia, Rhinorrhoea, SARS-CoV-2 test positive, Taste disorder, Vaccine breakthrough infection
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: clindamycin phosphate topical gel, loperamide, Farris sulfate, HCTZ, Vitamin D3, Vitamin B12, dicyclomine, ampicillin, Lexapro, arimidex, meloxicam, mupirocin (ointment), Voltaren, extra strength Excedrin or Tylenol
Current Illness: no
Preexisting Conditions: arthritis, tendonitis, bursitis, planter faucitis, anemia, scoliosis, kidney stones, migraines, breast cancer in remission, ovarian cysts
Allergies: strawberries, latex, Biaxin sensitivities to cipro, Flagel - sick to stomach Codeine causes migraine
Diagnostic Lab Data: Home test ? 05/28/2022 Urgent Care Test ? 05/28/2022 ? 05/30/2022 Positive test Home test ? 06/01/2022
CDC Split Type: vsafe
Write-up: Breakthrough case of Covid sx began - 05/23/2022 Home test ? 05/28/2022 Urgent Care Test ? 05/28/2022 ? 05/30/2022 Positive test Sx began as what felt like typical sx of sinus infections that I always have. Sore throat, stuffiness, nasal drip, slight cough, body aches, fever at it?s highest 99.9. The stuffy coughing situation got worse. I had a bit of taste and smell off for a few days. No chest or breathing issues. Home test on 06/01/2022 came back negative.

VAERS ID:	2317423 (history)	**Vaccinated:**	2021-11-11
Form:	Version 2.0	**Onset:**	2021-11-20
Age:	45.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039F21A / UNK	LA / IM

FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	308485 / UNK	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Autopsy, Death, Exercise lack of, Fatigue, Malaise, Pulmonary embolism, Respiratory disorder, Unresponsive to stimuli
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-11-21
Days after onset: 1
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Possibly Topiramate, Sertraline hydrochloride, Clonazepam, Desogestrel; ethinyl estradiol
Current Illness: unknown
Preexisting Conditions: migraines, anxiety
Allergies: unknown
Diagnostic Lab Data: autopsy
CDC Split Type:
Write-up: Decedent was reportedly feeling unwell with respiratory complaints for several days to week prior to death, progressively became more ?wiped out? and tired, staying in bed most of the time. She was found unresponsive in the bathroom where she was pronounced dead by EMS. Autopsy confirmed bilateral pulmonary thromboemboli as cause of death, with multiple risk factors including obesity (BMI 46.9), recently sedentary, COVID-19 and Influenza vaccinations, and Desogestrel/ethinyl estradiol

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VAERS ID:	2318503 (history)	**Vaccinated:**	2021-03-27
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	64.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-06-14
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8727 / 1	RA / -

Administered by: Unknown **Purchased by:** ?

Symptoms: Pain in extremity, Vaccination site pain
SMQs:, Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200820317
Write-up: she had a sore arm after her Covid vaccines for a day or so at the injection site; she had a sore arm after her Covid vaccines for a day or so at the injection site; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 65-year-old female patient received BNT162b2 (BNT162B2), on 27Mar2021 as dose 1, 0.3 ml single (Lot number: ER8727) at the age of 64 years, in right arm, on 17Apr2021 as dose 2, 0.3 ml single (Lot number: EW0161), in left arm and on 25Oct2021 as dose 3 (booster), 0.3 ml single (Lot number: 32030DB), in left arm for covid-19 immunisation. The patient''s relevant medical history was not reported. There were no concomitant medications. The following information was reported: PAIN IN EXTREMITY (non-serious), VACCINATION SITE PAIN (non-serious), outcome "unknown" and all described as "she had a sore arm after her Covid vaccines for a day or so at the injection site". Additional information: Caller said that she had a sore arm after her Covid vaccines for a day or so at the injection site. No significant side effects from the Covid vaccines. She got both Moderna and Pfizer. The patient received Moderna Covid-19 Vaccine (lot number: 066K21A) as dose 4 (booster) on 31Mar2022 in the left arm.

VAERS ID:	2319979 (history)	**Vaccinated:**	2022-03-31
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	65.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-06-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	066K21A / 4	LA / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Vaccination site pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: sore arm after her Covid vaccines for a day or so at the injection site; This spontaneous case was reported by a patient and describes the occurrence of VACCINATION SITE PAIN (sore arm after her Covid vaccines for a day or so at the injection site) in a 65-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 066K21A) for COVID-19 prophylaxis. Previously administered products included for Product used for unknown indication: PFIZER BIONTECH COVID-19 VACCINE (1st dose, Lot number ER8727, 0.3ml in the Right arm) on 27-Mar-2021, PFIZER BIONTECH COVID-19 VACCINE (2nd dose, Lot number EW0161, 0.3ml in the left arm) on 17-Apr-2021, PFIZER BIONTECH COVID-19 VACCINE (3rd dose, Lot number 32030DB and 0.3ml in the Right arm) on 25-Oct-2021. Past adverse reactions to the above products included Vaccination site pain with PFIZER BIONTECH COVID-19 VACCINE, PFIZER BIONTECH COVID-19 VACCINE and PFIZER BIONTECH COVID-19 VACCINE. On 31-Mar-2022, the patient received fourth dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced VACCINATION SITE PAIN (sore arm after her Covid vaccines for a day or so at the injection site). At the time of the report, VACCINATION SITE PAIN (sore arm after her Covid vaccines for a day or so at the injection site) had resolved. No concomitant product reported by reporter. Patient was administered with Prevnar 20 on 27-May-2022 with lot number FJ2601 0.5ml ml injection in left arm and experienced muscle sore on 27-May-2022 and outcome was recovering. It was the most painful shot she had ever gotten. Patient was not sure if the symptoms she was feeling were from the product or from the way the pharmacist administered it. Patient arm was sore as usual. Patient muscle was so sore that she had to use her other arm to lift her left arm up so she would not engage the muscle.she had a sore arm after her COVID vaccines for a day or so at the injection site. No significant side effects from the COVID vaccines. No treatment medication reported by reporter.

VAERS ID:	2320007 (history)	**Vaccinated:**	2021-05-01
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	47.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-06-15
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 2	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TYLENOL
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: Covid-19 Test; Result Unstructured Data: Test Result:Unknown Results; Comments: Indication: Covid-19 immunization; Test Date: 20220604; Test Name: Covid-19 Test; Test Result: Negative ; Test Date: 20220608; Test Name: Covid-19 Test; Test Result: Positive
CDC Split Type: USPFIZER INC202200814779
Write-up: Vaccination failure; COVID 19 Treatment; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 48-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 10Apr2021 as dose 1, single (Lot number: EP7533), in right arm and on 01May2021 as dose 2, single (Lot number: ER8736) at the age of 47 years, in right arm for covid-19 immunisation; coviD-19 vaccine mrna (mrna 1273) (MODERNA COVID-19 VACCINE), on 16Nov2021 as dose 3 (booster), single (Lot number: 037F21A), in right arm for covid-19 immunisation. The patient''s relevant medical history was not reported. Concomitant medication(s) included: TYLENOL, start date: 26May2022, stop date: 08Jun2022. The following information was reported: VACCINATION FAILURE (medically significant), outcome "not recovered"; COVID-19 (medically significant), outcome "not recovered", described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (unspecified date) Unknown Results, notes: Indication: Covid-19 immunization; (04Jun2022) Negative; (08Jun2022) Positive. Therapeutic measures were taken as a result of vaccination failure, covid-19.

VAERS ID:	2320513 (history)	**Vaccinated:**	2022-06-13
Form:	Version 2.0	**Onset:**	2022-06-13
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 2	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: vomiting and low blood pressure after sinovac
Other Medications: none reported
Current Illness: none reported
Preexisting Conditions: unknown
Allergies: none reported
Diagnostic Lab Data:
CDC Split Type:
Write-up: 11 year old child received 12 and up Pfizer.

VAERS ID:	2320519 (history)	**Vaccinated:**	2022-06-13
Form:	Version 2.0	**Onset:**	2022-06-13
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 2	- / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect dose administered, Product administered to patient of inappropriate age
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none reported
Current Illness: none reported
Preexisting Conditions: unknown
Allergies: none reported

Diagnostic Lab Data:
CDC Split Type:
Write-up: 11 year old received 12 and up Pfizer vaccine

VAERS ID:	2323098 (history)	**Vaccinated:**	2022-04-01
Form:	Version 2.0	**Onset:**	2022-04-04
Age:	71.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	FE3590 / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Biopsy skin, Blood test, Pruritus, Rash, Rash erythematous, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Prolia, Zyrtec, Ocuvite, Calcium, Vitamin D, medical marijuana (gummies)
Current Illness: Mild rash
Preexisting Conditions: Scoliosis, chronic pain (from scoliosis), asthma (rare, these days), post nasal drip, hay fever (seasonal), incontinence, occasional rashes
Allergies: None
Diagnostic Lab Data: Biopsy and blood test
CDC Split Type:
Write-up: On April 28, 2022, I got hives on my elbows which were unbearably itchy. The hives became hives and a red rash and spread up my arms and my torso, especially on my right side. Previous rashes had responded to Kenalog cream. This rash did not. Went to dermatologist on May 11, 2022. The physician?s assistant said she the uticaria was due to my second COVID booster, which I?d gotten about three weeks earlier, on April 4. She gave me a steroid injection (Kenalog) and a stronger steroid cream (Clobetasol, which is mixed with CeraVe cream). This turned out to not be enough. On May 20, I called her. She told me I could use the Clobetasol three times a day and she gave me a prescription antihistamine, Hydroxyzine Hydrochloride. I take two pills at bedtime along with a Zyrtec.

VAERS ID:	2323166 (history)	**Vaccinated:**	2022-03-17
Form:	Version 2.0	**Onset:**	2022-05-04
Age:	61.0	**Days after vaccination:**	48
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9896 / 4	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cough, Feeling abnormal, Malaise, Oropharyngeal pain, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Prefers not to list medications
Current Illness: No
Preexisting Conditions: Immunosuppressed High Blood pressure Diabetes
Allergies: No
Diagnostic Lab Data: Home COVID 19 Test
CDC Split Type: vsafe
Write-up: On May 3, 2022 I started feeling run down, I had a little cough, and sore throat. I did a home COVID 19 test that came back negative. The next morning I still fell unwell so I took another home COVID 19 test, this one came back positive. I called my doctor, since I am on immunosuppressant drugs I am not a candidate for Paxlovid. I was referred to the hospital for the monoclonal antibody infusion, I felt better within three days of having the infusion.

VAERS ID:	2324113 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	68.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-06-20
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?

Symptoms: Fatigue, Palpitations, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: Mild heart palpitations for several days after vaccination; Fever for several days after vaccination; Fatigue for several days after vaccination; This spontaneous case was reported by a patient and describes the occurrence of PALPITATIONS (Mild heart palpitations for several days after vaccination), PYREXIA (Fever for several days after vaccination) and FATIGUE (Fatigue for several days after vaccination) in a 68-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. No Medical History information was reported. On 13-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 10-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced PALPITATIONS (Mild heart palpitations for several days after vaccination), PYREXIA (Fever for several days after vaccination) and FATIGUE (Fatigue for several days after vaccination). At the time of the report, PALPITATIONS (Mild heart palpitations for several days after vaccination), PYREXIA (Fever for several days after vaccination) and FATIGUE (Fatigue for several days after vaccination) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered PALPITATIONS (Mild heart palpitations for several days after vaccination), PYREXIA (Fever for several days after vaccination) and FATIGUE (Fatigue for several days after vaccination) to be related. Patient will play golf and walks 3 miles (4 times weekly). No concomitant medications were provided by the reporter. Other treatment medications includes Paxlovid, Shingrix, Escitalopram. Patient''s lab data includes Abnormal EKG''S, had Echocardiogram, Cardiac MRI - Determined to have PAC, PVC arrhythmias. This case was linked to MOD-2022-590374 (Patient Link).

VAERS ID:	2325538 (history)	**Vaccinated:**	2022-04-22
Form:	Version 2.0	**Onset:**	2022-04-23
Age:	77.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001M21A / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Aura, Dizziness, Malaise, Parosmia, Seizure
SMQs:, Systemic lupus erythematosus (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: 1st booster, see notes on description.
Other Medications: Vimpat, Amlodipine, Buspirone, Celexa.
Current Illness: None.
Preexisting Conditions: Focal epilepsy after brain surgery.
Allergies: Turmeric (possibly).
Diagnostic Lab Data: Does not remember.
CDC Split Type:
Write-up: She got her vaccine at 1:00 PM, she ate and drank enough. The next day at 1:00 PM she was a theater and did not feel very well, and was going to the bathroom and halfway up the stairs she felt dizzy. She then had an Aura, with her is a curious smell. She got on top of the steps, when down an elevator and told them that she was going to have a seizure, which she was helped with two people. They helped her lie down, and they called an ambulance and she woke up in the hospital. They kept her a few hours, gave her the Vimpat and was sleepy. The next day she felt Okay. This also happened with her 3rd shot as well. 24 hours after the vaccine she had a seizure. She sat down with her friend after the 2nd one, he could not understand what she was saying, called the ambulance and then woke up about 4 hours later in the hospital. Hospital. She has not had any other reactions, and does take her Vimpat which is seizure medicine. She only had the reaction with the 2 boosters.

VAERS ID:	2325641 (history)	**Vaccinated:**	2022-06-15
Form:	Version 2.0	**Onset:**	2022-06-15
Age:	57.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	065K214 / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Adderall
Current Illness: None
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Given outside of beyond use date

VAERS ID:	2326601 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2022-05-07
Age:	67.0	**Days after vaccination:**	479
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Echocardiogram, Electrocardiogram, Magnetic resonance imaging heart, Pyrexia, SARS-CoV-2 test, Supraventricular extrasystoles, Ventricular extrasystoles
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Supraventricular tachyarrhythmias (narrow), Ventricular tachyarrhythmias (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:
Diagnostic Lab Data: Test Name: Echocardiogram; Result Unstructured Data: Determined to have PAC, PVC; Test Name: EKGs; Result Unstructured Data: Abnormal; Test Name: Cardiac MRI; Result Unstructured Data: Determined to have PAC, PVC; Test Date: 20220507; Test Name: Covid-19 test; Test Result: Positive ; Result Unstructured Data: Positive; Test Date: 20220518; Test Name: Covid-19 test; Test Result: Positive ; Result Unstructured Data: Positive
CDC Split Type: USMODERNATX, INC.MOD20225
Write-up: PAC/Arrhythmia, Palpitations,Pulse irregular; PVC/Arrhythmia, Palpitations,Pulse irregular; High fever; Covid; This spontaneous case was reported by a patient and describes the occurrence of SUPRAVENTRICULAR EXTRASYSTOLES (PAC/Arrhythmia, Palpitations,Pulse irregular) and VENTRICULAR EXTRASYSTOLES (PVC/Arrhythmia, Palpitations,Pulse irregular) in a 68-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 13-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 10-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 24-Sep-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 100 microgram. On 07-May-2022, the patient experienced COVID-19 (Covid). On an unknown date, the patient experienced SUPRAVENTRICULAR EXTRASYSTOLES (PAC/Arrhythmia, Palpitations, Pulse irregular) (seriousness criterion medically significant), VENTRICULAR EXTRASYSTOLES (PVC/Arrhythmia, Palpitations, Pulse irregular) (seriousness criterion medically significant) and PYREXIA (High fever). The patient was treated with NIRMATRELVIR, RITONAVIR (PAXLOVID) from 07-May-2022 to 11-May-2022 for COVID-19, at a dose of 10 milligram twice a day. At the time of the report, SUPRAVENTRICULAR EXTRASYSTOLES (PAC/Arrhythmia, Palpitations, Pulse irregular), VENTRICULAR EXTRASYSTOLES (PVC/Arrhythmia, Palpitations, Pulse irregular) and COVID-19 (Covid) had resolved and PYREXIA (High fever) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 07-May-2022, SARS-CoV-2 test: positive (Positive) Positive. On 18-May-2022, SARS-CoV-2 test: positive (Positive) Positive. On an unknown date, Echocardiogram: determined to have pac, pvc Determined to have PAC, PVC. On an unknown date, Electrocardiogram: abnormal Abnormal. On an unknown date, Magnetic resonance imaging heart: determined to have pac, pvc Determined to have PAC, PVC. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medications were provided by the reporter. Patient experienced high fever, shortness of breath and patient still experiencing fatigue/slight fatigue, occasional dizziness. Event PAC, PVC and arrhythmia resolved on their own after several months. Patient was prescribed Paxlovid as a precaution primarily due to Cardiac issues in previous months. Patient could play golf and walks 3 miles (4x weekly). It was stated that patient was not sure cardiac issues were result of vaccine.~ Patient received other drugs Shingrix on 02-May-2022 (Second Shingrix vaccine) and stopped and In Mar-2022, Escitalopram 5 mg daily and this was still ongoing. On 18-May-2022 patient was tested positive for Covid second time. Patient was not hospitalized due to the event and not received any treatment. Company Comment: This spontaneous case concerns a 68-year-old female patient with no medical history reported, who experienced the unexpected, serious (medically significant) adverse events of special interest Supraventricular extrasystoles, and Ventricular extrasystoles, and the unexpected, non-serious adverse event of special interest COVID-19. The events Supraventricular extrasystoles, and Ventricular extrasystoles occurred on an unknown date after, and the event COVID-19 occurred 7 months and 13 days after receiving third dose of mRNA-1273 vaccine. Patient presented with palpitations, fatigue, shortness of breath, and erratic pulses for which premature atrial contraction (PAC) and premature ventricular contractions (PVC) were diagnosed by a cardiologist after

electrocardiogram, echocardiogram and cardiac magnetic resonance imaging were performed. The diagnosis of COVID-19 was supported by a SARS-CoV-2 test was positive. Patient received a 2-dose primary series of mRNA-1273 vaccines given 28 days apart, with the last dose administered 7.5 months prior to current mRNA-1273 vaccine. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-590217 (Patient Link).; Sender''s Comments: This spontaneous case concerns a 68-year-old female patient with no medical history reported, who experienced the unexpected, serious (medically significant) adverse events of special interest Supraventricular extrasystoles, and Ventricular extrasystoles, and the unexpected, non-serious adverse event of special interest COVID-19. The events Supraventricular extrasystoles, and Ventricular extrasystoles occurred on an unknown date after, and the event COVID-19 occurred 7 months and 13 days after receiving third dose of mRNA-1273 vaccine. Patient presented with palpitations, fatigue, shortness of breath, and erratic pulses for which premature atrial contraction (PAC) and premature ventricular contractions (PVC) were diagnosed by a cardiologist after electrocardiogram, echocardiogram and cardiac magnetic resonance imaging were performed. The diagnosis of COVID-19 was supported by a SARS-CoV-2 test was positive. Patient received a 2-dose primary series of mRNA-1273 vaccines given 28 days apart, with the last dose administered 7.5 months prior to current mRNA-1273 vaccine. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.

VAERS ID:	2326646 (history)	**Vaccinated:**	2022-03-29
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	67.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-06-22
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 4	LA / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hypertension
Allergies:
Diagnostic Lab Data: Test Date: 20220615; Test Name: Antigen test; Test Result: Positive ; Comments: COVID symptoms returned after 5 days. Positive antigen test; Test Name: Covid; Result Unstructured Data: Test Result:Unknown results; Comments: COVID 19 Treatment
CDC Split Type: USPFIZER INC202200850797
Write-up: COVID-19 Treatment; COVID-19 Treatment; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 68-year-old male patient received BNT162b2 (BNT162B2), on 29Mar2022 at 13:00 as dose 4 (booster), single (Batch/Lot number: unknown) at the age of 67 years, in left arm for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown), as dose 2, single (Batch/Lot number: unknown) and as dose 3 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history included: "Hypertension" (unspecified if ongoing). There were no concomitant medications. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant), outcome "not recovered" and all described as "COVID-19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (15Jun2022) Positive, notes: COVID symptoms returned after 5 days. Positive antigen test; (unspecified date) Unknown results, notes: COVID 19 Treatment. Therapeutic measures were taken as a result of drug ineffective, covid-19. The patient had no known allergies. The patient did not receive any other medication in 2weeks. The covid symptoms returned after 5 days on 15Jun2022 at 12 PM. Positive antigen test. The patient took Paxlovid for Covid 19 treatment. The treatment start date was reported as 05Jun2022 and stop date was 10Jun2022. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2326657 (history)	**Vaccinated:**	2022-06-13
Form:	Version 2.0	**Onset:**	2022-06-13
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	0238761-18090 / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Vaccination site erythema, Vaccination site pain, Vaccination site pruritus, Vaccination site swelling, Vaccination site warmth
SMQs:
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PROPRANOLOL; OMEPRAZOLE; FUROSEMIDE; SPIRONOLACTONE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Acid reflux (oesophageal); Ascites; Deep vein thrombosis; Liver cirrhosis; Poor peripheral circulation (poor circulation); Spleen disorder (damaged spleen); Varicose veins
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200851233
Write-up: Red swollen area, pain and hot at injection site the day after shot; Red swollen area, pain and hot at injection site the day after shot; Red swollen area, pain and hot at injection site the day after shot; Red swollen area, pain and hot at injection site the day after shot; Next day itchy instead of pain, still red & hot; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 56-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 13Jun2022 at 12:00 as dose 1, single (Lot number: 0238761-18090) at the age of 56 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "Liver cirrhosis" (unspecified if ongoing); "deep vein thrombosis" (unspecified if ongoing); "poor circulation" (unspecified if ongoing), notes: poor circulation; "varicose veins" (unspecified if ongoing); "acid reflux" (unspecified if ongoing); "ascites" (unspecified if ongoing); "damaged spleen" (unspecified if ongoing), notes: damaged spleen. Concomitant medication(s) included: PROPRANOLOL; OMEPRAZOLE; FUROSEMIDE; SPIRONOLACTONE. Past drug history included: Cipro, reaction(s): "allergy". The following information was reported: VACCINATION SITE ERYTHEMA (non-serious), VACCINATION SITE SWELLING (non-serious), VACCINATION SITE PAIN (non-serious), VACCINATION SITE WARMTH (non-serious) all with onset 13Jun2022 at 12:00, outcome "not recovered" and all described as "Red swollen area, pain and hot at injection site the day after shot"; VACCINATION SITE PRURITUS (non-serious) with onset 13Jun2022 at 12:00, outcome "not recovered", described as "Next day itchy instead of pain, still red & hot". Therapeutic measures were not taken as a result of vaccination site erythema, vaccination site swelling, vaccination site pain, vaccination site warmth, vaccination site pruritus. Additional Information: The patient did not received any other vaccines within 4 weeks prior to the covid 19 vaccine. The patient had not been diagnosed with COVID-19 prior to vaccination and had not been tested since the vaccination. The patient received other medications within 2 weeks of vaccination: Propranolol, Omeprazole, , Furosemide, Spiranolact. Reported Event: Red swollen area, pain & hot @ injection site the day after shot. Next day itchy instead of pain, still red & hot.

VAERS ID:	2326700 (history)	**Vaccinated:**	2021-10-31
Form:	Version 2.0	**Onset:**	2022-06-01
Age:	39.0	**Days after vaccination:**	213
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-22

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma; Seasonal allergy (Seasonal allergies); Ulcerative colitis
Allergies:
Diagnostic Lab Data: Test Date: 20220610; Test Name: covid; Test Result: Negative ; Comments: day 8; Test Date: 20220611; Test Name: covid; Test Result: Negative ; Comments: day 9; Test Date: 20220612; Test Name: covid; Test Result: Negative ; Comments: day 10; Test Date: 202206; Test Name: covid; Test Result: Positive
CDC Split Type: USPFIZER INC202200851784
Write-up: Treatment of COVID-19; Treatment of COVID-19; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 39-year-old female patient (not pregnant) received BNT162b2 (COMIRNATY), on 31Oct2021 as dose 3 (booster), single (Batch/Lot number: unknown) at the age of 39 years, in left arm for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown) and as dose 2, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history included: "Asthma" (unspecified if ongoing); "ulcerative colitis" (unspecified if ongoing); "Seasonal allergies" (unspecified if ongoing), notes: Seasonal allergies. The patient''s concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant) all with onset Jun2022, outcome "unknown" and all described as "Treatment of COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (10Jun2022) negative, notes: day 8; (11Jun2022) negative, notes: day 9; (12Jun2022) negative, notes: day 10; (Jun2022) positive. Therapeutic measures were taken as a result of drug ineffective, covid-19. Clinical course: The patient was taking other medications/products within 2 weeks of starting COVID-19 treatment. The patient previously receive a COVID-19 Vaccine. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2327430 (history)	**Vaccinated:**	2021-11-11
Form:	Version 2.0	**Onset:**	2022-04-28
Age:	34.0	**Days after vaccination:**	168
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028A21A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007C21A / 2	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017F21A / 3	LA / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Exposure to SARS-CoV-2, Malaise, SARS-CoV-2 test positive
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Keppra, Cymbalta, Mirtazapine, Seroquel, Multivitamin, Albuterol (as needed)
Current Illness:
Preexisting Conditions: PTSD, Depression,
Allergies:
Diagnostic Lab Data: 5/1 Positive COVID test through clinic
CDC Split Type:
Write-up: Father tested positive 4/28 in AM, have previously been in state for the past 7 days, had little to no contact with him the next day, though he was not wearing a mask around the house. Started feeling symptomatic that afternoon, tested negative on 4/29, tested positive on 5/1.

VAERS ID:	2335178 (history)	**Vaccinated:**	2022-05-31
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	59.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-06-25
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	RA / -

Administered by: Unknown **Purchased by:** ?

Symptoms: COVID-19, Drug ineffective
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergy to metals; Allergy to nuts; Fibromyalgia; Fruit allergy; Muscular dystrophy; Psoriatic arthritis; Skin cancer
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200866780
Write-up: COVID-19 Treatment; COVID-19 Treatment; This is a spontaneous report received from contactable reporter(s) (Consumer or other non-HCP). The reporter is the patient. A 60-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 31May2022 as dose number unknown, single (Batch/Lot number: unknown) at the age of 59 years, in right arm for covid-19 immunisation. The patient''s relevant medical history included: "Fibromyalgia" (unspecified if ongoing); "muscular dystrophy" (unspecified if ongoing); "psoriatic arthritis" (unspecified if ongoing); "skin cancer" (unspecified if ongoing); "allergy: Avocado" (unspecified if ongoing); "allergy: tree nuts" (unspecified if ongoing); "allergy: nickel" (unspecified if ongoing). The patient''s concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant), outcome "recovering" and all described as "COVID-19 Treatment". Therapeutic measures were taken as a result of drug ineffective, covid-19 with Paxlovid. Additional information: It was unknown if patient received other medication in 2weeks. Anti-viral details: product=COVID 19 Treatment, brand: Paxlovid, treatment start date=09Jun2022, treatment stop date: 13Jun2022, indication: Treatment of COVID-19. Return of symptoms 5 days after my last dose of paxlovid. Follow-up attempts are completed. No further information is expected.

VAERS ID:	2335908 (history)	**Vaccinated:**	2021-06-23
Form:	Version 2.0	**Onset:**	2021-06-23
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009D21A / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, Fatigue, Headache, Hyperhidrosis, Malaise, Mobility decreased, Pain, Pyrexia

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: MMR Vaccine in 1991 or 1992 - 32 years old, I ended up with a really bad sinus infection and bronchitis within 24 hours and it t
Other Medications: Levothyroxine 88mg, Metoprolol ER 100, Albuterol as PRN, Advair 100/50, Vitamin D3, Calm Magnesium
Current Illness: none
Preexisting Conditions: Hypertension, Hypothyroidism, Hyperparathyroidism, Stage 2 Kidney Disease, Asthma, COPD, Fibromyalgia, Chronic Fatigue, Chronic Epstein Bar Virus, PTSD, Depression, Anxiety, Migraines, Arthritis, chronic pain, and tremors of unknown origins
Allergies: All sulfa drugs, penicillin, Macrodantin, Cymbalta, Doxepin, Losartan, Lisinopril, Amlodipine, Gabapentin, Cipro, Lexapro, Nitrofurantoin, Demerol, egg whites, pineapple, almonds, kidney beans, white navy beans, nutmeg
Diagnostic Lab Data: none
CDC Split Type: vsafe
Write-up: By the time I got home, I knew I was extremely tired. That continued to increase as the evening went on so I ended up going to bed early for me. I took a Tylenol. I drank a lot of fluids and went to bed. I got up in the morning and I didn"t even want to move. I was so exhausted. I experienced headache and body aches. I had a low grade fever off and on...very low grade. I experienced sweats off and on and a general sense of malaise. The exhausting was debilitating and lasted about 3 weeks.

VAERS ID:	2335924 (history)	**Vaccinated:**	2021-06-23
Form:	Version 2.0	**Onset:**	2022-04-15
Age:	61.0	**Days after vaccination:**	296
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009D21A / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anosmia, Breath sounds abnormal, COVID-19, Condition aggravated, Cough, Dyspnoea, Dyspnoea exertional, Eye pruritus, Fatigue, Feeling abnormal, Herpes virus infection, Laboratory test normal, Loss of personal independence in daily activities, Lung disorder, Magnetic resonance imaging head normal, Ocular discomfort, Palpitations, Paraesthesia, Pruritus, Pyrexia, Respiratory tract congestion, SARS-CoV-2 test positive, Skin lesion, Sneezing, Vaccine breakthrough infection, Vision blurred

SMQs:, Anaphylactic reaction (narrow), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Glaucoma (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: MMR Vaccine in 1991 or 1992 - 32 years old, I ended up with a really bad sinus infection and bronchitis within 24 hours and it t
Other Medications: Levothyroxine 88mg, Metoprolol ER 100, Albuterol as PRN, Advair 100/50, Vitamin D3, Calm Magnesium
Current Illness: none
Preexisting Conditions: Hypertension, Hypothyroidism, Hyperparathyroidism, Stage 2 Kidney Disease, Asthma, COPD, Fibromyalgia, Chronic Fatigue, Chronic Epstein Bar Virus, PTSD, Depression, Anxiety, Migraines, Arthritis, chronic pain, and tremors of unknown origins
Allergies: All sulfa drugs, penicillin, Macrodantin, Cymbalta, Doxepin, Losartan, Lisinopril, Amlodipine, Gabapentin, Cipro, Lexapro, Nitrofurantoin, Demerol, egg whites, pineapple, almonds, kidney beans, white navy beans, nutmeg
Diagnostic Lab Data: At Home COVID - Positive, MRI of Brain - Normal, Labs - Normal
CDC Split Type: vsafe
Write-up: Breakthrough COVID Case: I first felt really exhausted and had blurry vision. My eyes were kind of itchy and my glands on the left side were kind of itchy. I didn''t think much of it. I thought maybe it was my Epstein Bar. When I got up in the morning, I was congested and sneezing and coughing. I took one of the home tests and it came out positive. It stayed in my head for several days. I was running a fever at about 102 which is high for me. I usually run 97. I think by day 6, it started to move to my lungs and I was very rattly. I called my primary care. They called back to suggest I get the monoclonal antibody treatment. I had that treatment 2 days after my call. I also lost my sense of smell. After the treatment, within 24 hours, I regained some of my sense of smell. Within a couple of days, I wasn''t as short of breath or rattly so much. During this time, I had to use my Advair 2 times per day and my albuterol at least 2-3 times a day. I was so exhausted. Every little thing I did wore me out. I felt that way for one full week after that antibody treatment. For a few days, after that, I felt like I was making headway. I could walk my dog a little more without getting short of breath. Then, I felt like I got hit again. The itchiness in the glands returned with full force and along the side of my left nose because really itchy. My forehead was itchy. I started having pins and needles in my fingers and in the outside of my legs. That comes and goes. I had a herpes outbreak. I usually get them on my nose. I had to use Acyclovir cream. It cleared up within a couple of days, but the exhaustion started again really bad. Each day, I was able to do less and less. I had my 4th outbreak of a herpes sore since I got COVID. I normally get one or maybe 2 per year. I tried to walk the other day with a friend, but I was frighteningly short of

breath. I"ve continued to have eye pressure and itchiness. I had it checked by an eye doctor. They said it wasn"t anything serious so I think its related to the virus. I get palpitations from time to time. Brain fog, and I"ve had brain fog with chronic fatigue, but this is a whole new level.

VAERS ID:	2341865 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-04-14
Age:	45.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 1	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Bone pain, Chest discomfort, Crying, Decreased appetite, Dizziness, Dyspnoea, Emotional distress, Feeling abnormal, Headache, Hypersensitivity, Hypopnoea, Incomplete course of vaccination, Influenza like illness, Injection site pain, Injection site swelling, Malaise, Pain, Paraesthesia, Pruritus, Pyrexia, Throat clearing, Throat tightness, Tremor, Urticaria
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Osteonecrosis (broad), Hypersensitivity (narrow), Respiratory failure (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine, Omeprazole, Amlodipine.
Current Illness: None.
Preexisting Conditions: Hypothyroidism, Hashimoto"s, GERD, slight hypertension, chronic DDD.
Allergies: None.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: She got her vaccine, she felt the pinch of the needle and that was it, soreness. She walked over to the viewing area, and she started clearing her throat all the time, then she started getting itchy on her chest, and she started breaking out in hives, her breathing became shallow/different, tight in her chest, her throat was definitely tight and clearing her throat. She felt light headed, and her hands were shaking. Somebody monitoring her saw the breakout of the

hives and was pulled over by what she thought was a doctor behind a screened in area where he put a pulse oximeter on her finger, told her to take deep breaths, listened to her chest, and to see her stomach which was also broken out into hives. She was getting a little dizzy, more difficulty breathing, the clearing of the throat was more, and he administered oxygen. She also had tingling in her hands, and she also had a time sticker on her for the 15 minute interval, and was past that 15 minute time mark about 30 minutes or so. She stayed on a gurney in this area, and thought that it would be reported. She believes that the person was a doctor from the hospital. She was given water. About 1/2 hour later the hives started to subside, her hands were shaking less, and he told her that she had a very severe allergic reaction and he did not recommend a 2nd vaccine. She remembers scheduling the next shot immediately after the shot and did not go to it. She was sent home, was told to take large amounts of non-drowsy antihistamines. She does not remember getting anything or given anything for the reaction. Recommended her to take cinnarizine, and if she did not get better to go to the ER if she did not have any trouble breathing. She was well enough that he was comfortable for her to go home. When she got home she felt like flu-like symptoms, felt like she got hit by a truck. Her bones hurt, she had a low-grade fever for 2 days following the vaccine. Her arm hurt at the injection site, there was a large puffy swollen area around the injection site. She was emotionally upset, and didn''t feel good. She was crying which she is not normally like this, no appetite, her body hurt. She was taking Ibuprofen, had no more hives, but did have a headache, just felt bad. She saw her doctor for routine visit and informed her of the events, and she informed her that she should not get anymore vaccines. In December of 2021 she wrote her a medical exemption letter for not getting anymore vaccines. They called to remind her of the vaccine, and she informed them of the AE, which they did not have any documentation of this.

VAERS ID:	2341979 (history)	**Vaccinated:**	2022-06-07
Form:	Version 2.0	**Onset:**	2022-06-24
Age:	77.0	**Days after vaccination:**	17
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7135 / 4	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Discomfort, Laboratory test abnormal
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: FOSAMAX; calcium supplement; vitamin D3; vitamin C; milk thistle; omega 3

fish oil; magnesium; PERCUMIN; BENEFIBER.
Current Illness:
Preexisting Conditions: Cancer
Allergies: Sulfa.
Diagnostic Lab Data: None
CDC Split Type: vsafe
Write-up: I had been experiencing discomfort in my side and I thought it was muscle strain. I went into the hospital to have a CA2015 which is my cancer marker. The next day the doctors office called me and told me my CA2015 had gone to 10 from 2 months ago to 215. I couldn"t imagine what would make it jump that high. I continue to have the discomfort in my side.

VAERS ID:	2350001 (history)	**Vaccinated:**	2022-06-28
Form:	Version 2.0	**Onset:**	2022-06-29
Age:	0.58	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Rash, Rash maculo-papular
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amoxicillin, day 9/10 day course
Current Illness: Bilateral OM dx. with fever. Suspect this rash may be amor allergy vs. viral exanthema.
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient developed a rash on trunk and extremities, a maculopapular rash with some pearly papules, no pruritis, on day 1 after vaccine.

VAERS ID:	2356523 (history)	**Vaccinated:**	2022-05-06
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	60.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-07-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP4554 / 4	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Congenital emphysema; COPD
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200905472
Write-up: Paxlovid indication=Treatment of COVID-19; Paxlovid indication=Treatment of COVID-19; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 62-year-old male patient received BNT162b2 (BNT162B2), on 16Mar2021 as dose 1, single (Lot number: EN6208), on 06Apr2021 as dose 2, single (Lot number: ER8737), on 13Oct2021 as dose 3 (booster), single (Lot number: FF2590) and on 06May2022 as dose 4 (booster), single (Lot number: FP4554) at the age of 60 years for covid-19 immunisation. The patient''s relevant medical history included: "Congenital Emphysema" (unspecified if ongoing); "COPD" (unspecified if ongoing). The patient''s concomitant medications were not reported. The following information was reported: COVID-19 (medically significant), outcome "not recovered", VACCINATION FAILURE (medically significant), outcome "unknown" and all described as "Paxlovid indication=Treatment of COVID-19". Therapeutic measures were taken as a result of covid-19, vaccination failure.

VAERS ID: 2357843 (history)		**Vaccinated:**	2022-06-30
Form:	Version 2.0	**Onset:**	2022-06-30
Age:	2.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	AS1414B / 1	LL / IM

Administered by: Other **Purchased by:** ?
Symptoms: Diarrhoea, Vomiting
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: office not aware of any
Current Illness: office not aware of any
Preexisting Conditions: office not aware of any
Allergies: office not aware of any
Diagnostic Lab Data: On 7/5 when family called we encouraged them to call their pediatrician, they said they would call them right away. We do not know for sure if they called or where seen by their doctor.
CDC Split Type:
Write-up: started with diarrhea 6/30, some vomiting 7/1, diarrhea off and on, called 7/5 with still some diarrhea

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VAERS ID: 2359408 (history)		**Vaccinated:**	2021-10-08
Form:	Version 2.0	**Onset:**	2022-06-20
Age:	45.0	**Days after vaccination:**	255
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	301558A / 3	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections

(broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: MONTELUKAST; ALBUTEROL HFA; MOMETASONE; CLINDAMYCIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma
Allergies:
Diagnostic Lab Data: Test Date: 20220620; Test Name: COVID-19 test; Test Result: Positive ; Test Date: 20220621; Test Name: COVID-19 test; Test Result: Positive ; Test Date: 20220624; Test Name: COVID-19 test; Test Result: Positive ; Test Date: 20220626; Test Name: COVID-19 test; Test Result: Positive ; Test Date: 20220627; Test Name: COVID-19 test; Test Result: Negative ; Test Date: 20220629; Test Name: COVID-19 test; Test Result: Negative ; Test Date: 20220630; Test Name: COVID-19 test; Test Result: Positive ; Test Date: 20220701; Test Name: COVID-19 test; Test Result: Positive ; Test Date: 20220702; Test Name: COVID-19 test; Test Result: Positive
CDC Split Type: USPFIZER INC202200921873
Write-up: COVID-19; COVID-19; This is a spontaneous report received from a contactable reporter (Consumer or other non- HCP). The reporter is the patient. A 47-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 14Mar2021 as dose 1, single (Lot number: EN6199), in right arm, on 05Apr2021 as dose 2, single (Lot number: ER8734), in right arm and on 08Oct2021 as dose 3 (booster), single (Lot number: 301558A) at the age of 45 years (as of dose 1 and dose 2), in right arm for COVID-19 immunisation. The patient"s relevant medical history included: "Asthma" (unspecified if ongoing). Concomitant medications included: MONTELUKAST; ALBUTEROL HFA; MOMETASONE; CLINDAMYCIN. The following information was reported: COVID-19 (medically significant) with onset 20Jun2022, outcome "not recovered", VACCINATION FAILURE (medically significant), outcome "not recovered" and all described as "COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (20Jun2022) Positive; (21Jun2022) Positive; (24Jun2022) Positive; (26Jun2022) Positive; (27Jun2022) Negative; (29Jun2022) Negative; (30Jun2022) Positive; (01Jul2022) Positive; (02Jul2022) Positive. Therapeutic measures were taken as a result of vaccination failure, covid-19 included: nirmatrelvir; ritonavir (PAXLOVID). Clinical course: tested positive on 20Jun2022. Took nirmatrelvir; ritonavir from 21Jun2022 to 25Jun2022. Significant symptoms initially that improved and then resolved with nirmatrelvir; ritonavir. Tested positive on 21Jun2022, 24Jun2022, and 26Jun2022. Tested negative and symptom-free 27Jun2022 and 29Jun2022. Symptoms returned late in the day on 29Jun2022. Tested positive 30Jun2022, 01Jul2022, and 02Jul2022. Mild symptoms so far in second round.

VAERS ID:	2359612 (history)	**Vaccinated:**	2022-04-01
Form:	Version 2.0	**Onset:**	2022-07-02
Age:	57.0	**Days after vaccination:**	92
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	066KZIA / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Malaise, SARS-CoV-2 test positive
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metformin
Current Illness: N/A
Preexisting Conditions: Diabetic; Lung disease
Allergies: N/A
Diagnostic Lab Data: COVID-19
CDC Split Type: vsafe
Write-up: I tested positive for COVID-19. Due to me being high risk the symptoms are mild. I''m still going through process of taking medicine.

VAERS ID:	2361202 (history)	**Vaccinated:**	2022-04-06
Form:	Version 2.0	**Onset:**	2022-06-28
Age:	74.0	**Days after vaccination:**	83
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3209 / 4	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Asthenia, COVID-19, Cough, Dysphagia, Fatigue, Oropharyngeal pain, Respiratory tract congestion, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious

meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine; Alendronate; Vitamin D.
Current Illness: None.
Preexisting Conditions: Graves Disease; Osteoporosis.
Allergies: Oxycodone.
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: On 4/6/2022, I received my second Pfizer booster for COVID-19. On 6/28/2022, I began almost constantly coughing and had sore throat with throat congestion and extreme fatigue. On 6/29/2022, I took an at-home test for COVID-19, and the result was positive. I called my doctor''s office. They asked me if I wanted an antiviral, and I let them prescribe me Paxlovid. However, I only took a couple of the Paxlovid, as they are huge pills, and I''m afraid of choking. I contacted my doctor to let her know, and I was prescribed molnupiravir in place of the Paxlovid, I took a couple of the molnupiravir capsules, but I also had difficulty swallowing those. I informed my doctor of this, and she was fine with my discontinuing the medication. I saw my doctor on 7/5/2022 for an annual exam. I actually felt well that day, but 7/6/2022, I was extremely fatigued. Since 7/4/2022, the coughing has greatly diminished. At the time of this writing, the sore throat and congestion are gone. The only lingering symptom is the fatigue, and I have good and bad days. There are days in which I feel fine and have my normal level of energy, but then are also days in which I am wiped out.

VAERS ID:	2361253 (history)	**Vaccinated:**	2022-06-29
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	2.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-07-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	5575N / 2	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine was expired at time given

VAERS ID:	2361279 (history)	**Vaccinated:**	2022-04-06
Form:	Version 2.0	**Onset:**	2022-06-15
Age:	75.0	**Days after vaccination:**	70
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL 3209 / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: COVID-19, Cough, Malaise, Oropharyngeal pain, Respiratory tract congestion, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin d
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: PCR test on 6/17/22 confirmed Covid
CDC Split Type:
Write-up: Contracted Covid, moderate symptoms, including sore throat, coughing, congestion

VAERS ID:	2362391 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-07-08
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Drug ineffective, SARS-CoV-2 test, Suspected COVID-19
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 202202; Test Name: Covid-19 Test; Test Result: Positive ; Comments: grandson tested positive for COVID through a home kit in February.
CDC Split Type: USPFIZER INC202200932908
Write-up: tested positive; tested positive; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. A male patient received BNT162b2 (BNT162B2), as dose 1, single (Batch/Lot number: unknown) and as dose 2, single (Batch/Lot number: unknown) for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 3 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), SUSPECTED COVID-19 (medically significant), outcome "unknown" and all described as "tested positive". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (Feb2022) Positive, notes: grandson tested positive for COVID through a home kit in February.

The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2362668 (history)	**Vaccinated:**	2022-04-07
Form:	Version 2.0	**Onset:**	2022-06-19
Age:	65.0	**Days after vaccination:**	73
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027L21A / 4	AR / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Cough, Dyspnoea, Malaise, Myalgia, Pyrexia, SARS-CoV-2 test positive, Throat irritation
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amlodipine; Losartan; Atorvastatin; Tamsulosin; Multivitamin; Iron Supplement; COQ10; Vitamin D3; Low dose aspirin; Glucosamine, MSN Joint supplement
Current Illness: none
Preexisting Conditions: Coronary Artery Disease; A stent put in in 2012; Chronic back pain
Allergies: Seasonal environmental allergies
Diagnostic Lab Data: Home test on 06/21/2022 results are positive.
CDC Split Type: vsafe
Write-up: My symptoms began 06/19/2022. I had a low fever of around 100. I also had a nonproductive cough, muscle aches and general malaise. I tested positive with a home test on the morning of 06/21/2022. I called my doctor?s office and they called in Paxlovid. I took my first dose early afternoon of that day. My symptoms were not really bad, I had a good cough, and my fever went up to 101.3. Within 2 days I was much better, I still had the cough. I typically have long bouts of colds; I currently just have a tickle in my throat, which I feel would last for another week with my illness history. I have been able to do a few hikes that I lead without a lot of problems, slight shortness of breath and some achy muscles although these may just be within my normal range.

VAERS ID:	2363769 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-07-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (RABAVERT) / NOVARTIS VACCINES AND DIAGNOSTICS	UNKNOWN / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Medication error, No adverse event, Product administered at inappropriate site
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USBAVARIAN NORDIC A/SUSBN
Write-up: Rabavert administered in the gluteal muscle; Case reference number US-BN-2021-002544 is a spontaneous case report initially received from a health care professional via regulatory authority (reference ID: USBAV21-0636) on 17-Dec-2021 and concerns a female patient of unspecified age. The patient''s medical history and concomitant medication details were not provided. On an unspecified date, the patient found a bat in her bedroom, however, no bite wound was found. On an unspecified date, the patient was vaccinated with RabAvert (inactivated rabies virus vaccine; batch number: not reported) at an unknown dose, in the gluteal muscle via intragluteal route of administration, for post-exposure prophylaxis (explicitly coded as " Vaccine administered at inappropriate site'') At the time of this report, it was not known whether the patient experienced any adverse event. Additional information received on 20-Dec-2021: included local BN case ID. No further information was provided.; Reporter''s Comments: The female patient of unspecified age was vaccinated with RabAvert in the gluteal muscle, for post-exposure prophylaxis, which is considered as product administered at inappropriate site. No associated adverse events have been reported with the reported medication error. The product administered at inappropriate site is considered as listed per convention. The patient''s medical history and concomitant medication details were not provided. The product administered at inappropriate site has been considered as not related to the suspect vaccine, but to a human action. This case is considered as non-serious.; Sender''s Comments: The female patient of unspecified age was vaccinated with RabAvert in the gluteal muscle, for post-exposure prophylaxis, which is

considered as product administered at inappropriate site. No associated adverse events have been reported with the reported medication error. The product administered at inappropriate site is considered as listed per convention. The patient''s medical history and concomitant medication details were not provided. The product administered at inappropriate site has been considered as not related to the suspect vaccine, but to a human action. This case is considered as non-serious.

VAERS ID:	2363872 (history)	**Vaccinated:**	2022-06-29
Form:	Version 2.0	**Onset:**	2022-07-01
Age:	77.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	7135 / 4	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Asthenia, Blood cholesterol, Chest discomfort, Chest pain, Chills, Dizziness, Dyspnoea, Exposure to SARS-CoV-2, Fatigue, Myalgia, Nausea, Pain in extremity, SARS-CoV-2 test
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: AFib
Allergies:
Diagnostic Lab Data: Test Date: 20220627; Test Name: the blood work was cholesterol; Result Unstructured Data: Test Result:Unknown results; Test Name: Covid-19 test; Test Result: Negative ; Comments: she did not test positive
CDC Split Type: USPFIZER INC202200930399
Write-up: She did not get COVID even though she was with her daughter the whole time; Difficulty breathing; Dizzy; Weak; Chest pain; Felt the heaviness in the chest; Tired; Muscle pain; Chills; Nauseous; Felt pain on the opposite arm and it was not red; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information

team. The reporter is the patient. A 77-year-old female patient received BNT162b2 (BNT162B2), on 29Jun2022 as dose 4 (booster), single (Lot number: 7135) at the age of 77 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "Afib" (unspecified if ongoing). There were no concomitant medications. Vaccination history included: BNT162b2 (First Dose : Lot EN6201, Vaccine location: Left arm, dose 1), administration date: 13Feb2021, when the patient was 75-year-old, for Covid-19 immunization; BNT162b2 (Second dose :Lot EN6198, Vaccine location: Left arm, dose 2), administration date: 05Mar2021, when the patient was 76-year-old, for Covid-19 immunization; BNT162b2 (First Booster: Lot 101#331308A, Vaccine location: Left arm, dose 3 booster), administration date: 18Dec2021, when the patient was 76-year-old, for Covid-19 immunization. The following information was reported: CHEST PAIN (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022); CHILLS (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022); DYSPNOEA (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "Difficulty breathing"; DIZZINESS (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "Dizzy"; PAIN IN EXTREMITY (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "Felt pain on the opposite arm and it was not red"; CHEST DISCOMFORT (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "Felt the heaviness in the chest"; MYALGIA (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "Muscle pain"; NAUSEA (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "Nauseous"; EXPOSURE TO SARS-COV-2 (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "She did not get COVID even though she was with her daughter the whole time"; FATIGUE (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "Tired"; ASTHENIA (non-serious) with onset 01Jul2022, outcome "recovered" (Jul2022), described as "Weak". Relevant laboratory tests and procedures are available in the appropriate section. Additional information: The patient asked why she did not get COVID even though she was with her daughter the whole time. She stated that she also had her 1st and 2nd booster dose and her daughter and grandson tested positive for COVID through a home kit in Feb, she was with them the whole time without any mask on, but she did not test positive. She wanted to know if there was a way for her to get a blood work or test to check if she has antibody against COVID. she mentioned that she did not have fear of the disease because she feels that she has more than enough protection. She stated that her doctors were against her staying with her daughter and mentioned that she thought that it should be fine for her since the vaccine should be able to protect her. She clarified what she meant by her having a reaction to this last one, she experienced difficulty breathing, at first, she was not sure why, so then she read the paperwork to see, she was able to check off difficulty breathing, dizzy, and weak. It did not last long, it lasted just day or 2. She also experienced chest pain, it was like an elephant sitting on her chest. She was tired, had muscle pain, chills, she was nauseous but didn''t throw up. She did not have arm pain where the injection site was but felt pain on the opposite arm and it was not red, that''s the way it usually was. She again stated that she is not sure if this is all related. she stated that she doesn''t know when it started, she recalled thinking oh gosh she doesn''t feel well, maybe it''s a reaction, she read it as it was something that came across, something effecting her. She got the shot in the doctors office, when she came home she didn''t feel bad, the next day she even took her bandage off on 30Jun2022, and asked her daughter if she saw anything because her daughters usually gets red, hard, and hot but her daughter told her she saw nothing on her arm. She stated that then it was the first of July when she felt the heaviness in the chest and everything she said prior. No investigation, she was at the doctors office because she had a blood test, she didn''t receive any shots at the visit except this. She did not think she needed it, but she could tell by her doctors eyes that she wanted to her to get it. she clarified that the Blood work was on Monday 27Jun2022 and appointment was on Wednesday 29Jun2022, the blood work was cholesterol and other stuff they check regularly, there was some stuff that went up and down. She

asked if there is any way that she can find out how much antibodies she has developed against Covid, like how much her blood is protected and stated that she is asked because her daughter and grandson both tested positive back in Feb2022, she stated that she has ate off the same plate as them and even drank off the same glass, her doctor advised her to leave the house and wear a mask but she felt she should get the disease thinking even if she got it she wont die, however she stated that she never got sick, they both tested positive but she did not test positive, when she asked the doctor about it, she said maybe they weren''t in full grips of it. There is a product complaint to report. Description of complaint: patient asked if there is any way that she can find out how much antibodies she has developed against Covid, like how much her blood is protected. Caller states that she is asking because her daughter and grandson both tested positive back in Feb2022, however she stated that she never got sick, they both tested positive, but caller did not test positive, when she asked the doctor about it, she said maybe they weren''t in full grips of it.

VAERS ID:	2363889 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2022-06-01
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-07-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Drug ineffective, SARS-CoV-2 test, Suspected COVID-19
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 202202; Test Name: COVID; Test Result: Positive ; Comments: through a home kit in February.
CDC Split Type: USPFIZER INC202200932907
Write-up: tested positive; tested positive; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the parent. A female patient received BNT162b2 (BNT162B2), as dose 1 , single (Batch/Lot number: unknown), as dose 2 , single (Batch/Lot number: unknown) and as dose 3 (booster),

single (Batch/Lot number: unknown) for covid-19 immunisation. The patient"s relevant medical history and concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), SUSPECTED COVID-19 (medically significant) all with onset Jun2022, outcome "unknown" and all described as "tested positive". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (Feb2022) positive, notes: through a home kit in February. Reporter stated that her daughter tested positive for COVID through a home kit in Feb. Reporter stated that her doctors were against her staying with her daughter. It was reported that reporter got the shot in the doctors office, when she came home she didn"t feel bad, the next day she even took her bandage off on 30Jun2022, and asked her daughter if she saw anything because her daughters usually gets red, hard, and hot but her daughter told her she saw nothing on the reporter arm. Reporter stated that her daughter and grandson they do had their card, she does know they had Pfizer for 2 shots, and a booster was what they had, but they did not had the last one, reporter states that she doesn"t know if it"s by age. When reporter was probed what was meant by Pfizer vaccine, reporter states that she doesn"t know what the Pfizer vaccines were for and she does not know the names or had Lot numbers of her daughter and grandsons vaccines. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2363976 (history)	**Vaccinated:**	2022-07-08
Form:	Version 2.0	**Onset:**	2022-07-08
Age:	1.58	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	LS444 / 4	LG / IM
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN MANUFACTURER	AP47C / 2	LG / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site papule, Papule, Rash macular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ibuprofen
Current Illness: Viral URI 5 days prior
Preexisting Conditions: None
Allergies: None

Diagnostic Lab Data: SpO2 96%, no wheezing or mucosal edema.
CDC Split Type:
Write-up: Given vaccines by nurse, dressed children and checked out. Walked out to the car and noticed that he was covered in pink blotches over face, neck, under his hairline, and front and back torso. Took him back inside and saw some pink papules develop on his thighs as well (looked like viral exanthem). He was re-examined by doctor and no signs of anaphylaxis but given Benadryl.

VAERS ID:	2364677 (history)	**Vaccinated:**	2022-07-11
Form:	Version 2.0	**Onset:**	2022-07-11
Age:	20.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: unknown
Diagnostic Lab Data: none
CDC Split Type:
Write-up: The adverse event is that this patient was accidentally given a 4th dose of Pfizer covid vaccine today, 7/11/22, when it is not authorized for her age group. The patient came in and requested her booster and was given a booster before realizing she was not eligible as she had already received her booster dose on 12/21/21. She is not immunocompromised. Patient was made aware and instructed to let us know any adverse reactions she may experience.

VAERS ID:	2368026 (history)	**Vaccinated:**	2022-04-08
Form:	Version 2.0	**Onset:**	2022-05-18
Age:	61.0	**Days after vaccination:**	40
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9895 / 4	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, COVID-19, Cough, Dyspnoea, Fatigue, Malaise, Pyrexia, Rash, Respiratory tract congestion, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advair; Zyrtec; Trazadone
Current Illness: N/A
Preexisting Conditions: Celiac Disease; Asthma
Allergies: N/A
Diagnostic Lab Data: COVID-19 rapid nasal swab home test was positive on 05/18/2022
CDC Split Type: vsafe
Write-up: I contracted COVID-19 on 05/18/2022 with symptoms of fever, cough, congestion, difficulty breathing, fatigue, rash on my face and chest, and joint pain. I was not prescribed any medications. I was ill for 16 to 17 days before my symptoms resolved. I am still experiencing fatigue and difficulty breathing.

VAERS ID:	2368997 (history)	**Vaccinated:**	2022-04-03
Form:	Version 2.0	**Onset:**	2022-07-08
Age:	77.0	**Days after vaccination:**	96
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-14

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001M21A / 4	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Asthenia, COVID-19, Cough, Discomfort, Fatigue, Headache, Malaise, Nasal discomfort, Nasopharyngitis, Oropharyngeal pain, Respiratory tract congestion, Rhinalgia, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin; SYNTHROID; verapamil; losartan; senior vitamins; magnesium
Current Illness: N/A
Preexisting Conditions: Slow-clotting; Clotting disorder; Arthritis; Thyroid Removed 2007
Allergies: Aspirin or aspirin by products
Diagnostic Lab Data: COVID-19 positive
CDC Split Type: vsafe
Write-up: 04/03/2022 vaccination. 07/08/2022 evening, I felt unwell. I started to have a sore throat, congestion and headache. It wasn''t that bad. I didn''t think much of it. I did take a COVID-19 x2; negative (I was at the airport). 07/09/2022 Felt the same that evening; not well. Felt like a little cold. 07/10/2022 I felt ok. 07/11/2022 Monday morning I felt sick. My whole nose hurt, uncomfortable at the top. I had a headache across my forehead, was coughing that night and felt "heavy" and exhaustion. I tested COVID-19 positive, called my doctor and anyone I was near those few days. My PCM prescribed PAXLOVID 5 days worth. 07/13/2022 was the worst day in regards to exhaustion. Too much energy to move. 07/14/2022 I don''t feel great but my head feels more clear and I have a little more energy.

VAERS ID:	2370006 (history)	**Vaccinated:**	2021-04-24
Form:	Version 2.0	**Onset:**	2022-06-23
Age:	48.0	**Days after vaccination:**	425
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Suspected COVID-19, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Drug allergy (Codeine)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USJNJFOC20220708748
Write-up: SUSPECTED CLINICAL VACCINATION FAILURE; SUSPECTED COVID-19 INFECTION; This spontaneous report received from a patient via other manufacturer (Pfizer Inc) concerned a 49 year female. The patient''s height, and weight were not reported. The patient''s concurrent conditions included: drug allergy (Codeine). The patient received covid-19 vaccine ad26.cov2.s (Dose number in series 1) (suspension for injection, route of admin not reported batch number: unknown, expiry: unknown) dose was not reported, 1 total, administered on 24-APR-2021 at right arm for prophylactic vaccination. The batch number was not reported and has been requested. Age at time of vaccination 48 years old. The concomitant medication included: Allegra, Flonase, Ibuprofen started (product name unknown) on 30-APR-2022. The patient also received Moderna covid-19 vaccine (elasomeran) (Dose number in series 2) (form of admin, route of admin not reported, batch number: Unknown, expiry: Unknown) dose was not reported, administered on 24-OCT-2021 at left arm for prophylactic vaccination. On 23-JUN-2022, the patient experienced rebound of symptoms started 5 days after ending paxlovid (suspected covid-19 infection) (Dose number in series 2) which resulted to suspected clinical vaccination failure (Dose number in series 1). On 24-JUN-2022, patient received treatment of Albuterol (salbutamol). The patient also took non company suspect paxlovid (form of admin, route of admin was not reported, batch number: Unknown, expiry: Unknown) dose was not reported, administered from 14-JUN-2022 to 18-JUN-2022 for covid-19 infection. The action taken with covid-19 vaccine ad26.cov2.s and elasomeran was not applicable and with paxlovid was drug discontinued. The patient had not recovered from suspected covid-19 infection, and the outcome of suspected clinical vaccination failure was not reported. This report was serious (Other Medically Important Condition). This report was associated with product quality complaint.; Sender''s Comments: V0-20220708748-covid-19 vaccine ad26.cov2.s-suspected clinical vaccination failure. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: SPECIAL SITUATIONS. Therefore, this event(s) is considered not related.

VAERS ID:	2370588 (history)	**Vaccinated:**	2022-04-13
Form:	Version 2.0	**Onset:**	2022-04-20
Age:	67.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9894 / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cardiac monitoring, Dizziness, Vestibular function test normal
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Xolair; Trazadone; Flexapro; Buspar; Advair; Calcium; Vitamin D3; Singular; Claritin; Pepcid; Nexium; Flonase; Multivitamin; Flaxseed; Magnesium; Vitamin C.
Current Illness: N/A
Preexisting Conditions: Hay fever related Asthma; Acid Reflux; Osteoperosis, previous cancer.
Allergies: Biaxin
Diagnostic Lab Data: Vestibular testing, was Negative, heart monitor worn for 2 weeks.
CDC Split Type: vsafe
Write-up: Have had ongoing spells of dizzyness. But after vaccine the dizzyness became more severe. Saw my Dr. and had a vestibular testing and it was negative. Was given a heart monitor to wear for 2 weeks, found that I had 29 events of dizzy reactions. Wasn"t any other events in the future.

VAERS ID:	2370752 (history)	**Vaccinated:**	2022-07-15
Form:	Version 2.0	**Onset:**	2022-07-15
Age:	7.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FT9142 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Pt was given a dose of the Baby Pfizer (6m-4y) vaccine accidentally. Should have been given Pedi Pfizer (5y-11y). No adverse signs or symptoms.

VAERS ID:	2371407 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	25.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-07-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Blood test, Gait disturbance, Magnetic resonance imaging, Mobility decreased, Pain in extremity, SARS-CoV-2 test positive
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: Blood test; Result Unstructured Data: Got blood tested but every test comes out fine.; Test Name: MRI; Result Unstructured Data: Patient had 8 MRIs; Test Date: 20220624; Test Name: COVID Positive test; Test Result: Positive
CDC Split Type: USMODERNATX, INC.MOD20226
Write-up: Pain in her legs; Can''t walk; Limited mobility; This spontaneous case was reported by a

consumer and describes the occurrence of PAIN IN EXTREMITY (Pain in her legs), GAIT DISTURBANCE (Can''t walk) and MOBILITY DECREASED (Limited mobility) in a 25-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced PAIN IN EXTREMITY (Pain in her legs), GAIT DISTURBANCE (Can''t walk) and MOBILITY DECREASED (Limited mobility). The patient was treated with GABAPENTIN at an unspecified dose and frequency. At the time of the report, PAIN IN EXTREMITY (Pain in her legs) and MOBILITY DECREASED (Limited mobility) had not resolved and GAIT DISTURBANCE (Can''t walk) was resolving. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 24-Jun-2022, SARS-CoV-2 test positive: Positive. On an unknown date, Blood test: Got blood tested but every test comes out fine.. On an unknown date, Magnetic resonance imaging: Patient had 8 MRIs. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Patient consulted visited 2 Neurologist,one Orthopedic specialist. Patient is an Athletic trainer and her mobility is so limited that it''s hard to do her job. Concomitant medications was not provided by the reporter. Patient received a Moderna covid-19 vaccine and a month after she stated to feel pain in her legs and started to use crutches so that she can walk. Patient had no allergies. Treatment Crutches, Gluten Dairy and Sugar free diet, Homeopathic medicines, PT, Acupuncture were provided.

VAERS ID:	2371538 (history)	**Vaccinated:**	2022-04-12
Form:	Version 2.0	**Onset:**	2022-06-01
Age:	65.0	**Days after vaccination:**	50
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 4	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Penicillin allergy (Known

allergies: Penicillin); Rheumatoid arthritis
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200944869
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from contactable reporter(s) (Nurse). The reporter is the patient. A 66-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 03Mar2021 as dose 1, single (Lot number: EN6200), in left arm, on 24Mar2021 as dose 2, single (Lot number: EP7534), in right arm, on 23Aug2021 as dose 3 (booster), single (Lot number: FD8448), in right arm and on 12Apr2022 as dose 4 (booster), single (Lot number: FK9893) at the age of 65 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "Rheumatoid arthritis" (unspecified if ongoing); "Known allergies: Penicillin" (unspecified if ongoing), notes: Known allergies: Penicillin. The patient''s concomitant medications were not reported. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset Jun2022, outcome "unknown" and all described as "COVID 19 Treatment". Therapeutic measures were taken as a result of vaccination failure, covid-19. Clinical course: The patient took any other medications/products within 2 weeks of starting COVID-19 treatment. The patient previously received a COVID-19 Vaccine. The patient experienced Recurrence of COVID symptoms. No follow-up attempts are possible. No further information is expected.; Sender''s Comments: The efficacy of a drug varies from patient to patient and can be affected by different factors; however, a contributory role of the suspect product BNT162b2 to the reported events of vaccination failure and COVID-19 cannot be ruled out given the known suspect product profile and temporal association.

VAERS ID:	2371663 (history)	**Vaccinated:**	2022-04-01
Form:	Version 2.0	**Onset:**	2022-04-01
Age:	59.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 4	- / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Bronchial pneumonia (other medical history: bronchial pneumonia in past)
Allergies:
Diagnostic Lab Data: Test Name: Covid-19; Test Result: Positive ; Comments: First round of Paxlovid was great. symptoms diminished by day 2, felt good for several days. But symptoms returned by @ day 9 or 10, positive test returned by day 12, symptoms continued and evolved (throat, nose, head, chest).; Test Date: 20220711; Test Name: Covid-19; Test Result: Positive ; Comments: First round of Paxlovid was great. symptoms diminished by day 2, felt good for several days. But symptoms returned by @ day 9 or 10, positive test returned by day 12, symptoms continued and evolved (throat, nose, head, chest).
CDC Split Type: USPFIZER INC202200949728
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 59-year-old male patient received BNT162b2 (BNT162B2), in Apr2022 as dose 4 (booster), single (Batch/Lot number: unknown) at the age of 59 years for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown), as dose 2, single (Batch/Lot number: unknown) and as dose 3 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history included: "bronchial pneumonia in past" (unspecified if ongoing), notes: other medical history: bronchial pneumonia in past. There were no concomitant medications. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant) all with onset Apr2022, outcome "not recovered" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (unspecified date) Positive, notes: First round of Paxlovid was great. symptoms diminished by day 2, felt good for several days. But symptoms returned by @ day 9 or 10, positive test returned by day 12, symptoms continued and evolved (throat, nose, head, chest); (11Jul2022) Positive, notes: First round of Paxlovid was great. symptoms diminished by day 2, felt good for several days. But symptoms returned by @ day 9 or 10, positive test returned by day 12, symptoms continued and evolved (throat, nose, head, chest). Therapeutic measures were taken as a result of drug ineffective, covid-19. Additional Information: Patient received Anti-viral treatment for COVID 19 and product brand was Paxlovid. The treatment start date was 25Jun2022 and stop date was 30Jun2022. Treatment given for COVID-19. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2371690 (history)	**Vaccinated:**	2021-09-26
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	45.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-07-16
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	301458A / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CETRIZINE; FLONASE [FLUTICASONE PROPIONATE]
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Allergic rhinitis
Allergies:
Diagnostic Lab Data: Test Name: Covid test; Result Unstructured Data: Test Result:Unknown Result; Test Date: 20220705; Test Name: Covid test; Test Result: Negative ; Test Date: 20220706; Test Name: Covid test; Test Result: Negative ; Test Date: 20220707; Test Name: Covid test; Test Result: Negative ; Test Date: 20220711; Test Name: Covid test; Test Result: Positive
CDC Split Type: USPFIZER INC202200950285
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from a contactable reporter(s) (Physician) from product quality group. The reporter is the patient. A 46-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 21Dec2020 as dose 1, single (Lot number: EH9899), on 11Jan2021 as dose 2, single (Lot number: ER9231) and on 26Sep2021 as dose 3 (booster), single (Lot number: 301458a) at the age of 45 years for covid-19 immunisation. The patient''s relevant medical history included: "Allergic rhinitis (seasonal and animal)" (unspecified if ongoing). Concomitant medication(s) included: CETRIZINE; FLONASE [FLUTICASONE PROPIONATE]. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant), outcome "unknown" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (unspecified date) Unknown Result; (05Jul2022) Negative; (06Jul2022) Negative; (07Jul2022) Negative; (11Jul2022) Positive. Therapeutic measures were taken as a result of vaccination failure, covid-19. No follow-up attempts are possible. No further information is expected.; Sender''s Comments: The efficacy of a drug varies from patient to patient and can be affected by different factors; however, a contributory role of the suspect product BNT162b2 to the reported events of vaccination failure and COVID-19 cannot be ruled out given the known suspect product profile and temporal association.

VAERS ID:	2371709 (history)	**Vaccinated:**	2022-06-01
Form:	Version 2.0	**Onset:**	2022-06-28
Age:	70.0	**Days after vaccination:**	27
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-16

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEVOTHYROXINE; DIVIGEL; DULOXETINE; VITAMIN D [VITAMIN D NOS]; DOCUSATE SODIUM
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hypothyroidism; Menopause; Seasonal affective disorder
Allergies:
Diagnostic Lab Data: Test Date: 20220708; Test Name: home Covid antigen test; Test Result: Positive ; Comments: A home Covid antigen test was positive on day 11.; Test Date: 20220628; Test Name: PCR with Covid 19; Test Result: Positive
CDC Split Type: USPFIZER INC202200950584
Write-up: diagnosed by PCR with Covid 19 /sore throat, nasal congestion, fever, myalgias, fatigue and cough; diagnosed by PCR with Covid 19 /sore throat, nasal congestion, fever, myalgias, fatigue and cough; This is a spontaneous report received from contactable reporter(s) (Physician) from product quality group. The reporter is the patient. A 70-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 23Dec2020 as dose 1, single (Lot number: EL1284), in left arm, on 13Jan2021 as dose 2, single (Lot number: EL3249), in right arm, on 08Oct2021 as dose 3 (booster), single (Lot number: FF2587), in left arm and on 01Jun2022 as dose 4 (booster), single (Lot number: FN2908) at the age of 70 years, in right arm for covid-19 immunisation. The patient"s relevant medical history included: "Hypothyroidism" (unspecified if ongoing); "menopause syndrome" (unspecified if ongoing); "seasonal affective disorder" (unspecified if ongoing). Concomitant medication(s) included: LEVOTHYROXINE; DIVIGEL; DULOXETINE; VITAMIN D [VITAMIN D NOS]; DOCUSATE SODIUM. Past drug history included: Voltaren, reaction(s): "Voltaren causes rash", notes: Voltaren causes rash; other NSAIDS are fine. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset 28Jun2022, outcome "not recovered" and all described as "diagnosed by PCR with Covid 19 /sore throat, nasal congestion, fever, myalgias, fatigue and cough". Clinical course: Patient was diagnosed by PCR with Covid 19 on 28Jun2022 after one day of sore throat, nasal congestion, fever, myalgias, fatigue and cough. Her covid symptoms improved noticeably after 5 days of PAXLOVID treatment with no further symptom beyond mild fatigue, but starting on 08Jul2022, patient had a recurrence of sore throat, nasal congestion, dry cough, myalgias and fatigue. Patient was still symptomatic on 11Jul2022, but slowly improving again without further treatment. The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test:

(08Jul2022) positive, notes: A home Covid antigen test was positive on day 11; (28Jun2022) positive. Therapeutic measures were taken as a result of vaccination failure, covid-19 included PAXLOVID.; Sender"s Comments: Based on the information in the case, an association between the reported events and the suspect product bnt162b2 cannot be ruled out.

VAERS ID:	2372263 (history)	**Vaccinated:**	2022-04-13
Form:	Version 2.0	**Onset:**	2022-04-13
Age:	75.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 4	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Burning sensation, COVID-19, Deafness, Ear discomfort, Erythema, Fatigue, Nasal congestion, Paranasal sinus discomfort, Peripheral swelling, SARS-CoV-2 test positive, Syncope, Thirst, Tremor
SMQs:, Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hearing impairment (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Flu vaccine (2012), 1, 2, dose of COVID (1/28/21, 02/15/2021).
Other Medications: XARELTO
Current Illness: N/A
Preexisting Conditions: Atrial fibrillation
Allergies: Flu shot; AUGMENTIN
Diagnostic Lab Data: N/A
CDC Split Type: vsafe
Write-up: All of suddenly, my face was turning red like burn, then my hands. I was holding my hand and my hand was burning, swollen, like a lobster. Similar reaction to a flu shot that I had before. I called the doctor and they told me if impact my breath go to the emergency room. I

decided not to go since it wasn''t that severe. Eventually it passed after 24 hours. At the end of May, I got COVID, I got a home test and it was positive. I was extremely exhausted, very thirsty, a lot of pressure on the ears and Sinus, lack of infection. The worst was my head congestion, loss of hearing because the pressure on the ears and I still have some caught periodically. Suddenly, my hands were shaking, my legs were shaking too and I collapsed over the floor. I had a nurse that comes to check me out but she said it was not a stroke, I had some sugar, some food, drink water and it took a while but by the next day I was okay.

VAERS ID:	2372415 (history)	**Vaccinated:**	2022-04-14
Form:	Version 2.0	**Onset:**	2022-07-01
Age:	66.0	**Days after vaccination:**	78
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9894 / 4	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Electrocardiogram normal, Sensory disturbance
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Aspirin; lisinopril; metoprolol; atorvastatin; finasteride; tamsulosin; multivitamin
Current Illness: Seasonal Allergy
Preexisting Conditions: Seasonal allergy; heart attack a year ago; Prostate
Allergies: IV, mild allergy to some sunscreen
Diagnostic Lab Data: Electrocardiogram was normal & Physical exam was negative.
CDC Split Type: vsafe
Write-up: Adverse event: I had an unusual feeling in front of my neck, I went to see a doctor and they did electro, but it was normal due to my condition of previous heart attack. Outcome: Unknown.

VAERS ID: 2372782 (history)		**Vaccinated:**	2022-04-15
Form:	Version 2.0	**Onset:**	2022-07-15
Age:	76.0	**Days after vaccination:**	91
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 4	AR / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Cough, Headache, Malaise, Oropharyngeal pain, Pyrexia, SARS-CoV-2 test positive
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Klor-con, chlorthalidone, rosuvastatin, ramapril, nexium, CoQ10
Current Illness: Iodine-containing contrast medium
Preexisting Conditions: Chronic kidney stones (controlled), hypertension (controlled), GERD (controlled)
Allergies:
Diagnostic Lab Data: Home antigen test 7/16/2022, positive.
CDC Split Type:
Write-up: Apparent COVID. General feeling of malaise, sore throat, headache, mild cough, low fever.

VAERS ID: 2377315 (history)		**Vaccinated:**	2022-07-15
Form:	Version 2.0	**Onset:**	2022-07-16
Age:	33.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / 1	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Injection site erythema, Injection site pruritus, Injection site rash, Injection site vesicles

SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concerta, loratadine, levothyroxine
Current Illness: None
Preexisting Conditions: Hypothyroidism Asthma Seasonal allergies
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: 1 day after shot I developed a red circle rash around injection spot. Was itchy and had some blisters in the center. The next day, 2 days after shot, I developed another red rash around the original circle and this was bright red and the size of a softball. It has now been a week and it is not completely gone. It has been getting better and now the 2nd bigger rash is gone but the original one is still there but not as red.

VAERS ID:	2379216 (history)	**Vaccinated:**	2022-07-21
Form:	Version 2.0	**Onset:**	2022-07-22
Age:	1.92	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LL / -

Administered by: Private **Purchased by:** ?
Symptoms: Lethargy, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Tree nuts
Diagnostic Lab Data:
CDC Split Type:
Write-up: Fever 103f and lethargy

VAERS ID:	2387108 (history)	**Vaccinated:**	2021-11-26
Form:	Version 2.0	**Onset:**	2021-11-01
Age:	34.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-07-23
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Chest discomfort, Chest pain, Dyspnoea exertional, Fatigue, Feeling abnormal, Lymphadenopathy
SMQs:, Anaphylactic reaction (broad), Dementia (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None, just OTC IBU and Tylenol
Current Illness: None
Preexisting Conditions: None at time of vaccination. Now I have a systemic allergic long standing reaction. No my skin breaks out and itches if someone with covid coughs on me.
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: First dose I had a long standing rash, SOB and allergic reaction needing treatment. Second dose the rash went away, and all my lymphnodes have swollen and all over my body, I have persistant fatique, brain fog, DOE, and occasional chest pain and tightness. I have had no relief. Being referred to local Infectious Disease.

VAERS ID:	2387192 (history)	**Vaccinated:**	2022-04-28
Form:	Version 2.0	**Onset:**	2022-07-01
Age:		**Days after vaccination:**	64
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ4989 / 4	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LISINOPRIL; HCTZ
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hypertension (Other medical history: Hypertension)
Allergies:
Diagnostic Lab Data: Test Name: Covid-19 test; Result Unstructured Data: Test Result:Unknown results; Comments: Treatment of COVID-19
CDC Split Type: USPFIZER INC202200961841
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 65-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 23Mar2021 as dose 1, single (Lot number: EN6208), in left arm, on 13Apr2021 as dose 2, single (Lot number: EW0158), in left arm, on 08Oct2021 as dose 3 (booster), single (Lot number: 30155BA), in left arm and on 28Apr2022 as dose 4 (booster), single (Lot number: FJ4989), in left arm for covid-19 immunisation. The patient''s relevant medical history included: "Hypertension" (unspecified if ongoing), notes: Other medical history: Hypertension. Concomitant medication(s) included: LISINOPRIL; HCTZ. Past drug history included: Codeine, reaction(s): "Known allergies: Codeine", notes: Known allergies: Codeine; Emycin, reaction(s): "Known allergies: Emycin", notes: Known allergies: Emycin. The following information was reported: COVID-19 (medically significant) with onset Jul2022, outcome "recovering", VACCINATION FAILURE (medically significant), outcome "recovering" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Unknown results, notes: Treatment of COVID-19. Therapeutic measures were taken as a result of vaccination failure, covid-19. Clinical course: Anti viral drug paxlovid for COVID 19 treatment started from 01Jul2022 until 05Jul2022.

VAERS ID:	2387279 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-07-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Dysphagia, Dyspnoea, Hypersensitivity
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200966349
Write-up: experienced a couple of allergic reactions after receiving both the first; difficulty swallowing water; difficulty breathing; This is a spontaneous report received from a contactable reporter(s) (Pharmacist) from medical information team. A 58-year-old female patient received BNT162b2 (COMIRNATY), as dose 1, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. The following information was reported: HYPERSENSITIVITY (non-serious), outcome "unknown", described as "experienced a couple of allergic reactions after receiving both the first"; DYSPHAGIA (non-serious), outcome "unknown", described as "difficulty swallowing water"; DYSPNOEA (non-serious), outcome "unknown", described as "difficulty breathing". Additional information: Caller stated that one patient (female, 58 years of age) experienced a couple of allergic reactions after receiving both the first and the second dose of the Pfizer-

BioNTech COVID-19 Vaccine. Caller stated that these 58 years-old patients is supposed to receive Ruxience, but they are concerned that she experiences another allergic reaction like the one she had against Comirnaty. Caller would like if there were ingredients in common between these two products. Caller would like to know if there''s information on what ingredients are the patients allergic to, in regard to the Pfizer COVID-19 vaccine. The first time the patient had difficulty swallowing water and with the 2nd dose even after taking Benadryl she had difficulty breathing. Benadryl: not suspect on product. Caller stated even after taking Benadryl she had difficulty breathing. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Sender''s Comments: Linked Report(s) : US-PFIZER INC-202200966459 Same patient/product, different dose/event (dose 2);

VAERS ID:	2387294 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2022-07-24
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Anaphylactic reaction
SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202200966459
Write-up: Patient had an anaphylactic reaction to the second dose; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. A patient (no qualifiers provided) received BNT162b2 (BNT162B2), as dose 2, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. Vaccination history included: Covid-19 vaccine (DOSE:1, Unknown manufactured), for covid-19 immunization. The following information was reported: ANAPHYLACTIC REACTION (medically significant), outcome "unknown", described as

"Patient had an anaphylactic reaction to the second dose". Clinical course: Patient had an anaphylactic reaction to the second dose. When we try to order rituximab, an interaction appeared between an inactive ingredient in the Pfizer vaccine and rituximab. We would like some support or insight on what it can possibly be. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2388273 (history)	**Vaccinated:**	2022-05-23
Form:	Version 2.0	**Onset:**	2022-06-10
Age:	71.0	**Days after vaccination:**	18
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	049621A / UNK	RA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Eating disorder, Eye pain, Facial pain, Lip pain, Loss of personal independence in daily activities, Oral pain, Pain, Trigeminal neuralgia, X-ray dental normal
SMQs:, Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Glaucoma (broad), Demyelination (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ATROVASTATIN, BURPOPION, ESCOPRAMITAL, LEVOTHYROXINE, LESENEPROL, XARELTO, PHENTERMINE, OCCASIONALLY ZALEPLON,
Current Illness: NONE
Preexisting Conditions: OVERWEIGHT DEPRESSION PE ALLERGIES MEMORY PROBLEMS
Allergies: PRAMIPEXOLE DIHYDROCHLORIDE, SULFA, CIPRO, MACROBID LACTOSE
Diagnostic Lab Data: X-ray of right side of teeth by dentist.
CDC Split Type:
Write-up: Started having pain in my right cheek around bottom of my eye. Then pain that felt like lightening strikes in my cheek. The pain has traveled down to my lip and mouth. The pain is more intense as time goes by. It is now very hard to eat, brush my teeth, and talk without horrific pain. I saw my PCP and she sent me to the dentist. He did x-rays and told me my teeth and gums were not the problem. Went back to health center they thought it is trigeminal neuralgia. Waiting to see a neurologist on August 10th.

VAERS ID: 2393341 (history)		**Vaccinated:**	2021-11-19
Form:	Version 2.0	**Onset:**	2022-06-15
Age:	43.0	**Days after vaccination:**	208
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034F21A / 3	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Magnetic resonance imaging, Multiple sclerosis, Optic neuritis
SMQs:, Optic nerve disorders (narrow), Demyelination (narrow), Ocular infections (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 3 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Birth control pills
Current Illness:
Preexisting Conditions:
Allergies: Sulfa, amoxycillin
Diagnostic Lab Data: MRI 6/15.
CDC Split Type:
Write-up: Optic neuritis followed by multiple sclerosis diagnosis.

VAERS ID: 2394935 (history)		**Vaccinated:**	2021-04-30
Form:	Version 2.0	**Onset:**	2021-06-03
Age:	55.0	**Days after vaccination:**	34
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 2	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8020 / 3	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Adverse drug reaction, Allergy test negative, Biopsy skin abnormal, Drug eruption, Eosinophilic cellulitis, Glycosylated haemoglobin abnormal, Heart rate increased, Immunisation reaction, Laboratory test normal, Rash, Rash vesicular, Superficial inflammatory dermatosis
SMQs:, Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Skin tumours of unspecified malignancy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: albuterol HFA, Januvia 100 mg, metformin 500mg BID, metoprolol ER 25 mg
Current Illness: None
Preexisting Conditions: Diabetes, hypertension.
Allergies: PCN
Diagnostic Lab Data: skin biopsy 11/23/2021: perivascular dermatitis with eosinophils most consistent with a drug-related eruption allergy panel 3/10/22: negative celiac testing 3/10/2022: negative
CDC Split Type:
Write-up: Pt sent a message on 6/3 that he had developed a full-body blistering rash which was initially thought to be related to poison ivy. He was treated with a course of prednisone, which was moderately helpful. It was treated throughout the summer with intermittent topical steroids. However, the rash persisted in a waxing and waning fashion until after his booster on 10/28/2021. At that point the rash became markedly worse and did not respond to another course of steroids. On 11/23/2021 I did a punch biopsy which was consistent with a drug reaction. We stopped all of his medications at that point, and his rash got a little better. However, he started having runs of rapid heart beat so was started on diltiazem (assuming that the metoprolol was a cause), and then his A1c worsened and because he had been on metformin in the past, this was restarted. Nothing changed the presentation of the rash. He was referred for allergy testing and had that done 3/10/2022. This was negative. He was finally able to be seen by Dermatology on 5/12/2022 who determined his rash was secondary to the Covid vaccine.

VAERS ID:	2395007 (history)	**Vaccinated:**	2022-04-22
Form:	Version 2.0	**Onset:**	2022-07-10
Age:	60.0	**Days after vaccination:**	79
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-07-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	056A22A / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test positive
SMQs:, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: gabapentin 600mg, meloxicam 15mg, benadryl, 7.5 mg, naltrexone 3 mg, magnesium 500mg
Current Illness: none
Preexisting Conditions: fibromyalgia, osteoarthritis
Allergies: lime, cortisone, oxycodone
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Tested positive for Covid on July10, 2022.

VAERS ID:	2395877 (history)	**Vaccinated:**	2022-04-16
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	52.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-07-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 4	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: SYMBICORT; TOPIRAMATE; PROGESTERONE; ESTRADIOL
Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Asthma (Asthma-reactive airways); Vegetable allergy
Allergies:
Diagnostic Lab Data: Test Date: 20220720; Test Name: Home test; Test Result: Positive ; Comments: Testing positive with home test still (20Jul2022).; Test Date: 20220706; Test Name: Tested; Test Result: Positive ; Comments: Tested positive on 06Jul2022(symptomatic for several days prior to positive test).
CDC Split Type: USPFIZER INC202200992766
Write-up: Treatment of COVID-19; Treatment of COVID-19; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from product quality group. The reporter is the patient. A 53-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 22Mar2021 at 13:30 as dose 1, single (Lot number: ER8727), in left arm, on 14Apr2021 at 10:00 as dose 2, single (Lot number: EW0153), in left arm, on 11Oct2021 at 17:30 as dose 3 (booster), single (Lot number: Fh8020), in left arm and on 16Apr2022 at 11:00 as dose 4 (booster), single (Lot number: FK9893) at the age of 52 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "Asthma-reactive airways" (unspecified if ongoing), notes: Asthma-reactive airways; "Known Allergies: Eggplant" (unspecified if ongoing). Concomitant medication(s) included: SYMBICORT; TOPIRAMATE; PROGESTERONE; ESTRADIOL. Past drug history included: Phenergan, reaction(s): "Known allergies: Phenergan", notes: Phenergen; Morphine, reaction(s): "Known allergies: Morphine", notes: Morpheme; Demerol, reaction(s): "Known allergies: Demerol"; Codeine, reaction(s): "Known allergies: codeine". The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset 2022, outcome "recovering" and all described as "Treatment of COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (20Jul2022) Positive, notes: Testing positive with home test still (20Jul2022); (06Jul2022) Positive, notes: Tested positive on 06Jul2022(symptomatic for several days prior to positive test). Therapeutic measures were taken as a result of vaccination failure, covid-19. Clinical course: Tested positive on 06Jul2022 (symptomatic for several days prior to positive test). First dose in evening on 06Jul2022. Felt better (15Jul2022) then on 186Jul2022 got fever, chills, sweats, congestion, scratchy throat, exhaustion, diarrhea. Never checked if patient tested negative ever but testing positive with home test still (20Jul2022). Fever gone but still congested, very tired, general malaise, sweats. During this time, my lingering cough/lungs have continued to clear well, though. The patient received Paxlovid from 05Jul2022 to 11Jul2022 for treatment of COVID 19.

VAERS ID:	2396123 (history)	**Vaccinated:**	2022-05-21
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	55.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-07-29
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	7553 / 4	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections

(broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LOSARTAN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high; Sjogren''s disease
Allergies:
Diagnostic Lab Data: Test Name: Covid test; Test Result: Positive ; Comments: I tested positive and the next day started a 5 day course of Paxlovid.; Test Name: Covid test; Test Result: Negative ; Comments: I tested negative for four days; Test Name: Covid test; Test Result: Positive ; Comments: tested positive Day 10 and Day 11.; Test Name: Covid test; Test Result: Positive ; Comments: tested positive Day 10 and Day 11.
CDC Split Type: USPFIZER INC202201003395
Write-up: COVID 19; COVID 19; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 55-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 09Mar2021 as dose 1, single (Lot number: ER8734), on 30Mar2021 as dose 2, single (Lot number: EN625), on 22Oct2021 as dose 3 (booster), single (Lot number: FH8020) and on 21May2022 as dose 4, (booster) single (Lot number: 7553) at the age of 55 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "sjogrens disease" (unspecified if ongoing); "high blood pressure" (unspecified if ongoing). Concomitant medication(s) included: LOSARTAN. Past drug history included: Septra, reaction(s): "Allergy". The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant), outcome "not recovered" and all described as "COVID 19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Positive, notes: I tested positive and the next day started a 5 day course of Paxlovid; Negative, notes: I tested negative for four days; Positive, notes: tested positive Day 10 and Day 11; Positive, notes: tested positive Day 10 and Day 11. Therapeutic measures were taken as a result of drug ineffective, covid-19. Additional information: Patient had taken other medication in 2 weeks. COVID 19 Treatment, Brand: Paxlovid, Treatment start date was reported as 12Jul2022, Treatment stop date was reported as 16Jul2022, Indication was reported as treatment of COVID-19. Follow-up attempts are completed. No further information is expected.

VAERS ID:	2397407 (history)	**Vaccinated:**	2022-06-16
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	70.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-07-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7531 / 4	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: AMLODIPINE; GABAPENTIN; OMEGA 3-6-9
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Penicillin allergy
Allergies:
Diagnostic Lab Data: Test Name: Treatment of COVID-19; Result Unstructured Data: Test Result:Unknown results
CDC Split Type: USPFIZER INC202201014237
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from product quality group. The reporter is the patient. A 70-year-old male patient received BNT162b2 (BNT162B2), on 14Jan2021 as dose 1, single (Lot number: EL1284), in left arm, on 04Feb2021 as dose 2, single (Lot number: EN9581), in left arm, on 23Sep2021 as dose 3 (booster), single (Lot number: 301358A), in left arm and on 16Jun2022 at 01:00 as dose 4 (booster), single (Lot number: FP7531) at the age of 70 years, in left arm for covid-19 immunisation. The patient"s relevant medical history included: "Penicillin" (unspecified if ongoing). Concomitant medication(s) included: AMLODIPINE; GABAPENTIN; OMEGA 3-6-9. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant), outcome "not recovered" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Unknown results. Therapeutic measures were taken as a result of vaccination failure, covid-19.

VAERS ID:	2397847 (history)	**Vaccinated:**	2022-07-27
Form:	Version 2.0	**Onset:**	2022-07-27
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
SMALLMNK: SMALLPOX + MONKEYPOX (JYNNEOS) / BAVARIAN NORDIC	FDP0004 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect route of product administration
SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: HTN
Allergies: NKDA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Vaccine was administered IM rather than the prescribed SQ route

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VAERS ID:	2398027 (history)	**Vaccinated:**	2022-07-15
Form:	Version 2.0	**Onset:**	2022-07-15
Age:	75.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 4	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Gait disturbance, Injection site pain, Pain, Pain in extremity
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Allopurinal

Current Illness:
Preexisting Conditions: Multiple Sclerosis Prostate Cancer
Allergies: Strawberries Sulpha drugs
Diagnostic Lab Data:
CDC Split Type:
Write-up: I was given the vaccination in right arm. Nurse said it would prick a little which it did. Then as she pulled out the needle I felt a lot of pain in my arm. I had a reverse should replacement some years ago in that arm. Within 1-2 hours after the shot, I had a lot of pain in the back of my right thigh. I had a lot of trouble walking and pain which I continue to have.

VAERS ID:	2398120 (history)	**Vaccinated:**	2021-11-19
Form:	Version 2.0	**Onset:**	2022-01-01
Age:	41.0	**Days after vaccination:**	43
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FG3527 / UNK	RA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Amenorrhoea, Heavy menstrual bleeding, Menstrual disorder, Smear cervix normal, Therapy cessation
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Fertility disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Women"s Multi Vitamin ; Vitamin A and D ; Junel FE 1 Birth Control;
Current Illness: None
Preexisting Conditions: None
Allergies: Seasonal Allergies
Diagnostic Lab Data: Pap smear, normal
CDC Split Type: vsafe
Write-up: 01/01/2022 I noticed my menstrual cycle was incredibly heavy. My cycle would last 4-5 days and was heavy. This continued for four months. I went off my birth control in February because my cycle was so heavy. I made a doctor appointment for May. The doctor informed me that other women have had the similar thing happen. I went from having very heavy cycles and being on schedule. To having no periods in June and July. My pap smear and exam were normal. I have not had COVID.

VAERS ID: 2403862 (history)		**Vaccinated:**	2021-08-31
Form:	Version 2.0	**Onset:**	2022-08-02
Age:	45.0	**Days after vaccination:**	336
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8094 / 3	- / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20220729; Test Name: tested; Test Result: Negative ; Test Date: 20220802; Test Name: tested; Test Result: Positive
CDC Split Type: USPFIZER INC202201030905
Write-up: Treatment of COVID-19; Treatment of COVID-19; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from product quality. The reporter is the patient. A 46-year-old male patient received BNT162b2 (BNT162B2), on 31Aug2021 as dose 3 (booster), single (Lot number: FL8094) at the age of 45 years for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown) and as dose 2, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient"s relevant medical history and concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant) all with onset 02Aug2022, outcome "recovering" and all described as "Treatment of COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (29Jul2022) Negative; (02Aug2022) Positive. Therapeutic measures were taken as a result of covid-19. Patient recieved paxlovid as treatment. Clinical course: Paxlovid Rebound. No symptoms and tested negative on 29Jul2022. Runny nose on 02Aug2022 and tested positive again that evening. patient was not taking any other medications within 2 weeks of starting COVID-19 treatment patient received previously receive a COVID-19 Vaccine. patient is Recovering with not ae treatment. Patient had

no known allergies.

VAERS ID:	2404274 (history)	**Vaccinated:**	2022-08-08
Form:	Version 2.0	**Onset:**	2022-08-08
Age:	69.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dose given out of vial opened 08/05/22 at 1400.

VAERS ID:	2405661 (history)	**Vaccinated:**	2022-08-02
Form:	Version 2.0	**Onset:**	2022-08-02
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013B22A / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: Chills, Diarrhoea, Hyperhidrosis, Nausea, Pain, Pyrexia, Syncope, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin, Vitamin B12, ferrous sulfate, levothyroxine, lorazepam, sumatriptan, venlafaxine
Current Illness: N/A
Preexisting Conditions: HLD, varicose veins, hypothyroidism, nephrolithiasis, IBS, cataracts, depression, anxiety, osteopenia, migraines, OSA
Allergies: Hydrocodone, propofol
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Nausea, emesis, diarrhea, syncope, fever, chills, sweats, and body aches.

VAERS ID:	2408083 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2022-08-11
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20226
Write-up: administer the vaccine after 12 hours after first puncturing.; No adverse event; This spontaneous case was reported by a nurse and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (administer the vaccine after 12 hours after first puncturing.) and NO ADVERSE EVENT (No adverse event) in a patient of an unknown age and gender who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced EXPIRED PRODUCT ADMINISTERED (administer the vaccine after 12 hours after first puncturing.) and NO ADVERSE EVENT (No adverse event). At the time of the report, EXPIRED PRODUCT ADMINISTERED (administer the vaccine after 12 hours after first puncturing.) and NO ADVERSE EVENT (No adverse event) outcome was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter considered NO ADVERSE EVENT (No adverse event) to be not related. No further causality assessment was provided for EXPIRED PRODUCT ADMINISTERED (administer the vaccine after 12 hours after first puncturing.). No concomitant medication was reported. Patient was administered with the vaccine after 12 hours after first puncturing. No treatment information was reported.

VAERS ID:	2408084 (history)	**Vaccinated:**	2022-08-08
Form:	Version 2.0	**Onset:**	2022-08-08
Age:	69.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20226
Write-up: No adverse event; Dose administered $g12 hours post puncture; This spontaneous case was reported by a nurse and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (Dose administered $g12 hours post puncture) and NO ADVERSE EVENT (No adverse event) in a 69-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 082B22A) for COVID-19 vaccination. No Medical History information was reported. On 08-Aug-2022 at 8:45 AM, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 08-Aug-2022, the patient experienced EXPIRED PRODUCT ADMINISTERED (Dose administered $g12 hours post puncture). On an unknown date, the patient experienced NO ADVERSE EVENT (No adverse event). At the time of the report, EXPIRED PRODUCT ADMINISTERED (Dose administered $g12 hours post puncture) and NO ADVERSE EVENT (No adverse event) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered NO ADVERSE EVENT (No adverse event) to be not related. No further causality assessment was provided for EXPIRED PRODUCT ADMINISTERED (Dose administered $g12 hours post puncture). Number of doses/vials: 1 dose/1vial. Date the vial was initially stored in the refrigerator was unknown. Date and time vial was first punctured was 5-Aug-2022 2pm. It was unknown if the vial was stored in fridge post puncture. The vial undergo any temperature excursions was unknown. Total amount of time the vial was exposed to room temperature range was unknown. No concomitant medications was reported. No treatment medications was reported.

VAERS ID:	2409472 (history)	**Vaccinated:**	2021-09-30
Form:	Version 2.0	**Onset:**	2022-04-06
Age:	79.0	**Days after vaccination:**	188
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8839 / 3	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Disease recurrence, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ADVAIR; ESTRADIOL
Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Asthma
Allergies:
Diagnostic Lab Data: Test Date: 20220406; Test Name: COVID-19 test; Test Result: Positive ; Test Date: 20220414; Test Name: COVID-19 test; Test Result: Negative ; Test Date: 20220421; Test Name: COVID-19 test; Test Result: Positive ; Test Date: 20220424; Test Name: COVID-19 test; Test Result: Negative ; Test Date: 20220427; Test Name: COVID-19 test; Test Result: Negative ; Test Date: 20220519; Test Name: COVID-19 test; Test Result: Negative ; Test Date: 20220602; Test Name: COVID-19 test; Test Result: Negative ; Test Date: 20220608; Test Name: COVID-19 test; Test Result: Negative
CDC Split Type: USPFIZER INC202201048473
Write-up: Tested positive again for COVID-19; Tested positive for COVID-19; Tested positive for COVID-19; This is a spontaneous report received from contactable consumer. The reporter is the patient. An 80-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 06Feb2021 as dose 1, single (Lot number: EL3247), in left arm, on 01Mar2021 as dose 2, single (Lot number: ENG200), in right arm and on 30Sep2021 as dose 3 (booster), single (Lot number: FF8839) at the age of 79 years, in left arm for covid-19 immunisation. The patient"s relevant medical history included: "Asthma" (unspecified if ongoing). Concomitant medication(s) included: ADVAIR; ESTRADIOL. The following information was reported: VACCINATION FAILURE (medically significant) with onset 06Apr2022, outcome "recovered" (14Apr2022), COVID-19 (medically significant) with onset 06Apr2022, outcome "recovered" (10Apr2022) and all described as "Tested positive for COVID-19"; DISEASE RECURRENCE (medically significant) with onset 21Apr2022, outcome "recovered" (24Apr2022), described as "Tested positive again for COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (06Apr2022) Positive; (14Apr2022) Negative; (21Apr2022) Positive; (24Apr2022) Negative; (27Apr2022) Negative; (19May2022) Negative; (02Jun2022) Negative; (08Jun2022) Negative. Therapeutic measures were taken as a result of vaccination failure, COVID-19. Per clinical course, the patient had no known allergies. The patient tested positive for COVID-19 on 06Apr2022. The patient then began taking nirmatrelvir/ ritonavir (PAXLOVID) from 06Apr2022 to 10Apr022. The patient had tested negative for COVID-19 on 14Apr2022 and then tested positive again on 21Apr2022. Further, the patient tested negative for COVID-19 on 24Apr2022, 27Apr2022, 19May2022, 02Jun2022, and 08Jun2022. The patient was administered with the fourth (booster) dose with Moderna COVID-19 vaccine (Lot Number: 038A22A) on 24May2022 in right arm.

VAERS ID:	2412049 (history)	**Vaccinated:**	2022-04-29
Form:	Version 2.0	**Onset:**	2022-07-01
Age:	62.0	**Days after vaccination:**	63
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM9992 / 4	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ESCITALOPRAM; DILTIAZEM; LOSARTAN; MONTELUKAST; ADVAIR; VITAMIN C [ASCORBIC ACID]; VITAMIN D [VITAMIN D NOS]; FLAX SEED OIL
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Asthma
Allergies:
Diagnostic Lab Data: Test Name: COVID-19 test; Test Result: Positive
CDC Split Type: USPFIZER INC202201056996
Write-up: COVID-19; COVID-19; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 62-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 14Mar2021 as dose 1, single (Lot number: EN6207), on 02Apr2021 as dose 2, single (Lot number: ER8734), on 22Nov2021 as dose 3 (booster), single (Lot number: FH8027) and on 29Apr2022 as dose 4 (booster), single (Lot number: FM9992) at the age of 62 years for covid-19 immunisation. The patient''s relevant medical history included: "Asthma" (unspecified if ongoing). Concomitant medication(s) included: ESCITALOPRAM; DILTIAZEM; LOSARTAN; MONTELUKAST; ADVAIR; VITAMIN C [ASCORBIC ACID]; VITAMIN D [VITAMIN D NOS]; FLAX SEED OIL. Past drug history included: Sulfadrugs, reaction(s): "allergy". The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset Jul2022, outcome "unknown" and all described as "COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Positive. Therapeutic measures were taken as a result of vaccination failure, covid-19 which included treatment with Paxlovid started on 30Jul2022. Clinical course: The patient Report about covid treatment and Vaccine received and Other medication used with in 2weeks. The Product COVID 19 Treatment Paxlovid was start date: 30Jul2022 and stop date 03Aug2022 The Other medication details were Escitalopram, Diltiazem, Losartan, Montelukast , Fluticasone, Advair, Vitamin C, Multivitamin, ascorbic, Vitamin D and Flax Seed Oil. The Adverse event Rebound after Paxlovid treatment from 30Jul2022 to 08Aug2022 .The Adverse event onset start date: 08Aug2022 patient Not recovered and no AE treatment. The Known has allergies with Sulfa drugs and Other medical history was Asthma .Device times tamp: 12Aug2022

VAERS ID:	2414590 (history)	**Vaccinated:**	2022-08-14
Form:	Version 2.0	**Onset:**	2022-08-14
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (NO BRAND NAME) / UNKNOWN	R02F009423 /	- / IM

MANUFACTURER	UNK	

Administered by: Unknown **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rabies immune globulin 300 units/1 mL given intramuscularly when the order was for Rabies Vaccine 1 mL given intramuscularly

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VAERS ID:	2414816 (history)	**Vaccinated:**	2022-08-18
Form:	Version 2.0	**Onset:**	2022-08-18
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL2757 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none

Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: inadvertently given a dose from an undiluted vial of pfizer covid

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VAERS ID:	2414832 (history)	**Vaccinated:**	2022-08-18
Form:	Version 2.0	**Onset:**	2022-08-18
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL2757 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Product preparation error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Flonase nasal spray, Cetirizine 10mg (daily), Vyvanse (daily), Multivitamin, Adderall
Current Illness: none
Preexisting Conditions: ADHD
Allergies: No known allergies
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Medical assistant inadvertently gave an undiluted dose of the COVID-19 vaccine. Parent notified. At this time, no adverse events reported.

VAERS ID:	2417304 (history)	**Vaccinated:**	2022-08-19
Form:	Version 2.0	**Onset:**	2022-08-19
Age:	60.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	NOT PROVIDED / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Fatigue, Feeding disorder, Feeling abnormal, Fluid intake reduced, Migraine, Nausea, Pain in extremity, Photophobia, Skin warm
SMQs:, Acute pancreatitis (broad), Dementia (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin, omeprazole, Wellbutrin
Current Illness: None
Preexisting Conditions: None
Allergies: None known
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Arm sore. Arm remained warm/hot to the touch for approx 36 hours. Headache started Friday pm (12 hours after Vacc). Ibuprofen ineffective. Saturday, 5 am (21 hours post vacc), migraine headache conditions: Sensitive to light, nauseous, unbearable headache. Ibuprofen ineffective. Could not eat or drink all day. Used ice packs on head. Sunday. Headache persisted throughout the day. Ibuprofen ineffective. Used ice packs. Was able to go outside and run errands. Started consuming drinks. Ate something at 1 pm. Monday morning, Woke up and headache was mild. Ibuprofen effective. went to work, able to eat and drink. Extremely tired and still feel muddle-headed. Forgot to bring ibuprofen, headache started reappearing at 1 pm. Arm soreness lasted approx 12 hours.

VAERS ID:	2418307 (history)	**Vaccinated:**	2022-08-01
Form:	Version 2.0	**Onset:**	2022-08-19
Age:	75.0	**Days after vaccination:**	18
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Unevaluable event

SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Lisinopril, Ventolin, Pantroprazole, Enbrel, Ibuprofen, Floven
Current Illness:
Preexisting Conditions:
Allergies: Codeine, Percocet, Colchicine
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID:	2420028 (history)	**Vaccinated:**	2022-08-01
Form:	Version 2.0	**Onset:**	2022-08-01
Age:	57.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Propranolol, Losartan, Chlortimazole Cream, Aspirin, Invega Sustena, Tylenol, Risperdol
Current Illness: Obesity, COPD
Preexisting Conditions: COPD, Obesity, Hyperlipidemia, Hypertension, Dyspepsia, Schizoaffective Disorder
Allergies: Percocet, Welbutrin, Haldol

Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient given vaccine past it''s BUD of 7/22/2022 - no know reaction

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VAERS ID:	2420032 (history)	**Vaccinated:**	2022-08-25
Form:	Version 2.0	**Onset:**	2022-08-25
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	72T95 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram, oscal, patanol, vagifem
Current Illness: N/A
Preexisting Conditions: Dysfunctional uterine bleeding, osteoporosis, obstructive sleep apnea, mitral valve disorders
Allergies: bactrim, pets, environmental
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Vaccine was expired and I did not realize until after it was administered.

VAERS ID:	2420038 (history)	**Vaccinated:**	2022-08-02
Form:	Version 2.0	**Onset:**	2022-08-02
Age:	18.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ProAir, Azelaic cream, Doxycycline, Medroxyprogesterone
Current Illness: None
Preexisting Conditions: Cystic acne, mild asthma
Allergies: NKDA
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Vaccine given beyond-use-date of 7/22/2022.

VAERS ID:	2420100 (history)	**Vaccinated:**	2022-08-03
Form:	Version 2.0	**Onset:**	2022-08-03
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Dasetta, Flonase
Current Illness: Decreased hearing in right ear
Preexisting Conditions: None
Allergies: NKDA

Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Vaccine given beyond-use-date of 7/22/2022.

VAERS ID:	2420105 (history)	**Vaccinated:**	2022-08-03
Form:	Version 2.0	**Onset:**	2022-08-03
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omeprazole, HCTZ, Diclofenac, Atorvastatin, Viagra, Aspirin, Proair, Lupron, Calcium carbonate
Current Illness:
Preexisting Conditions: Prostate cancer, hyperlipidemia, dyspepsia, ED, hearing loss, tobacco abuse, alcohol abuse, exertional shortness of breath
Allergies: Beestings
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Patient received a vaccine with a BUD of 7/22/2022.

VAERS ID:	2420107 (history)	**Vaccinated:**	2022-08-05
Form:	Version 2.0	**Onset:**	2022-08-05
Age:	15.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /		

PFIZER/BIONTECH	FN2908 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: NKDA
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Received vaccine with a BUD of 7/22/2022.

VAERS ID:	2420113 (history)	**Vaccinated:**	2022-08-08
Form:	Version 2.0	**Onset:**	2022-08-08
Age:	73.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product use issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Farxiga, Metoprolol, Levemir, Incruse Ellipta, Magnesium oxide, Losartan,

Torsemide, Glimepiride, Pravastatin, Amlodipine, Vitamin D3, Aspirin
Current Illness: Type II diabetes
Preexisting Conditions: Type II diabetes, peripheral neuropathy, COPD, hypertension, hyperlipidemia, macular degeneration - right, venous insufficiency, mild sleep apnea, decreased hearing, ED, psoriasis, obesity
Allergies: Actos, Metformin, Lisinopril, Lipitor
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Vaccine given with BUD of 7/22/2022.

VAERS ID:	2420868 (history)	**Vaccinated:**	2022-08-08
Form:	Version 2.0	**Onset:**	2022-08-08
Age:	17.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient received a vaccine with a BUD of 7/22/2022.

VAERS ID:	2420873 (history)	**Vaccinated:**	2022-08-10
Form:	Version 2.0	**Onset:**	2022-08-10
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Proair, Xulane, Zyrtec
Current Illness: None
Preexisting Conditions: Asthma, Allergic Rhinitis, Menometrorrhagia
Allergies: Sulfa
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Given vaccine with a BUD of 7/22/2022.

VAERS ID:	2420997 (history)	**Vaccinated:**	2022-08-12
Form:	Version 2.0	**Onset:**	2022-08-12
Age:	32.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Exposure during pregnancy, Product storage error
SMQs:, Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pulmicort, Colace, Bendadryl, Estradiol, Prenatal Plus vitamins
Current Illness: Shortness of Breath, Cough
Preexisting Conditions: Chronic Cough, Traumatic Arthropathy Leg
Allergies: Adhesive Tape
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Given vaccine that was beyond it"s BUD of 7/22/2022 Patient is in the beginning of her third trimester of Pregnancy - due in November

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VAERS ID:	2421005 (history)	**Vaccinated:**	2022-08-17
Form:	Version 2.0	**Onset:**	2022-08-17
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Amblyopia strabysmic
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Given vaccine that was beyond it"s use date of 7/22/2022

VAERS ID: 2421010 (history)		**Vaccinated:**	2022-08-17
Form:	Version 2.0	**Onset:**	2022-08-17
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Valsartan, Vit B-12
Current Illness: Hypertension
Preexisting Conditions: Osteoarthritis, Elevated PSA, Hyperlipidemia, Degenerative Disc disease C6-7
Allergies: Penicillin
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Patient was given a vaccine that was beyond it''s use date of 7/22/2022.

VAERS ID: 2421022 (history)		**Vaccinated:**	2022-08-17
Form:	Version 2.0	**Onset:**	2022-08-17
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Clindamycin, Metamucil, Multivitamin
Current Illness: None
Preexisting Conditions: Parasthesias, Tachycardia, Generalized Anxiety Disorder, IBS, Endometriosis, Multinodular Thyroid Goiter, Posterior Vitreous Detachment - right, Tinnitis, Raynauds,
Allergies: Adhesive Tape, Danocrin, Magnesium, Pollen, Pantoprazole, Sulfa, Cipro, Amoxicillin, Latex, Bactrim, CT dye, Monistat, Cyclobenzaprine,
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Given vaccine that was beyond it''s use date of 7/22/2022

VAERS ID:	2421033 (history)	**Vaccinated:**	2022-08-18
Form:	Version 2.0	**Onset:**	2022-08-18
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Advair Diskus, Spironolactone, Trazodone, Paroxetine, Fluticasone, Albuterol, Buspirone, Gabapentin, Metoprolol, Allegra allergy, NAC, Prevacid, Slow-Mag, Acarbose, Enestro, Amlodipine, Zarfirlucast, Farxiga,
Current Illness: Management of chronic conditions

Preexisting Conditions: Prediabetes, Impaired Renal Function, Restless Leg Syndrome, Myofascial Pain Syndrome, Paroxysmal Atrial Fibrillation, Post surgical dumping syndrome, Obstructive Sleep Apnea, Depression/Anxiety, Obesity, CHF, Cardiomyopathy, Allergic Asthma, GERD, Fatigue
Allergies: Tamiflu, Fish, Peanuts, Lisinopril, Statins, Codeine, Iodine, Prilosec
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient received vaccine that was beyond it''s use date of 7/22/2022

VAERS ID:	2421037 (history)	**Vaccinated:**	2022-08-18
Form:	Version 2.0	**Onset:**	2022-08-18
Age:	10.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Infarix
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient was given a vaccine that was beyond it''s use date of 7/22/2022

VAERS ID:	2421051 (history)	**Vaccinated:**	2022-08-18
Form:	Version 2.0	**Onset:**	2022-08-18
Age:	12.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Azelastine
Current Illness: None
Preexisting Conditions: Dyspnea on Exertion, Allergic Rhinitis, Snoring, Twitching, Headaches, Enuresis/Noctunal
Allergies: No Known Allergies
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient given vaccine that was beyond it''s use date of 7/22/2022

VAERS ID:	2421060 (history)	**Vaccinated:**	2022-08-18
Form:	Version 2.0	**Onset:**	2022-08-18
Age:	7.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Speech Articulation Disorder, Hyperactivity, Eczema, Constipation
Allergies: Eggs
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient given vaccine that was beyond its use date of 7/22/2022

VAERS ID:	2422121 (history)	**Vaccinated:**	2022-08-26
Form:	Version 2.0	**Onset:**	2022-08-27
Age:	20.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	053B22A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chest pain, Gaze palsy, Seizure, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient"s parent called today at 12:30pm, explaining that he had just witnessed the patient have either a fainting or seizure spell. Patient had been drinking carbonated soda, complained of chest pain, and had an episode where their eyes rolled to the back of their head and either fainted or seized. Parent is unsure. Patient is currently alert and oriented, talking, no lasting effects, no lasting verbal, sight, or motor issues. Suspected delayed syncope. Have not

reported to hospital, and patient does not currently have an active primary care doctor. Expressed that if anything else happens to reach out to EMS or go to hospital for follow-up. Patient should be watched in-house for further issues if they decide to continue with second dose.

VAERS ID:	2422371 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-08-27
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Antinuclear antibody, Biopsy, Biopsy cervix, Chlamydia test, Culture, Cytomegalovirus test, Epstein-Barr virus test, HIV test, Hepatitis B, Hepatitis C, Herpes simplex test, Herpes virus test, Investigation, Mycobacterium test, Neisseria test, Physical examination, Polymerase chain reaction, Smear cervix, Smear test, Thyroid function test, Treponema test, Varicella zoster virus infection, Vulval ulceration
SMQs:, Liver infections (narrow), Severe cutaneous adverse reactions (broad), Hypersensitivity (narrow), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Aphthous ulcer (outbreaks 3 times per year); Respiratory disorder; Vulval ulceration (at age 13 years); Vulval ulceration (approximately 6 months prior to presentation)
Allergies:
Diagnostic Lab Data: Test Name: Antinuclear antibody; Test Result: Negative; Test Name: Punch biopsy; Result Unstructured Data: Test Result: showed epidermal ulceration with dense dermal; Comments: mixed inflammation and favored an infectious etiology; Test Name: punch biopsy of the left vulva; Result Unstructured Data: Test Result: showed dermal edema with vascular ectasia and; Comments: sparse chronic inflammation and no signs of bacterial or fungal organisms.; Test Name: Testing for chlamydia; Test Result: Negative; Comments: negative in the past and on repeat testing; Test Name: Bacterial vulvar tissue culture; Result Unstructured Data: Test Result:neutrophils; Comments: moderate mixed gram positive organisms; Test Name: Tissue culture; Result Unstructured Data: Test Result:Escherichia coli and rare candida; Comments: which were interpreted as asymptomatic colonization from GI/GU flora.; Test Name:

Cytomegalovirus; Test Result: Negative; Test Name: Epstein-Barr virus panel; Test Result: Negative; Test Name: Hepatitis B; Test Result: Negative; Test Name: Hepatitis C; Test Result: Negative; Test Name: HSV-1 IgG; Test Result: Negative; Test Name: herpes simplex virus (HSV)-1; Test Result: Negative; Test Name: herpes simplex virus (HSV)-2; Test Result: Negative; Test Name: Testing for human immunodeficiency virus; Test Result: Negative; Comments: negative in the past and on repeat testing; Test Name: Testing for human immunodeficiency virus; Test Result: Negative; Test Name: C3 complement; Result Unstructured Data: Test Result:181; Comments: Mildly elevated, though noted to be insignificant; Test Name: C4 complement; Result Unstructured Data: Test Result:50; Comments: Mildly elevated, though noted to be insignificant; Test Name: Lyme; Test Result: Negative; Test Name: acid-fast bacilli; Test Result: Negative; Test Name: Testing for gonorrhea; Test Result: Negative; Comments: negative in the past and on repeat testing; Test Name: examination; Result Unstructured Data: Test Result:No oral ulcers were present; Test Name: COVID polymerase chain reaction; Test Result: Negative; Test Name: pap smear; Result Unstructured Data: Test Result:unremarkable; Test Name: Bacterial vulvar smear; Result Unstructured Data: Test Result:Neutrophils; Comments: moderate mixed gram positive organisms; Test Name: thyroid cascade; Test Result: Negative; Test Name: syphilis testing; Test Result: Negative; Test Name: varicella zoster; Test Result: Negative.
CDC Split Type: USPFIZER INCPV20220004406
Write-up: This is a literature report for the following literature source(s): "Acute vulvar ulcers and the COVID-19 booster vaccine", Case Reports, 2022. The authors presented a case of a 22-year-old patient who presented with acute vulvar ulcers that developed 2 days after they got the COVID-19 Pfizer booster. While these ulcers have historically been identified after a variety of triggers, more recently, reports have been made following the COVID-19 vaccination and infection. Here, they have identified a case following a Pfizer booster dose. Case Report: A 22-year-old adult presented to the dermatology clinic with an 11-day history of vulvar ulcers. The patient reported tenderness and swelling of the labia initially and subsequently noticed discrete, deeply erythematous lesions. These gradually coalesced into gray, tan exudates and pseudomembranous with continued extensive vulvar swelling. The patient also noted severe pain, particularly with urination, a fever, and axillary and supraclavicular lymphadenopathy with ulcer onset. Two days prior to symptom onset, the patient had received the Pfizer COVID-19 booster vaccine and had a negative COVID polymerase chain reaction test after the booster. The patient reported a history of 2 similar episodes, at age 13 years and approximately 6 months prior to presentation. The first episode was presumed to be trauma secondary to shaving, although they denied any history of shaving. The second episode was preceded by a viral upper respiratory illness. The patient noted a history of oral aphthous ulcer outbreaks 3 times per year. They denied any vaginal intercourse for over 2 years, new medications, personal care products, or inciting trauma. Testing for human immunodeficiency virus (HIV), gonorrhea, and chlamydia was all negative in the past and on repeat testing. Their recent pap smear was unremarkable. Prior to presenting to dermatology, the patient saw infectious disease and was prescribed amoxicillin/clavulanate, doxycycline, and fluconazole as empiric therapy. A punch biopsy of the right labia minora showed epidermal ulceration with dense dermal mixed inflammation and favored an infectious etiology. Bacterial vulvar tissue culture and smear showed neutrophils and moderate mixed gram-positive organisms. Serologic testing revealed herpes simplex virus (HSV)-1 IgG. HSV-2, HIV, acid-fast bacilli, varicella zoster, hepatitis B, hepatitis C, cytomegalovirus, and syphilis testing were all negative. On examination, no oral ulcers were present, but vulvar edema and extensive ulceration were present bilaterally (left worse than right), with yellow, gray purulent drainage and pseudomembrane. A second punch biopsy of nonulcerated skin and tissue culture of the left vulva was completed. The patient was advised to continue oral antibiotics and to empirically start mupirocin and clobetasol ointment twice daily. The second punch biopsy of the left vulva showed dermal edema with vascular ectasia and sparse chronic inflammation and no

signs of bacterial or fungal organisms. Tissue culture results showed Escherichia coli and rare candida, which were interpreted as asymptomatic colonization from GI/ GU flora. Antinuclear antibody, Epstein-Barr virus panel, Lyme, and thyroid cascade were negative. C3 and C4 complement were mildly elevated at 181 and 50, respectively, though noted to be insignificant. Approximately 1 week later, they noted improvement with topical clobetasol, but persistent pain. The patient started 60-mg oral prednisone with a 15-day taper. Two weeks after their first appointment, they noted improvement in discomfort and treatment was continued with prednisone taper, clobetasol ointment, and the mupirocin ointment. The patient was counseled that this may recur in the future. Discussion: This case of acute vulvar ulcers in a 22-year-old adult 2 days after receiving the COVID-19 Pfizer booster vaccine adds to the evolving compendium of COVID-19 vaccine related adverse reactions. Sender"s Comments: Based on the known safety profile and information in the case report a casual association between reported event Vulval ulceration and the suspect drug BNT162B2 cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate

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VAERS ID:	2422807 (history)	**Vaccinated:**	2022-08-19
Form:	Version 2.0	**Onset:**	2022-08-19
Age:	55.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Shingrex - unknown date , localized swelling, redness
Other Medications: Furosemide, Spironolactone, Immodium, Tums, Icy Hot, Salonpas-Hot, Ventolin, Claritin, Fluticasone, Albuterol, Atorvastatin, Valacyclovir, Glimepiride, Ozempic, Vitamin D3, Vitamin B-12, Metoproll, Escitalopram, Plexus, Prilosec, Melatonin
Current Illness: Chronic conditions only
Preexisting Conditions: Allergic Rhinitis, Night sweats, Chronic Kidney Disease, Stress incontinence, History of MVA, Paresthesia, Headache, Neck Pain, Shoulder Pain / bilateral, Vaginal itching, BMI over 40, Tobacco Abuse, Restrictive lung disease, Obstructive sleep apnea,

Cough, Essential Hypertension, Supraventricular tachycardia, Triscupid valve insufficiency, Chronic diastolic heart failure, Chronic Right Heart failure, Cirrhosis, Ascites, Elevated Alkaline phosphatase, Abnormal LFTs, Gastric Antral Vascular Ectasia with hemorrhage, Dyspepsia, Hiatal Hernia, Hyperlipidemia, Tubular Adenoma of Colon, Erythrocytosis, Restless leg syndrome, Lymphedema arm, Adhesive capsulitis - left, Fatigue
Allergies: Shingrix Vaccine, Amoxicillin, Penicillin, Sulfa, Formoterol, Jardiance, Doxycycline, Latex, Adhesive, Scopolamine, Bedesonide, Metformin, Symbicort, Cephalexin
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Patient received vaccine that was beyond it"s use date of 7/22/2022

VAERS ID:	2425136 (history)	**Vaccinated:**	2022-08-30
Form:	Version 2.0	**Onset:**	2022-08-30
Age:	40.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN MANUFACTURER	FDP00004 / 1	RA / ID

Administered by: Public **Purchased by:** ?
Symptoms: Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: During the first intradermal administration of 0.1mL of the Jynneos vaccine a wheal was not achieved. A second administration of 0.1mL of Jynneos was administered intradermally and a wheal was achieved. The patient was monitored for 15 minutes and no adverse reaction was observed.

VAERS ID: 2425140 (history)		**Vaccinated:**	2022-08-30
Form:	Version 2.0	**Onset:**	2022-08-30
Age:	71.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN MANUFACTURER	FDP00004 / 1	RA / ID

Administered by: Public **Purchased by:** ?
Symptoms: Immune system disorder, No adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Pt stated on screening sheet he has cancer, leukemia, HIV/AIDS or another immune system problem.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: During the first intradermal administration of 0.1mL of the Jynneos vaccine a wheal was not achieved. A second administration of 0.1mL of Jynneos was administered intradermally and a wheal was achieved. The patient was monitored for 15 minutes and no adverse reaction was observed.

VAERS ID: 2426649 (history)		**Vaccinated:**	2022-09-01
Form:	Version 2.0	**Onset:**	2022-09-01
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 3	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: NKDA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Gave Covid booster after time of 12 hour expiration period

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VAERS ID:	2429706 (history)	**Vaccinated:**	2022-08-30
Form:	Version 2.0	**Onset:**	2022-08-31
Age:	73.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (NOVAVAX)) / NOVAVAX	4302MF023 / 2	LA / ID

Administered by: Public **Purchased by:** ?
Symptoms: Blood glucose increased, Fatigue, Frequent bowel movements, Gastrointestinal disorder, Headache, Mobility decreased, Pain, Urinary incontinence
SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow), Parkinson-like events (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient called 9/02/2022 to state possibly one to two days after administration of Novavax vaccine on 8/30/2022, she became extremely fatigued and could barely get out of bed. She had a headache that was extremely painful and persisted until this phone call. The patient said she was having intestinal difficulties including multiple bowel movements while she typically never had more than two. She also had some bladder incontinence. She reported her blood sugar had gone up to 133 while it was normally around 103-108. Patient stated she does not use any analgesics.

VAERS ID:	2433716 (history)	**Vaccinated:**	2021-01-13
Form:	Version 2.0	**Onset:**	2021-02-01
Age:	49.0	**Days after vaccination:**	19
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cardiac stress test, Carditis, Chest pain, Electrocardiogram
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Noninfectious myocarditis/pericarditis (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations: 2016 chicken pox"s
Other Medications: no
Current Illness: none
Preexisting Conditions: gilberts disease
Allergies: nkda
Diagnostic Lab Data: ekg and stress test.
CDC Split Type:
Write-up: Carditis chest pain felt like heart attack

VAERS ID: 2434611 (history)		**Vaccinated:**	2022-06-04
Form:	Version 2.0	**Onset:**	2022-07-01
Age:	56.0	**Days after vaccination:**	27
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A22B / 4	RA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Arthralgia, Bordetella test negative, Chills, Headache, Myalgia, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fish oil, Vitamin D
Current Illness: None
Preexisting Conditions: High Cholesterol
Allergies: None
Diagnostic Lab Data: 8/3 Lyme Blood test.
CDC Split Type:
Write-up: On 7/20/22 sudden mild fever, muscle and joint pain, chills, headache. Resolved in 36 hours. Then on 8/3/22 the same symptoms occurred and was advised to go to urgent care, Physicians assistant prescribed Deoxycycline antibiotic and blood test for Lyme disease as I had been hiking and found a tick in my home. Tick was not engorged and I had no indication it had attached to my skin. The blood test I was told came back negative.

VAERS ID: 2438737 (history)		**Vaccinated:**	2022-09-08
Form:	Version 2.0	**Onset:**	2022-09-08
Age:	62.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	UNKNOWN / 5	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Headache

SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Headache, body ache
Other Medications: Anastrazole, Atorvastatin, baby aspirin
Current Illness: None
Preexisting Conditions: Breast cancer in 2020
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Headache starting evening of vaccination, continuing for 48+ hours

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VAERS ID:	2439759 (history)	**Vaccinated:**	2021-12-30
Form:	Version 2.0	**Onset:**	2021-12-30
Age:	52.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	33025BD / 2	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Abdominal pain upper, Ageusia, Anosmia, Arthralgia, Chest pain, General physical health deterioration, Inappropriate schedule of product administration, Irritability, Lymphadenopathy
SMQs:, Acute pancreatitis (broad), Taste and smell disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Cardiomyopathy (broad), Arthritis (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: COVID-19 (Had COVID 6 weeks before being forced into getting first shot)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202201117853
Write-up: swollen lymph nodes; stomach pain; irritability; my sense of taste and smell is gone after the 2nd shot; my sense of taste and smell is gone after the 2nd shot; Overall declined in health; joint pain; chest pain; Inappropriate schedule of vaccine administered; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 52-year-old male patient received BNT162b2 (BNT162B2), on 30Dec2021 as dose 2, single (Lot number: 33025BD) at the age of 52 years, in left deltoid for covid-19 immunisation; influenza vaccine (INFLUENZA VACCINE), in 2021 as dose number unknown, single (Batch/Lot number: unknown) for immunisation. The patient''s relevant medical history included: "COVID-19" (unspecified if ongoing), notes: Had COVID 6 weeks before being forced into getting first shot. There were no concomitant medications. Vaccination history included: BNT162b2 (DOSE 1, SINGLE; LOT: 32030BD; NDC, EXP: Unknown; Anatomical site of vaccination: right deltoid), administration date: 23Oct2021, when the patient was 52-year-old, for COVID-19 Immunization, reaction(s): "Overall declined in health since he was forced to get these shots". The following information was reported: INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (non-serious) with onset 30Dec2021, outcome "unknown", described as "Inappropriate schedule of vaccine administered"; CHEST PAIN (non-serious) with onset 31Dec2021, outcome "not recovered"; ARTHRALGIA (non-serious) with onset 31Dec2021, outcome "not recovered", described as "joint pain"; LYMPHADENOPATHY (non-serious), outcome "not recovered", described as "swollen lymph nodes"; ABDOMINAL PAIN UPPER (non-serious), outcome "not recovered", described as "stomach pain"; IRRITABILITY (non-serious), outcome "not recovered"; AGEUSIA (non-serious), ANOSMIA (non-serious), outcome "not recovered" and all described as "my sense of taste and smell is gone after the 2nd shot"; GENERAL PHYSICAL HEALTH DETERIORATION (non-serious), outcome "unknown", described as "Overall declined in health". Therapeutic measures were taken as a result of arthralgia. Therapeutic measures were not taken as a result of chest pain. Additional information: The patient was treated with 300 mg Acetamenophen for arthralgia, which he takes when he aches so bad he can''t stand anymore. The patient wants to know how long the side effects will last. He states he "was pretty much experiencing all of them". 9 months and he was getting joint pain chest pain, swollen lymph nodes, stomach pain, irritability, its all still there. Overall declined in health since he was forced to get these shots. He had tried to follow up with them (HCP) they just dont want to know nothing about it, they cant tell him anything, they said he would be all right. They keep telling him the shot was safe". Caller stated that he was wondering the longevity of the side effects. He also noted that he really truly wish he had never been poked. Caller also reported having lost his sense of taste and smell after the 2nd shot. Sense of taste and smell is pretty much gone: Started right after he got the shot. Sense of taste and smell came back after that and was pretty good and everything was normal. Everything was pretty good after being forced to take first shot. Pretty much as soon as he got second shot, sense of taste and smell were completely gone again. Patient was still experiencing chest pain now, all day long, every day. Sometimes are a little worse than others. Joint pain was still the same. Has arthritis, which has excelled since he has

gotten that shot. Has been real bad since then. Caller stated that these side effects have been ongoing for 9 months. No visits of emergency room and physician office. No prior vaccinations within 4 weeks. No AEs prior vaccinations. No Family medical history relevant to AEs

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VAERS ID:	2439792 (history)	**Vaccinated:**	2021-10-23
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	52.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-09-10
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	32030BD / 1	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: General physical health deterioration
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: COVID-19 (Had COVID 6 weeks before being forced into getting first shot)
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202201118272
Write-up: Overall declined in health since he was forced to get these shots; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 52-year-old male patient received BNT162b2 (BNT162B2), on 23Oct2021 as dose 1, single (Lot number: 32030BD) at the age of 52 years, in right deltoid for covid-19 immunisation; influenza vaccine (INFLUENZA VACCINE), in 2021 as dose number unknown, single (Batch/Lot number: unknown) for immunisation. The patient''s relevant medical history included: "COVID-19" (unspecified if ongoing), notes: Had COVID 6 weeks before being forced into getting first shot. There were no concomitant medications. The following information was reported: GENERAL PHYSICAL HEALTH DETERIORATION (non-serious) with onset 2021, outcome "not recovered", described as "Overall declined in health since he was forced to get these shots". Additional information: The patient did not have any family medical history relevant to the adverse event. The patient received first shot at mass medical event through battalion. The patient had COVID 6 weeks before being forced into getting first shot. Sense of taste and smell came back after that and was pretty good and everything was normal.

Everything was pretty good after being forced to take first shot. The patient had overall declined in health since he was forced to get these shots. The patient wanted to know how long the side effects would last. The patient stated that he was wondering about the longevity of the side effects. No investigations were done. The case was reported as non-serious.

VAERS ID:	2440333 (history)	**Vaccinated:**	2022-09-08
Form:	Version 2.0	**Onset:**	2022-09-08
Age:	59.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	AS7148B / 5	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: COVID-19 Pfizer Lot FK893 Fatigue, Chills, Headache lasting approximately 24hrs
Other Medications: Mirtazapine, Duloxetine, Fenofibrate, Simvastatin
Current Illness: None
Preexisting Conditions: Diabetes
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fatigue, Chills, Headache lasting approximately 24 hours

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VAERS ID:	2441009 (history)	**Vaccinated:**	2022-09-12
Form:	Version 2.0	**Onset:**	2022-09-12
Age:	68.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	AS7145B / 1	LA / IM
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) /		

SEQIRUS, INC.	346347 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Back pain, Chest pain, Dizziness, Emotional distress, Flushing, Immediate post-injection reaction
SMQs:, Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Not Known
Current Illness: Patient stated that she had chest pain prior to getting the vaccinations.
Preexisting Conditions: Unknown, patient stated she is generally healthy.
Allergies: No known allergies
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient received both vaccinations, exited the vaccination room and then immediately began complaining that she was feeling lightheaded. She was very flushed and appeared to be in distress. She re-entered the vaccination room where she appeared to have significant back pain and continued lightheadedness. She was able to lie down more comfortably on the floor and rested while EMS was contacted. She complained of some chest pain and stated she had chest pain prior to the administrations of the vaccines. EMS arrived within 15 minutes, assessed the patient and transported her to the local hospital.

VAERS ID:	2442544 (history)	**Vaccinated:**	2022-09-12
Form:	Version 2.0	**Onset:**	2022-09-12
Age:	33.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9694 / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anxiety, Dysphonia, Throat tightness
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity

(broad), Hypoglycaemia (broad)
Life Threatening? Yes
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: L-tyrosine, acetyl L-carborundum, gingko, 5-HTP, multivitamin, immune-supporting mushroom supplement
Current Illness: None
Preexisting Conditions: Eczema, depression
Allergies: Peanuts
Diagnostic Lab Data: None
CDC Split Type:
Write-up: I began to experience a tightening sensation in my throat about 5-10 minutes after the vaccine injection. I was worried about getting stuck at the pharmacy or forced to visit the hospital so I went home, where my throat continued to constrict and my voice became hoarse. I called the pharmacy and they recommended Benadryl. I took one 25mg Benadryl (~5:00pm) which helped, but my throat began to tighten again about 1 hour later so I took another Benadryl (~6:00pm), and then 1 more Benadryl 3 hours later before I went to bed at 10pm. This resolved the tightening in my throat and hoarse voice. This reaction was similar to the anaphylactic reaction I experience when I?m exposed to peanuts. It would have been smart to go to the hospital, but I did not want to incur the cost.

VAERS ID:	2442747 (history)	**Vaccinated:**	2021-11-02
Form:	Version 2.0	**Onset:**	2021-11-17
Age:	0.33	**Days after vaccination:**	15
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	T034512 / 2	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: Decreased appetite, Enema administration, Haematemesis, Intussusception, Lethargy, Pyrexia, Surgery, Ultrasound abdomen abnormal
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal obstruction (narrow), Gastrointestinal haemorrhage (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: Sacral Dimple in Newborn
Allergies: N/A
Diagnostic Lab Data: US abdomen on 11/19/2022 confirmed Dx of intussusception
CDC Split Type:
Write-up: Fever, loss of appetite on 11/17/2021 followed on 11/18/2021 by non-intractable emesis with blood, lethargy. Two ER trips (11/17/2021, 11/18/2021), second ER trip resulted in admission to hospital. Unable to reduce intussusception with air or fluid enema attempts, surgical intervention required to reduce intussusception. Pt has recovered from surgery with no recurrences or complications.

VAERS ID:	2444689 (history)	**Vaccinated:**	2022-08-12
Form:	Version 2.0	**Onset:**	2022-08-12
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	RA / UN

Administered by: Unknown **Purchased by:** ?
Symptoms: Dyspnoea, Hypersensitivity, Palpitations
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vit. E , Lipoic Acid, Multiple Vit and Vit C
Current Illness: none
Preexisting Conditions: none
Allergies: No Allergies I had an extreme reaction To the Shingrix Shingle shot -- within an hour after I received the shot I was having trouble breathing and had heart palpitations that lasted into

the next day. I called the parent company GSK to report and to ask what type of protection I had after 1 shot - they gave me a run around and 2 different people told me that they had NO data on protection from one shot - so unethical plus I don''t believe it. As a consumer I have a right to that information
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I had an extreme reaction To the Shingrix Shingle shot -- within an hour after I received the shot I was having trouble breathing and had heart palpitations that lasted into the next day. I called the parent company GSK to report and to ask what type of protection I had after 1 shot - they gave me a run around and 2 different people told me that they had NO data on protection from one shot - so unethical plus I don''t believe it. As a consumer I have a right to that information.

VAERS ID:	2447636 (history)	**Vaccinated:**	2022-08-19
Form:	Version 2.0	**Onset:**	2022-08-19
Age:	11.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL2757 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Vaccination site erythema, Vaccination site pruritus
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none known
Current Illness: none known
Preexisting Conditions: congenital single kidney
Allergies: environmental, Amoxicillin, gluten
Diagnostic Lab Data: none
CDC Split Type:
Write-up: About 6 hrs after patient received vaccine, the patient realized the site vaccine was given was itchy and red. Family called the office to discuss. Pt denied any signs of distress. Only complaint was itching at the site of vaccine. Reviewed symptoms with patient''s PCP and advised cold pack and topical hydrocortisone cream for itching and if persists, oral antihistamine.

VAERS ID:	2449386 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2022-06-01
Age:	25.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-09-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Exposure to SARS-CoV-2, Hypersensitivity, Inappropriate schedule of product administration, Injection site hypoaesthesia
SMQs:, Angioedema (broad), Hypersensitivity (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: US0095075132208USA011085
Write-up: this patient was exposed to COVID-19 on an unspecified date.; After that first dose, the patient experienced "superficial numbness in her left arm" (where the dose was administered); She is "very sensitive to vaccines."; Patient received her first dose of GARDASIL 9 at age 25 years / The patient is now currently 39 years old and received her 2nd dose; This spontaneous report was received from a pharmacist regarding a 25-year-old female patient. The patient''s medical history, concurrent conditions, and concomitant therapies were not reported. On an unknown date (reported as "at age 25 years"), the patient was vaccinated with the first dose of hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9) (dosage regimen, strength, lot #, expiry date, anatomical location, and route of administration were not provided) as prophylaxis. On an unknown date (reported as "after that first dose"), the patient experienced superficial numbness in her left arm (where the dose was administered) (Injection site hypoaesthesia). On an unspecified date, she was exposed to Coronavirus disease 2019 (COVID-19) (Exposure to COVID-19). In approximately June 2022 (reported as "approximately 2 months ago"), the patient was vaccinated with the second dose of hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9) (dosage regimen, strength, lot #, expiry date, anatomical location, and route of administration were not provided) as prophylaxis (Inappropriate schedule of product administration). Therefore, the patient stated that "she was very sensitive to vaccines" (Hypersensitivity). She was treated for the events. At the time of reporting, the patient was not recovered from the event of injection site hypoaesthesia. However, the outcome of the events

exposure to COVID-19 and hypersensitivity was not provided. The causal relationship between hypersensitivity and hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9) was related. However, the causal relationship between exposure to COVID-19, injection site hypoaesthesia, and hpv rl1 6 11 16 18 31 33 45 52 58 vlp vaccine (yeast) (GARDASIL 9) was unknown.

VAERS ID:	2449582 (history)	**Vaccinated:**	2022-06-27
Form:	Version 2.0	**Onset:**	2022-06-27
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	299J9 / 2	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGSKUS2022130650
Write-up: 1st dose on 13Jun2022, 2nd dose on 27Jun2022; This case was reported by a pharmacist via call center representative and described the occurrence of drug dose administration interval too short in a 61-year-old female patient who received Herpes zoster (Shingrix) (batch number 299J9, expiry date 1st July 2023) for prophylaxis. Concomitant products included RECOMBINANT VARICELLA ZOSTER VIRUS SURFACE GLYCOPROTEIN E (SHINGRIX). On 27th June 2022, the patient received the 2nd dose of Shingrix. On 27th June 2022, unknown after receiving Shingrix, the patient experienced drug dose administration interval too short. On an unknown date, the outcome of the drug dose administration interval too short was unknown. Additional Information: GSK Receipt Date: 09-SEP-2022 Reporter''s Comment: The patient was not immunocompromised. At the time of reporting, the dose had not been repeated. The reporter consented to follow up. Additional Supportive Information: The patient received the 2nd dose of Shingrix earlier than the recommended schedule, which led to shortening of vaccination schedule.

VAERS ID:	2450189 (history)	**Vaccinated:**	2022-04-01
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	70.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-09-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9894 / 4	LA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Atrial fibrillation
Allergies:
Diagnostic Lab Data: Test Name: COVID-19 test; Test Result: Negative ; Comments: Tested positive after having tested negative two days in a row; Test Name: COVID-19 test; Test Result: Positive ; Comments: Tested positive after having tested negative two days in a row; Test Name: COVID-19 test; Test Result: Negative ; Comments: Tested positive after having tested negative two days in a row; Test Name: COVID-19 test; Test Result: Positive ; Comments: COVID 19 Treatment
CDC Split Type: USPFIZER INC202201156569
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from product quality group. The reporter is the patient. A 71-year-old male patient received BNT162b2 (BNT162B2), on 11Mar2021 as dose 1, single (Lot number: en6198), on 01Apr2021 as dose 2, single (Lot number: er8737), on 13Oct2021 as dose 3 (booster), single (Lot number: fh8020) and on 01Apr2022 as dose 4 (booster), single (Lot number: FK9894) at the age of 70 years, in left arm for covid-19 immunisation. The patient''s relevant medical history included: "atrial fibrilation" (unspecified if ongoing). The patient''s concomitant medications were not reported. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant), outcome "not recovered" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Negative, notes: Tested positive after having tested negative two days in a row; Positive, notes: Tested positive after having tested negative two days in a row; Negative, notes: Tested positive after having tested negative two days

in a row; Positive, notes: COVID 19 Treatment. Therapeutic measures were taken as a result of vaccination failure, covid-19. Clinical course: Patient had Paxlovid for COVID 19 Treatment from 31Aug2022 to 04Sep2022.

VAERS ID:	2451290 (history)	**Vaccinated:**	2022-09-17
Form:	Version 2.0	**Onset:**	2022-09-17
Age:	50.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GJ2S24 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chills, Fatigue, Headache, Lymphadenopathy, Musculoskeletal chest pain, Night sweats, Pyrexia, Sleep disorder
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Moderna booster 11/9/21, age 49. Fever & chills.
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: Fatigue, headache, fever, chills, night sweats the first night after the vaccine. Normal temperature by morning but lymph nodes were very swollen in armpit early in the morning after the vaccine. Swelling grew worse through the day. Pain spread to ribs, below armpit, back, and underneath left breast. Started ibuprofen 400mg at noon then every 5 hours. Severe pain second night after vaccine, impacting ability to sleep. Increased ibuprofen to 600mg at 1pm that day. Started hot compresses on armpit and side. Started Benadryl 3pm that day.

VAERS ID:	2451841 (history)	**Vaccinated:**	2021-04-28
Form:	Version 2.0	**Onset:**	2022-01-01
Age:	55.0	**Days after vaccination:**	248
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Bursitis, COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ALBUTEROL [SALBUTAMOL]; PREDNISONE
Current Illness: Asthma (had asthma prior to the vaccines, was pretty stable (no acute attacks after vaccine))
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 202201; Test Name: COVID-19 test; Test Result: Positive ; Result Unstructured Data: diagnosed with Covid
CDC Split Type: USMODERNATX, INC.MOD20226
Write-up: Bursitis got bad; Covid after 2 doses of vaccine; Covid after 2 doses of vaccine; This spontaneous case was reported by a patient and describes the occurrence of BURSITIS (Bursitis got bad), COVID-19 (Covid after 2 doses of vaccine) and VACCINATION FAILURE (Covid after 2 doses of vaccine) in a 55-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 042C21A and 009C21A) for COVID-19 vaccination. Concurrent medical conditions included Asthma (had asthma prior to the vaccines, was pretty stable (no acute attacks after vaccine)). Concomitant products included PREDNISONE for Asthma, ALBUTEROL [SALBUTAMOL] for an unknown indication. On 28-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 26-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In January 2022, the patient experienced COVID-19 (Covid after 2 doses of vaccine) and VACCINATION FAILURE (Covid after 2 doses of vaccine). On an unknown date, the patient experienced BURSITIS (Bursitis got bad). The patient was treated with PARACETAMOL (TYLENOL) for Bursitis, at an unspecified dose and frequency and IBUPROFEN (ADVIL [IBUPROFEN]) for Bursitis, at an unspecified dose and frequency. At the time of the report, BURSITIS (Bursitis got bad) had resolved and COVID-19 (Covid after 2 doses of vaccine) and VACCINATION FAILURE (Covid after 2 doses of vaccine) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In January

2022, SARS-CoV-2 test: (Positive) diagnosed with Covid. The patient received treatment of unknown infusion on 26-Jan-2022. Company comment: This is a spontaneous case concerning a 55 -year-old female patient, with no relevant medical history reported, who experienced the unexpected non serious AESI event of COVID-19, which occurred unspecified days after second dose of mRNA-1273 vaccine. Vaccination failure was reported as an additional event. SARS-CoV-2 test was positive unspecified days to mRNA-1273 vaccine. Patient had bursitis prior to getting the vaccine but got bad after getting the vaccine started taking Tylenol and Advil, patient prior to vaccination also had asthma (no acute attacks after getting the vaccine) patient is on albuterol inhaler and predsinole when attack take place. No further information on investigations and treatment received was available in the report. The outcome of the event was reported as unknown. Ongoing pandemic of Covid-19 remains as a confounder. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender''s Comments: This is a spontaneous case concerning a 55 -year-old female patient, with no relevant medical history reported, who experienced the unexpected non serious AESI event of COVID-19, which occurred unspecified days after second dose of mRNA-1273 vaccine. Vaccination failure was reported as an additional event. SARS-CoV-2 test was positive unspecified days to mRNA-1273 vaccine. Patient had bursitis prior to getting the vaccine but got bad after getting the vaccine started taking Tylenol and Advil, patient prior to vaccination also had asthma (no acute attacks after getting the vaccine) patient is on albuterol inhaler and predsinole when attack take place. No further information on investigations and treatment received was available in the report. The outcome of the event was reported as unknown. Ongoing pandemic of Covid-19 remains as a confounder. The benefit-risk relationship of mRNA-1273 is not affected by this report.

VAERS ID:	2451997 (history)	**Vaccinated:**	2022-09-16
Form:	Version 2.0	**Onset:**	2022-09-19
Age:	41.0	**Days after vaccination:**	3
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	NO IDEA / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Injection site cyst
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Raspatory distress, feever, sweats, cold, shivers, vommit
Other Medications: none
Current Illness: none

Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type: no idea
Write-up: I developed a series of cysts near the injection site 48 hours after the injection. They look like burns.

VAERS ID:	2452071 (history)	**Vaccinated:**	2022-07-14
Form:	Version 2.0	**Onset:**	2022-07-21
Age:	1.0	**Days after vaccination:**	7
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: SUNSCREEN
Diagnostic Lab Data:
CDC Split Type:
Write-up: RASH.

VAERS ID:	2452077 (history)	**Vaccinated:**	2022-09-16
Form:	Version 2.0	**Onset:**	2022-09-17
Age:	1.17	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-20

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: RASH AFTER PFIZER #2
Other Medications:
Current Illness: RASH, COUGH, CONGESTION
Preexisting Conditions:
Allergies: SUNSCREEN
Diagnostic Lab Data:
CDC Split Type:
Write-up: RASH

VAERS ID:	2453132 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	59.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 5	LA / -

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect product formulation administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Oxycontin, oxycodone, symbicort, clonazepam, pantoprazole, triamcinolone topically, fluticasone, montelukast, aripiprazole
Current Illness:
Preexisting Conditions:
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pharmacist intended to administer bivalent vaccine, but regular pfizer (non-bivalent) was given by mistake as patient''s 5th dose. No physical or other adverse events reported by patient.

VAERS ID:	2454566 (history)	**Vaccinated:**	2022-09-18
Form:	Version 2.0	**Onset:**	2022-09-19
Age:	60.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin D, Zinc, vitamin C
Current Illness: None
Preexisting Conditions: none
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: running fever five days after the vaccination.

VAERS ID:	2454603 (history)	**Vaccinated:**	2022-09-18
Form:	Version 2.0	**Onset:**	2022-09-19
Age:	60.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	AS7145B / 4	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Agitation, Feeling abnormal, Feeling hot, Pyrexia, Sleep disorder
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D, Vitamin C, zinc.
Current Illness: None.
Preexisting Conditions: None.
Allergies: None.
Diagnostic Lab Data: None.
CDC Split Type:
Write-up: He got his vaccine, he was very agitated at night, could not sleep very well, he is hot inside. He woke up on Monday with a temperature around 100 up and down, and then the third day for about 12-14 hours did not feel bad, but then yesterday afternoon he ran a fever again around 100 and last night was 101. He has not taken anything for it. He has stayed hydrated. He has tried to contact the pharmacist and did not get through anything. He has made an appointment with his PCP to see him tomorrow. He is still feeling bad, and today his temperature is 101, varies from 100-101. He just does not feel good. He got all COVID vaccines and was down for about 48 hours and then up and going again. Gets the flu vaccine every year and has never had a problem with them.

VAERS ID:	2455679 (history)	**Vaccinated:**	2021-10-02
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-09-23
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8839 / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Interchange of vaccine products, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Medication errors (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: AMLODIPINE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Hypertension; Psoriasis
Allergies:
Diagnostic Lab Data: Test Name: COVID -19 test; Test Result: Positive ; Comments: COVID-19 Treatment
CDC Split Type: USPFIZER INC202201176644
Write-up: Dose 1, Dose 2, Dose 3: BNT162B2; Dose 4: MODERNA COVID-19 VACCINE; COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 70-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 02Mar2021 as dose 1, single (Lot number: EN6205), on 01Apr2021 as dose 2, single (Lot number: ER8734) and on 02Oct2021 as dose 3 (booster), single (Lot number: Ff8839) for covid-19 immunisation; elasomeran (MODERNA COVID-19 VACCINE), on 06Apr2022 as dose 4 (booster), single (Lot number: 002M214) for covid-19 immunisation. The patient''s relevant medical history included: "Hypertension" (unspecified if ongoing); "Psoriasis" (unspecified if ongoing). Concomitant medication(s) included: AMLODIPINE. The following information was reported: INTERCHANGE OF VACCINE PRODUCTS (medically significant), outcome "unknown", described as "Dose 1, Dose 2, Dose 3: BNT162B2; Dose 4: MODERNA COVID-19 VACCINE"; VACCINATION FAILURE (medically significant), COVID-19 (medically significant), outcome "not recovered" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Positive, notes: COVID-19 Treatment. Therapeutic measures were taken as a result of vaccination failure, covid-19 included Paxlovid. Additional information: The patient has no known allergies.

VAERS ID:	2455932 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	56.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 4	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was vaccinated with regular pfizer vaccine and not the bivalent vaccine as intended. Regular pfizer no longer approved as a booster dose.

VAERS ID:	2455934 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	84.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was vaccinated with regular pfizer vaccine and not the bivalent vaccine as intended. Regular pfizer no longer approved as a booster dose.

VAERS ID:	2455935 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	79.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient was vaccinated with regular pfizer vaccine and not the bivalent vaccine as intended. Regular pfizer no longer approved as a booster dose.

VAERS ID:	2455936 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	53.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 5	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was vaccinated with regular pfizer vaccine and not the bivalent vaccine as intended. Regular pfizer no longer approved as a booster dose.

VAERS ID:	2455937 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	71.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 5	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was vaccinated with regular pfizer vaccine and not the bivalent vaccine as intended. Regular pfizer no longer approved as a booster dose.

VAERS ID:	2455940 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	69.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 4	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was vaccinated with regular pfizer vaccine and not the bivalent vaccine as intended. Regular pfizer no longer approved as a booster dose.

VAERS ID:	2455945 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	63.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 4	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was vaccinated with regular pfizer vaccine and not the bivalent vaccine as intended. Regular pfizer no longer approved as a booster dose.

VAERS ID:	2455947 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	73.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7141 / 5	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: augmentin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was vaccinated with regular pfizer vaccine and not the bivalent vaccine as intended. Regular pfizer no longer approved as a booster dose.

VAERS ID:	2459905 (history)	**Vaccinated:**	2022-09-25
Form:	Version 2.0	**Onset:**	2022-09-25
Age:	8.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9702 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: mULTIVITAMIN
Current Illness: NO
Preexisting Conditions: NONE, MOTHER STATED THEY HAVE SOME MEETING SET UP WITH SPECIALISTS BUT DID NOT GO INTO WHAT THEY WERE FOR
Allergies: NO
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: PATIENT RECEIVED ADULT DOSE PFIZER BIVALENT VACCINE INSTEAD OF FLU SHOT

VAERS ID:	2460544 (history)	**Vaccinated:**	2022-08-21
Form:	Version 2.0	**Onset:**	2022-09-19
Age:	0.75	**Days after vaccination:**	29
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	AS1412B / 2	LL / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dermatitis diaper, Diarrhoea, Vomiting
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Vitamin D
Current Illness: He tested positive for COVID-19 on 7/28/22.
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type: vsafe

Write-up: He had diarrhea, a diaper rash and vomiting. It lasted for about 5 days.

VAERS ID:	2463532 (history)	**Vaccinated:**	2022-09-23
Form:	Version 2.0	**Onset:**	2022-09-24
Age:	60.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	3G2C4 / 2	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cellulitis
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: CELLULITIS IN VACCINE ARM AFTER RECEIVEING SHINGRIX VACCINE WHICH WAS TREATED AND RESOLVED WITH ANTIBIOTICS

VAERS ID:	2464412 (history)	**Vaccinated:**	2022-09-13
Form:	Version 2.0	**Onset:**	2022-09-17
Age:	75.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Facial paralysis

SMQs:, Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Negative Lyme serology
CDC Split Type:
Write-up: Left-sided facial paralysis. Treated with 7 days of prednisone 60 mg daily and valacyclovir 1 gram TID. As of this date, gradual improvement.

VAERS ID:	2464416 (history)	**Vaccinated:**	2022-09-16
Form:	Version 2.0	**Onset:**	2022-09-27
Age:	71.0	**Days after vaccination:**	11
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9693 / UNK	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: Extra dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NA
Current Illness: NA
Preexisting Conditions: NA
Allergies: NA

Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received two doses of the Pfizer Bivalent covid Vaccine. No ADRS observed.

VAERS ID:	2464484 (history)	**Vaccinated:**	2022-09-29
Form:	Version 2.0	**Onset:**	2022-09-29
Age:	80.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	AS7148B / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: No adverse event, Underdose
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: incorrect dose given. Given 0.25 instead of 0.5 mL. No adverse symptoms or signs

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VAERS ID:	2464675 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-21
Age:	42.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9693 / N/A	LA / IM

FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	- / UNK	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Bell's palsy, Borrelia test negative
SMQs:, Hearing impairment (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: Valtrex zyrtec synthroid zoloft wellbutrin
Current Illness: none
Preexisting Conditions: hashimoto''s thyroiditis
Allergies: guava
Diagnostic Lab Data: Lyme negative
CDC Split Type:
Write-up: Bell''s Palsy right face 24 hours after vaccination Treated with prednisone and valtrex

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VAERS ID:	2464738 (history)	**Vaccinated:**	2022-03-30
Form:	Version 2.0	**Onset:**	2022-07-31
Age:	68.0	**Days after vaccination:**	123
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048L21A / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Anosmia, COVID-19, Fatigue, Nasal congestion, Oropharyngeal pain, Pyrexia, SARS-CoV-2 test positive
SMQs:, Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: LIPITOR; SYNTHROID; FLONASE; IMITREX; NEXIUM; multivitamin
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: COVID-19, 08/01/2022, positive.
CDC Split Type: vsafe
Write-up: It started with fatigue, nasal congestion, fever for a couple of days of 101, and very mild sore throat for a couple days. I took an at home test and tested positive. The fatigue lasted for a couple of weeks. I also loss my sense of smell. I talked to my doctor and I decided not to take PAXLOVID.

VAERS ID:	2465265 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-09-30
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 4	- / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEXAPRO
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Anxiety; Cognitive impairment; Depression
Allergies:
Diagnostic Lab Data: Test Name: COVID-19 Test; Test Result: Positive ; Comments: Treatment of COVID-19
CDC Split Type: USPFIZER INC202201191433

Write-up: Treatment of COVID-19/COVID-19 Test: Positive; Treatment of COVID-19/COVID-19 Test: Positive; This is a spontaneous report received from contactable reporter(s) (Other HCP). An 82-year-old female patient (not pregnant) received BNT162b2, BNT162b2 omi ba.4-5 (BNT162B2, BNT162B2 OMI BA.4-5), as dose 4 (booster), single (Batch/Lot number: unknown) for COVID-19 Immunization; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown), as dose 2, single (Batch/Lot number: unknown) and as dose 3 (booster), single (Batch/Lot number: unknown) for COVID-19 Immunization. The patient''s relevant medical history included: "MCI" (unspecified if ongoing); "anxiety" (unspecified if ongoing); "Depression" (unspecified if ongoing). The patient had no known drug allergies. Concomitant medication(s) included: LEXAPRO. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant), outcome "unknown" and all described as "Treatment of COVID-19/COVID-19 Test: Positive". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Positive, notes: Treatment of COVID-19. Therapeutic measures were taken as a result of drug ineffective, covid-19 which included Paxlovid. The information on the batch/lot number for BNT162b2, BNT162b2 omi ba.4-5 has been requested and will be submitted if and when received.; Sender''s Comments: Based on the information currently available, a lack of efficacy with both vaccines in this patient cannot be completely excluded.

VAERS ID:	2465591 (history)	**Vaccinated:**	2022-09-30
Form:	Version 2.0	**Onset:**	2022-09-30
Age:	70.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7140 / 5	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect product formulation administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received the wrong Pfizer Covid 19 vaccine as a booster. She should of received

Pfizer Bivalent. No adverse effects at this time.

VAERS ID:	2465603 (history)	**Vaccinated:**	2022-09-30
Form:	Version 2.0	**Onset:**	2022-09-30
Age:	81.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7140 / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect product formulation administered, No adverse event, Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received wrong Pfizer Covid 19 vaccine as a booster dose; she should of received Pfizer Bivalent. No adverse effects at this time.

VAERS ID:	2465611 (history)	**Vaccinated:**	2022-09-30
Form:	Version 2.0	**Onset:**	2022-09-30
Age:	74.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7140 / 5	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received wrong vaccine for his Covid 19 booster; Pfizer -BioNTech instead of Pfizer Bivalent. No adverse effects at this time.

VAERS ID:	2466211 (history)	**Vaccinated:**	2022-09-09
Form:	Version 2.0	**Onset:**	2022-09-23
Age:	1.25	**Days after vaccination:**	14
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	AR9236B / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Injection site rash, Papule, Rash papular
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: none
Current Illness: URI
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Rash on left deltoid at injection site that developed approximately 2 weeks after administration. Rash is collection of about 8-10 raised flesh colored papules of 1-2mm in diameter. Not painful or itchy. Patient is not bothered by the rash. Skin surrounding the rash is normal. No vesicles, blistering or crusting.

VAERS ID:	2466619 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-20
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9702 / 5	RA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Dyskinesia, Fatigue, Muscle spasms
SMQs:, Neuroleptic malignant syndrome (broad), Dyskinesia (narrow), Dystonia (broad), Noninfectious encephalopathy/delirium (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None, other than: Approximately 5 minutes prior to the onset of my adverse reaction, I took two 500mg of NOW Brand Valerian Root Herbal Supplement.
Current Illness: None
Preexisting Conditions: None
Allergies: Penicillin
Diagnostic Lab Data: none
CDC Split Type:
Write-up: I went to bed @ 10pm and was very tired (overtired) and for that reason took two 500mg NOW Brand Valerian Root Herbal Supplement so I might sleep better that evening. Within 5 minutes of ingesting this dose, I was in bed and almost immediately began having (large) muscle spasms. I say large muscle as my arms and legs were jerking uncontrollably and it was not noticed in hands, fingers, feet, or toes. These spasms lasted approximately 30 minutes. I believe it was a good thing I had taken the Valerian and believe that the spams calmed once the

Valerian kicked in. I don''t believe the Valerian was the source of these Spasms. I have taken Valerian off on on over the years and several previous does from this bottle. I have never before (or since) experienced an episode like this. Had it continued more than 30 minutes, I would likely called medical response but waited it out in hopes that the Valerian would calm the spasms. Apparently, it did. I have been fine since. I''ve decided to report this as it was a very bizarre event for me and not one that I''ve ever heard of in relationship to Covid vaccines.

VAERS ID:	2466693 (history)	**Vaccinated:**	2022-10-01
Form:	Version 2.0	**Onset:**	2022-10-01
Age:	30.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9694 / 4	LA / IM
FLUR4: INFLUENZA (SEASONAL) (FLUBLOK QUADRIVALENT) / PROTEIN SCIENCES CORPORATION	UJ903AA / UNK	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Fall, Tremor
SMQs:, Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: not known
Current Illness: not known
Preexisting Conditions: not known
Allergies: penicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: He was sitting after receiving vaccinations (maybe 5 minutes) and then fell over onto floor in a plank position and was slightly shaking. regained consciousness after less than 30 seconds. Taken by ambulance for further treatment/testing

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VAERS ID:	2466935 (history)	**Vaccinated:**	2022-10-02
Form:	Version 2.0	**Onset:**	2022-10-02
Age:	34.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9703 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cold sweat, Confusional state, Hyperhidrosis, Malaise, Musculoskeletal stiffness, Skin discolouration, Unresponsive to stimuli
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt received the vaccine and stated he didn''t feel well and went white, he said it had happened in the past when he got blood drawn. He then went unresponsive and stiffened up. I laid the patient down from the chair to the floor and grabbed the EpiPen to administer. Simultaneously I told the technician to call 911. As I was uncapping the epipen the pt came too and was confused why he was on the ground. The pt then got up, we called his wife over and he sat down in the chair. The wife and him were talking and I left the IMZ room, once I got back into the pharmacy the wife called me to come back over because he was unresponsive again. I got the epipen out again and was ready to administer and he came to again. Pt was still white and now very clammy and w sweaty. The EMS came and took his BP and HR. Pt refused to be transported, so the EMS left and the pt stayed seated a bit then left.

VAERS ID: 2467092 (history)		**Vaccinated:**	2022-09-29
Form:	Version 2.0	**Onset:**	2022-10-03
Age:	62.0	**Days after vaccination:**	4
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	AS7147B / 5	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Lip swelling, Pruritus, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Citalopram Zyrtec Flonase Biotin Vit D
Current Illness: None
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Awakened with swollen lips, slight facial itching. Also found hives around other pressure points along bra line, underwear waistband.

VAERS ID: 2467139 (history)		**Vaccinated:**	2022-09-30
Form:	Version 2.0	**Onset:**	2022-09-30
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	- / 4	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Chills, Headache, Heart rate increased, Pain, Pain in extremity, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia

related investigations, signs and symptoms (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine, probiotic, ibuprofen, fiber, daily women"s multivitamin
Current Illness: Was treated for a UTI 3 weeks prior.
Preexisting Conditions: Hypothyroidism
Allergies: Latex
Diagnostic Lab Data: Nothing as of yet.
CDC Split Type:
Write-up: Initially fine post shot. Early afternoon I started to get a sore arm. Similar to past experiences. Then around 8:15 I was laying on the couch watching a movie and I could feel my heart beating fast in my chest. It was getting up to the 120s/130s, which is abnormal for me. I did start to then develop some mild chills, body aches, headache, and low grade fever. Only a couple degrees up from normal, but I felt feverish. At one point my heart rate spiked up to 168 just going to the bathroom. I almost went to ER but thought I"d wait it out since I didn"t have chest pain or shortness of breath etc. Over the next three days there has been improvement. It hasn"t gotten up that high again. My resting rate is a bit above normal. Sometimes it"s lower than normal. I most notice the spike when I"m up moving around. Depending on what I"m doing (nothing too strenuous) it can easily get up into the 120s and 130s. It jumps all over the place throughout the day, but is definitely above normal.

VAERS ID:	2467207 (history)	**Vaccinated:**	2022-09-30
Form:	Version 2.0	**Onset:**	2022-09-30
Age:	42.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	AS7165B / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Dose 2 Moderna vaccine I had "Covid Arm" and a a 101.9 fever all within 24-48 hours after vaccine and a rash within two weeks o
Other Medications: Venlafaxine; clonazepam; amitriptyline
Current Illness: No
Preexisting Conditions: Migraine Headaches
Allergies: No
Diagnostic Lab Data: No.
CDC Split Type: vsafe
Write-up: On 09/30/2022 I had a fever of 100.4 and body aches. At 12:30 AM in the morning on 10/01/2022 my fitness tracker alarm went off it was showing 110 BPM and I had a 101.5 temperature and a nasty headache as well.

VAERS ID:	2467270 (history)	**Vaccinated:**	2022-10-03
Form:	Version 2.0	**Onset:**	2022-10-01
Age:	75.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-10-03
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (NOVAVAX)) / NOVAVAX	430ZMFF023 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Allergy to vaccine
SMQs:, Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: no
Current Illness: no
Preexisting Conditions: arthritis
Allergies: mango, shellfish, polyethaline glycol
Diagnostic Lab Data: none
CDC Split Type:
Write-up: None. Patient states, unable to receive bivalent booster d/t allergy to the mRNA vaccines.

VAERS ID:	2467276 (history)	**Vaccinated:**	2022-10-03
Form:	Version 2.0	**Onset:**	2022-10-03
Age:	69.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (NOVAVAX)) / NOVAVAX	430ZMF023 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness:
Preexisting Conditions: lymphoma
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: None. Patient states he could not receive an mRNA vaccine,.

VAERS ID:	2467351 (history)	**Vaccinated:**	2022-09-10
Form:	Version 2.0	**Onset:**	2022-09-10
Age:	46.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9694 / 4	LA / SYR

Administered by: Other **Purchased by:** ?
Symptoms: Immediate post-injection reaction, Injection site pain, Periarthritis
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Arthritis (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: jungle 1 mg (birth control pills)
Current Illness: none
Preexisting Conditions: none
Allergies: erythromycin
Diagnostic Lab Data: 10/3/2022 -- in-office exam
CDC Split Type:
Write-up: On Sept. 10, 2022 I received a bivalent covid booster shot at a pop-up clinic at High School to my left arm. The shot was immediately painful in my arm -- and much more painful than previous shots or boosters. The pain intensified in the days following the booster and spread to my shoulder. The pain has persisted ever since. I did not have any pain in my arm or shoulder prior to receiving the shot. I"m concerned that this is SIRVA. I went to my primary care physician today. She diagnosed frozen shoulder and prescribed a course of physical therapy.

VAERS ID:	2468031 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-10-04
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARZOS: ZOSTER (SHINGRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Fear, Impaired quality of life, Pruritus
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: USGSKUS2022AMR140725
Write-up: disrupted her quality of life; Body itching (disrupted quality of life)/that was very bothersome; This case was reported by a physician via sales rep and described the occurrence of generalized pruritus in a female patient who received Herpes zoster (Shingrix) for prophylaxis. On an unknown date, the patient received Shingrix. On an unknown date, unknown after receiving Shingrix, the patient experienced generalized pruritus and impaired quality of life. On an unknown date, the outcome of the generalized pruritus was recovered/resolved and the outcome of the impaired quality of life was unknown. The reporter considered the generalized pruritus and impaired quality of life to be related to Shingrix. Additional Information: GSK Receipt Date: 23-SEP-2022 Reporter''s comment: Physician had friend who received Shingrix first dose and experienced full body itching for 3 months that was very bothersome and disrupted her quality of life. Physician also stated that the patient looked at all possible causes and could only conclude it was due to vaccination with Shingrix. The patient did see physician multiple tirne for evaluation and treatment. The patient was afraid to get second dose of Shingrix and will not get second dose. The reporter consented to follow-up.

VAERS ID:	2468784 (history)	**Vaccinated:**	2022-04-04
Form:	Version 2.0	**Onset:**	2022-09-27
Age:	71.0	**Days after vaccination:**	176
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3198 / 3	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Chills, Cough, Fatigue, Myalgia, Pyrexia, Respiratory tract congestion, SARS-CoV-2 test positive
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin; Loratadine; Lisinopril
Current Illness: N/A
Preexisting Conditions: High Blood Pressure; High Cholesterol

Allergies: Sulfa Drugs; Codeine; Z-pack; Penicillin
Diagnostic Lab Data: Roche COVID-19 home test,09/28/2022, negative; COVID-19 test at doctor office, 09/28/2022, positive
CDC Split Type: vsafe
Write-up: I had chills, muscle ache, low grade fever of 99, chest congestion, and little bit of cough. These symptoms did not last long but I am tired today. I took a test at the doctor office but I wasn''t going to get the results until a couple days later. I ended up taking an at home test at home and it came up negative for COVID-19. I got my results back from my COVID-19 test I took at the doctor''s office and that one came back positive for COVID-19.

VAERS ID:	2470652 (history)	**Vaccinated:**	2022-09-22
Form:	Version 2.0	**Onset:**	2022-10-04
Age:	68.0	**Days after vaccination:**	12
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	GH9693 / 4	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: COVID-19, Exposure to SARS-CoV-2, Pain, Pyrexia, SARS-CoV-2 test positive
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Telmisarean; Amlodipine; Pravastatin; Vitamin D; Vitamin B-12; Tumeric; Citrus Bergamot; Pomegranate.
Current Illness: n/a
Preexisting Conditions: High Blood Pressure; High Cholesterol.
Allergies: Grass pollen; Allegra
Diagnostic Lab Data: Home COVID-19 test - positive
CDC Split Type: vsafe
Write-up: One week after vaccination started feeling feverish and achy, was around somebody with COVID-19. Took a Home COVID-19 test and it was positive. Decided not to take Paxlovid.

VAERS ID: 2470747 (history)		**Vaccinated:**	2022-09-29
Form:	Version 2.0	**Onset:**	2022-10-02
Age:	77.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID: 2471023 (history)		**Vaccinated:**	2022-09-27
Form:	Version 2.0	**Onset:**	2022-09-28
Age:	92.0	**Days after vaccination:**	1
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / -

Administered by: Private **Purchased by:** ?
Symptoms: Cerebrovascular accident, Computerised tomogram head abnormal
SMQs:, Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central

nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, 8 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Allupurinol 100mg tab amlodipine 10mg tab plavix 75mg tab donepezil 10mg tab miraberon 50mg tab oxybutin 10mg tab K+ 10 MEQ rabeprazole 20mg tab
Current Illness: None
Preexisting Conditions: Arthritis ? Back problem ? BPH (benign prostatic hypertrophy) 10/28/2010 ? Congenital spondylolisthesis 12/2/2010 ? CVD (cerebrovascular disease) ? Diabetes mellitus (HCC) type II ? Foot drop, right 10/28/2010 ? GERD (gastroesophageal reflux disease) 10/28/2010 ? Hearing loss ? HTN (hypertension) 10/28/2010 ? Hypercholesteremia 10/28/2010 ? Knee torn cartilage ? Lumbar radiculopathy 9/9/2010 ? Scoliosis deformity of spine 12/2/2010 ? Spinal stenosis of lumbar region with neurogenic claudication 10/28/2010 ? Stomach problems reflux ? Unspecified cerebral artery occlusion with cerebral infarction
Allergies: Penicillins
Diagnostic Lab Data: CT scan
CDC Split Type:
Write-up: Right Corona Radiata Stroke

VAERS ID:	2471332 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	3.0	**Submitted:**	0000-00-00
Sex:	Unknown	**Entered:**	2022-10-07
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20226
Write-up: Patient was accidentally administered the second primary dose of the Moderna Covid 19 vaccine 1 week earlier than suggested time; No Adverse event; This spontaneous case was reported by a physician and describes the occurrence of INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient was accidentally administered the second primary dose of the Moderna Covid 19 vaccine 1 week earlier than suggested time) and NO ADVERSE EVENT (No Adverse event) in a 3-year-old patient of an unknown gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient was accidentally administered the second primary dose of the Moderna Covid 19 vaccine 1 week earlier than suggested time) and NO ADVERSE EVENT (No Adverse event). At the time of the report, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient was accidentally administered the second primary dose of the Moderna Covid 19 vaccine 1 week earlier than suggested time) and NO ADVERSE EVENT (No Adverse event) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered NO ADVERSE EVENT (No Adverse event) to be not related. No further causality assessment was provided for INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Patient was accidentally administered the second primary dose of the Moderna Covid 19 vaccine 1 week earlier than suggested time). No concomitant medications were reported. No treatment information was provided. Reporter did not allow further contact

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VAERS ID:	2471775 (history)	**Vaccinated:**	2022-09-30
Form:	Version 2.0	**Onset:**	2022-09-30
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC20: PNEUMO (PREVNAR20) / PFIZER/WYETH	FW6028 / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Nausea, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: aspirin, carvedilol, vitamin D3, crestor, gabapentin, hydrochlorothiazide, linzess, loratadine, lorazepam, medical marijuana, mg217 psoriasis 2% ointment, ondansetron, pantoprazole
Current Illness: None
Preexisting Conditions: murmur, coronary atherosclerosis, hypertensive disorder, venous stasis of lower extremity, stemi, hyperlipidemia, chronic rhinitis, allergic rhinitis, hypotestosteronemia, prediabetes, vitamin d deficiency, chronic pancreatitis, chronic constipation, cyclical vomiting syndrom not associated with migraine, recurrent inguinal hernia, GERD, gastroparesis, tubular adenoma of colon, abdominal pain, chronic nausea, anxiety, chronic hip pain, restless legs syndrome, chronic back pain
Allergies: brillinta, codeine, dilaudid, fentanyl, ibuprofen, methadone, morphine, oxycontin, percocet, tramadol, vicodin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea, unable to vomit due to previous esophagus procedure. Fever: 101.3

VAERS ID:	2471788 (history)	**Vaccinated:**	2022-09-30
Form:	Version 2.0	**Onset:**	2022-09-30
Age:	37.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	AS7145B / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Chest discomfort, Chills, Dyspnoea, Electrocardiogram normal, Feeling hot, Headache, Heart rate increased, Immune system disorder, Pain, Pain in extremity, Palpitations, Sleep disorder
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: Levothyroxine; women''s multivitamin; probiotics
Current Illness: N/A
Preexisting Conditions: Hypothyroidism
Allergies: Latex
Diagnostic Lab Data: EKG on 10/05/2022 normal, no acute findings.
CDC Split Type: vsafe
Write-up: Around dinner time, 09/30/2022, I had a sore arm. Around 8:00 PM, my heart started racing. I started getting chills, body aches, headache, for a few hours. Around 1:00 AM, my heart was 168. I still have had an elevated heart rate. I am watching it from my smart watch. I have no doubt it is from the vaccine. I have had shortness of breath. Doctor did an EKG. Doctor agrees I''m having an immune response to the vaccine. I am getting married tomorrow. I took a walk yesterday, got my nails done, getting ready and I felt like my heart dropped. My face got very hot. All last night, I felt I was having palpitations. Every time I tried to fall asleep, I would get a rush of adrenaline in my chest, so I could not sleep. I have never had this before. I have so much to do today and I am still sick.

VAERS ID:	2471873 (history)	**Vaccinated:**	2022-04-07
Form:	Version 2.0	**Onset:**	2022-07-28
Age:	78.0	**Days after vaccination:**	112
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	065K21A / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Malaise, SARS-CoV-2 test positive, Vomiting
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Rosuvastatin; Vitamin D3 50, 000; Vitamin D3
Current Illness: No
Preexisting Conditions: No
Allergies: No
Diagnostic Lab Data: Home COVID-19 test
CDC Split Type: vsafe
Write-up: I was not feeling well, vomited and thinking I had the flu. I did home COVID-19 that

came back positive so I called my PCP and made a appointment for a telehealth visit. My PCP called in the Paxlovid to my pharmacy and I am now feeling better although I did get a rebound case of COVID-19.

VAERS ID:	2473630 (history)	**Vaccinated:**	2022-10-10
Form:	Version 2.0	**Onset:**	2022-10-10
Age:	17.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9697 / 4	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT7681LA / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Feeling hot, Vomiting
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient post vaccinations c/o feeling warm and lightheaded, patient vomited x1 with resolution of symptoms. Patient was offered water and was continuously monitored. HR 76 strong/regular 1306 All symptoms resolved

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VAERS ID:	2475019 (history)	**Vaccinated:**	2022-10-10
Form:	Version 2.0	**Onset:**	2022-10-10
Age:	70.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	AS7164B / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered, No adverse event, Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USMODERNATX, INC.MOD20226
Write-up: vial was initially stored in the refrigerator on 08Oct2022, vial was first punctured on 08Oct2022 around 9 AM, administration of vaccine on 10Oct2022 at 12 PM; no adverse event; received a dose 12 hours after puncture; This spontaneous case was reported by a pharmacist and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (received a dose 12 hours after puncture), PRODUCT STORAGE ERROR (vial was initially stored in the refrigerator on 08Oct2022, vial was first punctured on 08Oct2022 around 9 AM, administration of vaccine on 10Oct2022 at 12 PM) and NO ADVERSE EVENT (no adverse event) in a 70-year-old male patient who received mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL AND OMICRON BA.4/BA.5)) (batch no. AS7164B) for COVID-19 prophylaxis. Previously administered products included for Product used for unknown indication: Pfizer (Dose 2) and Pfizer (Dose 1). Past adverse reactions to the above products included No adverse event with Pfizer and Pfizer. On 10-Oct-2022 at 12:00 PM, the patient received dose of mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL AND OMICRON BA.4/BA.5)) (unknown route) 1 dosage form. On 10-Oct-2022 at 12:00 PM, the patient experienced EXPIRED PRODUCT ADMINISTERED (received a dose 12 hours after puncture). On an unknown date, the patient experienced PRODUCT STORAGE ERROR (vial was initially stored in the refrigerator on 08Oct2022, vial was first punctured on 08Oct2022 around 9 AM, administration of vaccine on 10Oct2022 at 12 PM) and NO ADVERSE EVENT (no adverse event). At the time of the report, EXPIRED PRODUCT ADMINISTERED (received a dose 12 hours after puncture), PRODUCT STORAGE ERROR (vial was initially stored in the refrigerator on 08Oct2022, vial was first punctured on 08Oct2022 around 9 AM, administration of vaccine on 10Oct2022 at 12 PM) and NO ADVERSE EVENT (no adverse event) outcome was unknown. For mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL AND OMICRON BA.4/BA.5)) (Unknown), the reporter considered NO ADVERSE EVENT (no adverse event) to be not related. No further causality assessments were provided for EXPIRED PRODUCT ADMINISTERED (received a dose 12 hours after puncture) and PRODUCT STORAGE ERROR (vial was initially stored in the refrigerator on 08Oct2022, vial was first punctured on 08Oct2022 around 9 AM, administration of vaccine on 10Oct2022 at 12 PM). Concomitant medications were

not reported. Vial size was 2.5 ml. The vial stored at room temperature post puncture and did not undergo any temperature excursions. Total amount of time the vial was exposed to room temperature range for 48 hours. Treatment medications were not reported.

VAERS ID:	2476186 (history)	**Vaccinated:**	2022-09-22
Form:	Version 2.0	**Onset:**	2022-09-22
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GJ2524 / 5	RA / IM

Administered by: Work **Purchased by:** ?
Symptoms: Gait disturbance, Pain in extremity
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: On 9/2/2022 Had stent fix at hospital
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: went to ED because pain that severe
CDC Split Type:
Write-up: legs ache, trouble walking after walking for short distance,

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VAERS ID:	2476216 (history)	**Vaccinated:**	2022-10-07
Form:	Version 2.0	**Onset:**	2022-10-09
Age:	17.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9693 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cough, Discomfort, Headache, Injection site swelling, Injection site urticaria, Injection site warmth, Rash, Rash erythematous, Rash pruritic, Urticaria, Viral test negative, Wheezing
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Asthma/bronchospasm (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: flonase, citerizine
Current Illness: none
Preexisting Conditions: none
Allergies: seasonal
Diagnostic Lab Data: viral respiratory panel to rule out any viral sickness all of which came back negative.
CDC Split Type:
Write-up: Mild discomfort on day one and two (friday, saturday). Sunday woke up to intense cough, headache and developed red itchy bumps on palms and intensely spread head to toe throughout the day. Monday 10/10 at follow up rash was still head to toe but 12 cm x 10 cm raised hive hot to the touch over injection site on left arm. and multiple similar sized hives on right arm, back and trunk had appeared. very uncomfortable with a notable uncomfortable wheeze and cough as well.

VAERS ID:	2476265 (history)	**Vaccinated:**	2022-10-03
Form:	Version 2.0	**Onset:**	2022-10-03
Age:	9.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL2757 / 2	RA / IM
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	UT7681LA / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered, No adverse event

SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: COVID vaccine given 3 days post expiration date. No adverse event occured. PCP, dept of health notified and family notified. Awaiting advice from dept of health on validity of dose and subsequent dosing.

VAERS ID:	2476817 (history)	**Vaccinated:**	2022-09-01
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-10-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 5	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LEVOTHYROXINE SODIUM
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other

Relevant History 1: None
Allergies:
Diagnostic Lab Data: Test Name: Covid-19 Test; Test Result: Positive ; Comments: Treatment of COVID-19
CDC Split Type: USPFIZER INC202201212281
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 73-year-old female patient received BNT162b2, BNT162b2 omi ba.4-5 (BNT162B2, BNT162B2 OMI BA.4-5), in Sep2022 as dose 5 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation; BNT162b2 (BNT162B2), in Feb2021 as dose 1, single (Batch/Lot number: unknown), in Mar2021 as dose 2, single (Batch/Lot number: unknown), in Aug2021 as dose 3 (booster), single (Batch/Lot number: unknown) and in Oct2021 as dose 4 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation. The patient had no relevant medical history. Concomitant medication(s) included: LEVOTHYROXINE SODIUM. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant), outcome "unknown" and all described as "COVID 19 Treatment". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Positive, notes: Treatment of COVID-19. Therapeutic measures were taken as a result of drug ineffective, covid-19. The information on the batch/lot number for BNT162b2, BNT162b2 omi ba.4-5, BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2476875 (history)	**Vaccinated:**	2021-08-30
Form:	Version 2.0	**Onset:**	2022-08-01
Age:	74.0	**Days after vaccination:**	336
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2587 / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: OXAZEPAM
Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Anxiety; Atrial fibrillation (Atrial fibrillation diagnosed over 10 years ago)
Allergies:
Diagnostic Lab Data: Test Date: 202208; Test Name: Covid-19 test; Test Result: Positive
CDC Split Type: USPFIZER INC202201214162
Write-up: he was positive for Covid; he was positive for Covid; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). A 75-year-old male patient received BNT162b2 (BNT162B2), on 25Feb2021 as dose 1, single (Lot number: EN6203), on 18Mar2021 as dose 2, single (Lot number: ER2613) and on 30Aug2021 as dose 3 (booster), single (Lot number: FF2587, Expiration Date: 31Dec2021) at the age of 74 years for covid-19 immunisation. The patient''s relevant medical history included: "Atrial fibrillation" (unspecified if ongoing), notes: Atrial fibrillation diagnosed over 10 years ago; "Anxiety" (unspecified if ongoing). Concomitant medication(s) included: OXAZEPAM oral (1 capsule by mouth 4 times a day 15mg on that over 20 years) taken for anxiety. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset Aug2022, outcome "not recovered" and all described as "he was positive for Covid". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (Aug2022) Positive. Therapeutic measures were taken as a result of vaccination failure, covid-19 and treatment included Paxlovid form 08Aug2022 to 11Aug2022. Clinical course: Caller reported that her husband had went into the hospital 08Aug2022 because he fell and broke his ribs. While he was there, he was found to have Covid. He was then sent home. He had history of A-fib and was 75 years old, so he was placed on Paxlovid. Stated he only took the medicine for 3 days. When attempted for clarification on hospitalization dates and caller stated he first went in 08Aug2022. Went in around midnight and sent him home the next morning with 3 broken ribs. He was to be discharged to a nursing home, but the nursing homes required covid test and when they did it, they found out that he was positive for Covid and sent him home instead (as reported).

VAERS ID:	2476876 (history)	**Vaccinated:**	2021-08-30
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-10-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2587 / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Cardiac operation
SMQs:, Cardiomyopathy (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202201214163
Write-up: she had open heart surgery; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A female patient received BNT162b2 (BNT162B2), on 25Feb2021 as dose 1, single (Lot number: EN6203), on 18Mar2021 as dose 2, single (Lot number: ER2613) and on 30Aug2021 as dose 3 (booster), single (Lot number: FF2587, Expiration Date: 31Dec2021) for covid-19 immunisation. The patient''s relevant medical history and concomitant medications were not reported. The following information was reported: CARDIAC OPERATION (medically significant), outcome "unknown", described as "she had open heart surgery". Therapeutic measures were taken as a result of cardiac operation. Clinical course: The patient stated that she had open heart surgery and was trying to get better while all this was going on. The patient stated that she and her husband both had all the vaccines and she was thankful that Pfizer came out with something because she was scared she would have got sick or Covid would kill them.

VAERS ID:	2476907 (history)	**Vaccinated:**	2022-05-11
Form:	Version 2.0	**Onset:**	2022-09-22
Age:	66.0	**Days after vaccination:**	134
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM9992 / 4	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: HUMIRA; OMEPRAZOLE; ATORVASTATIN
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Crohn''s disease
Allergies:
Diagnostic Lab Data: Test Date: 20220922; Test Name: COVID-19 test; Test Result: Positive ; Comments: started paxlovid 1st day of positive antigen test which was 1.5 days after symptoms
CDC Split Type: USPFIZER INC202201218335
Write-up: Covid-19; Covid-19; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from product quality group. The reporter is the patient. A 67-year-old male patient received BNT162b2 (BNT162B2), on 03Mar2021 as dose 1, single (Lot number: EN6198), on 26Mar2021 as dose 2, single (Lot number: EP6955), on 18Oct2021 as dose 3 (booster), single (Lot number: FF2588) and on 11May2022 as dose 4 (booster), single (Lot number: FM9992) at the age of 66 years for covid-19 immunisation. The patient''s relevant medical history included: "crohns disease" (unspecified if ongoing). No known allergies. Concomitant medication(s) included: HUMIRA; OMEPRAZOLE; ATORVASTATIN, stop date: 21Sep2022.The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset 22Sep2022, outcome "unknown" and all described as "Covid-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (22Sep2022) positive, notes: started paxlovid 1st day of positive antigen test which was 1.5 days after symptoms. Therapeutic measures were taken as a result of vaccination failure, covid-19 included Paxlovid from 22Sep2022 to 26Sep2022.

VAERS ID:	2476924 (history)	**Vaccinated:**	2022-09-20
Form:	Version 2.0	**Onset:**	2022-09-01
Age:	56.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-10-13
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 5	LA / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 4	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure high (High BP); High cholesterol
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202201218731
Write-up: Treatment of COVID-19; Treatment of COVID-19; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 56-year-old male patient received BNT162b2, BNT162b2 omi ba.4-5 (BNT162B2, BNT162B2 OMI BA.4-5), on 20Sep2022 at 16:00 as dose 5 (booster), single (Batch/Lot number: unknown) at the age of 56 years, in left arm for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown), as dose 2, single (Batch/Lot number: unknown), as dose 3 (booster), single (Batch/Lot number: unknown) and as dose 4 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history included: "High BP" (unspecified if ongoing), notes: High BP; "High cholesterol" (unspecified if ongoing). The patient''s concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant) all with onset Sep2022, outcome "unknown" and all described as "Treatment of COVID-19". Therapeutic measures were taken as a result of drug ineffective, covid-19. Clinical course: Patient was treated with Paxlovid for the adverse events. Patient had no known allergies. Patient did not receive any other medications within 2 weeks to the COVID vaccine The information on the batch/lot number for BNT162b2, BNT162b2 omi ba.4-5 has been requested and will be submitted if and when received.

VAERS ID:	2477033 (history)	**Vaccinated:**	2022-09-30
Form:	Version 2.0	**Onset:**	2022-09-30
Age:	60.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Needle issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nurse was administering a Covid booster to patient in his right deltoid. Just as she was finishing, there was a very clear snap sound and as I pulled back, the needle had broken clean off of the syringe. It was far enough into his arm that the provider decided to send him to the ED for further evaluation. The syringe used was VanishPoint Lot# G210415.

VAERS ID:	2477966 (history)	**Vaccinated:**	2022-10-13
Form:	Version 2.0	**Onset:**	2022-10-13
Age:	67.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UJ872AA / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dyspnoea, Gait disturbance, Hypoaesthesia oral, Spinal pain
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Arthritis (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: None
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient was fine immediately after his flu shot, has always tolerated them in the past he said and this was his second year getting the high dose according to our records. He went to go do his shopping and came back a few minutes later out of breath and in distress. He said he almost didn''t make it back he had sudden severe acute pain in his lower spine with numbness and had a hard time walking/breathing. I checked his BP it was 186/107 with pulse of 57, then 159/91 with a pulse of 48. We used a different machine after he had a while to sit and start feeling better/drink some water and it was 168/96 with pulse 51. I called his doctor''s office and let them know what happened.

VAERS ID:	2478382 (history)	**Vaccinated:**	2021-10-13
Form:	Version 2.0	**Onset:**	2022-10-07
Age:	59.0	**Days after vaccination:**	359
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30145BA / UNK	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Atrial fibrillation, Cardiac monitoring, Echocardiogram
SMQs:, Supraventricular tachyarrhythmias (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: gabapentin, celebrex, multivitamin,
Current Illness: none
Preexisting Conditions: glaucoma, chronic pain
Allergies: none known
Diagnostic Lab Data: echo is pending and I am currently wearing a zio divice
CDC Split Type:
Write-up: Atrial Fibrilation Treated with medication at local ED. Still in follow up status as the cardiac event was only 2 weeks ago.

VAERS ID: 2478911 (history)		**Vaccinated:**	2022-10-12
Form:	Version 2.0	**Onset:**	2022-10-12
Age:	52.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	D34TF / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Rash, Rash erythematous, Rash papular, Rash pruritic, Skin warm, Urticaria
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: After Moderna booster-lymph swelling left axilla
Other Medications: Busperone Pantprozole
Current Illness: N/A
Preexisting Conditions: Gerd
Allergies: N/A
Diagnostic Lab Data: Was seen by primary care, started prescription strength topical cream today (10-14-22) Triamcinolone Acetonide Cream USP 0.5% BID
CDC Split Type:
Write-up: Red warm rash w raised hives mainly over left side of abdomen but extending to right side as well. Very itchy

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VAERS ID: 2479432 (history)		**Vaccinated:**	2021-08-30
Form:	Version 2.0	**Onset:**	2022-08-01
Age:	74.0	**Days after vaccination:**	336
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2587 / 3	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Fall, Rib fracture, SARS-CoV-2 test

SMQs:, Accidents and injuries (narrow), Osteoporosis/osteopenia (broad), COVID-19 (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Atrial fibrillation (Atrial fibrillation diagnosed over 10 years ago)
Allergies:
Diagnostic Lab Data: Test Date: 20220808; Test Name: COVID-19 test; Test Result: Positive
CDC Split Type: USPFIZER INC202201227438
Write-up: her husband had went into the hospital 08Aug2022 because he fell and broke his ribs; her husband had went into the hospital 08Aug2022 because he fell and broke his ribs; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). A 75-year-old male patient received BNT162b2 (BNT162B2), on 30Aug2021 as dose 3 (booster), single (Lot number: FF2587, Expiration Date: 31Dec2021) at the age of 74 years for covid-19 immunisation. The patient''s relevant medical history included: "Atrial fibrillation" (unspecified if ongoing), notes: Atrial fibrillation diagnosed over 10 years ago. The patient''s concomitant medications were not reported. Past drug history included: Oxazepam for anxiety, notes: Patient has anxiety problem and was on oxazepam oxazepam:1 capsule by mouth 4 times a day 15mg on that over 20 years. Vaccination history included: BNT162b2 (DOSE 1, Lot: EN6203), administration date: 25Feb2021, when the patient was 73-year-old, for Covid-19 Immunization; BNT162b2 (DOSE 2, Lot: ER2613), administration date: 18Mar2021, when the patient was 73-year-old, for COVID-19 immunization. The following information was reported: FALL (hospitalization), RIB FRACTURE (hospitalization) all with onset Aug2022, outcome "unknown" and all described as "her husband had went into the hospital 08Aug2022 because he fell and broke his ribs". The patient was hospitalized for fall, rib fracture (start date: 08Aug2022, discharge date: Aug2022). The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (08Aug2022) positive. Clinical course: Caller reported that her husband had went into the hospital 08Aug2022 because he fell and broke his ribs. While he was there he was found to have Covid. He was then sent home. He took Paxlovid for 3 days and then stopped the medicine because he became confused. He then went back to the hospital and more tests were done and his heart was out of control. The doctors couldn''t find anything wrong so they sent him home. A week and a half later he had some kind of breakdown and was confused and went back to the hospital. and he has been in and out since. He is now in a nursing home and she does not know if this is long Covid or a cause from the Paxlovid. Stated her husband is not mentally competent right now. Stated that she had open heart surgery and is trying to get better while all this is going on. Caller did not know the name of the physician who wrote the prescription. Stated he only took for the medicine for 3 days. she did not know if it was the Covid or medicine. Could not find anything else wrong and he was not getting better. Attempted clarification on hospitalization dates and caller stated he first went in 08Aug2022. Went in around midnight and sent him home the next morning with 3 broken ribs. He was to be discharged to a nursing home but the nursing homes

required covid test and when they did it they found out that he was positive for Covid and sent him home instead. When patient was admitted to the hospital on 12Aug2022 he had stopped the Paxlovid at that point. Hospitalization: 12Aug2022-19Aug2022 then went home for 2 weeks and then went back to the hospital 07Sep2022. Has not been home sent. He then went to a nursing home. Has been at a nursing home for about a week now. Caller then stated he was on a lot of medicines if it was drug interaction but he was only on Paxlovid for 3 days. Patient has anxiety problem and was on oxazepam 1 capsule by mouth 4 times a day, 15mg on that over 20 years. Caller then stated that they both had all the vaccines. Stated she was thankful Pfizer came out with something because she was scared she would have got sick or Covid would kill them.

VAERS ID:	2479870 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	65.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GJ3277 / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Headache, Myalgia, Nausea, Oral herpes, Pyrexia
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal infections (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: amLODIPine 10 mg tablet, ezetimibe (ZETIA) 10 mg tablet, hydroCHLOROthiazide 25 mg tablet, Vit. D, mulit vitimin
Current Illness: None
Preexisting Conditions: Slightly high blood pressure
Allergies: Latex, rubber, Phenothiazine, Tylenol
Diagnostic Lab Data:
CDC Split Type:
Write-up: Low grade fever, achy muscles, fever blisters in mouth/lips/nose, headache, nausea

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VAERS ID:	2480380 (history)	**Vaccinated:**	2022-10-14
Form:	Version 2.0	**Onset:**	2022-10-14
Age:	21.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	AS7164B / 4	RA / IM
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	AS5RM / N/A	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Eye movement disorder, Loss of consciousness, Malaise, Pallor, Posture abnormal, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: N/A
Preexisting Conditions: Ehlers Danlos Type 3, Hypothyroidism, Hiatal Hernia, Chronic Depression, Chronic Nausea, Chronic Fatigue
Allergies: Peppermint, nickel and gluten
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient received Moderna COVID19 Bivalent Updated Booster 12+ 0.5ml in the right deltoid and Fluarix quad 0.5ml in the left deltoid. The patient then asked for some water and for a receptacle to vomit into. The patient lost color, stated she was feeling unwell and shortly thereafter she her head fell back, her eyes rolled back in her head and she lost consciousness. She came to quickly, but again lost consciousness a second time. She did come to again and asked for the pharmacist and technician to contact her mother who was out waiting in the car. 911 was called immediately after she lost consciousness the first time. EMS arrived and evaluated the patient. The patient and her mother decided to not seek further treatment at the hospital. The patient does have a history of passing out after blood draws, but has never passed out after vaccinations. This

information was not disclosed to the pharmacy prior to administration.

VAERS ID:	2480392 (history)	**Vaccinated:**	2022-10-17
Form:	Version 2.0	**Onset:**	2022-10-17
Age:	47.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	053D22A / 4	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	95ZA7 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Nausea, Pallor
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Zoloft
Current Illness: None
Preexisting Conditions: None
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received 2 vaccines this morning at around 10:22 a.m. (covid & flu). After receiving the 2nd injection at 10:24, patient started to feel nauseous and lightheaded. Vaccinator quickly reached out for assistance and patient laid down on the cot with a cool cloth. Vitals obtained at 10:30 HR 64; BP 97/65 (within normal range per patient); SAT 99% RA; skin color = pale Patient was offered fruit bar and water as she stated maybe she hadn''t eaten enough at breakfast. She has ever felt this way after attempting to watch a medical procedure on a family member. 10:33 patient sitting up, advised she was feeling better. Repeat B/P 71/43 Patient started to feel lightheaded again and laid back down. Patient was continuously monitored, at 10:46 vitals returned to patients'' normal range of B/P 98/64 ; HR 75; SAT 100% RA for 10+ minutes. Patient was up and walking around at the clinic and advised she was feeling back to normal. Patient advised if anything changed to seek medical attention.

VAERS ID:	2481662 (history)	**Vaccinated:**	2022-04-18
Form:	Version 2.0	**Onset:**	2022-09-07
Age:	72.0	**Days after vaccination:**	142
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9894 / 4	LA / SYR

Administered by: Private **Purchased by:** ?
Symptoms: COVID-19, Limb discomfort, Malaise, Nasopharyngitis, Paranasal sinus discomfort, Piloerection, Rhinorrhoea, SARS-CoV-2 test positive, Sinus congestion, Throat irritation
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: My left leg felt heavy and my arms hairs felt like they were standing up after 1st two Covid shots.
Other Medications: Probiotic; multivitamin; B12; NATURE MADE calcium magnesium & zinc; METAMUCIL; cranberry tablets; vitamin D3; amlodipine; propranolol; ropinirole; famotidine; montelukast; allergy relief; eye drops
Current Illness: No
Preexisting Conditions: Hypertension; GERD; Pre glaucoma
Allergies: No
Diagnostic Lab Data: COVID-19 test positive
CDC Split Type: vsafe
Write-up: My COVID-19 symptoms were very mild. It started on the 7th with a scratchy throat as if I was coming down with a cold. Next day I had a little sinus congestion which is normal. I tested positive on the 8th. I then had runny nose, sinus pressure, had the sensation that my arm hairs were standing up; my left leg then felt very heavy. Within 5 days all the symptoms had resolved. The sensation with the arm hairs and heavy leg also came after both the vaccines.

VAERS ID:	2481802 (history)	**Vaccinated:**	2022-10-18
Form:	Version 2.0	**Onset:**	2022-10-18
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GJ5342 / 4	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Heart rate increased, Hypertension, Incontinence, Oxygen saturation decreased, Tremor, Vomiting
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Respiratory failure (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Mellaril penicillin Sulfa (Sulfonamide Antibiotics) Prolixin erythromycin base
Diagnostic Lab Data:
CDC Split Type:
Write-up: Hypertension, shaking, high pulse, emesis, incontinence, low O2

VAERS ID:	2483063 (history)	**Vaccinated:**	2022-10-19
Form:	Version 2.0	**Onset:**	2022-10-01
Age:	67.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-10-19
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUA4: INFLUENZA (SEASONAL) (FLUAD QUADRIVALENT) / SEQIRUS, INC.	346354 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Syringe issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: n/a
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: when I went to administer the vaccine, the needle malfunctioned and the vaccine leaked down her arm completely. Pt said she did not feel any was injected, I agreed. We discussed and bc she is low risk and only 67 we decided to administer regular flu instead of senior in case any got in to her system. Pt is fine, this is just a formality b/c of the needle malfunction.

VAERS ID:	2483099 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	72.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	- / 5	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Injected limb mobility decreased, Pain, Pain in extremity, Product administered at inappropriate site
SMQs:, Drug abuse and dependence (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Eliquis Wellbutrin Avarostatin Furosimide Tylenol ompremizole
Current Illness:
Preexisting Conditions: MGUS, Ehlers Danlos, PMR
Allergies: bee stings (hives)

Diagnostic Lab Data: 10/19/22 office visit with my GP. PT to follow. Possibly ultrsound or imaging.
CDC Split Type:
Write-up: I received a Moderna booster at a mobile clinic at the fire station. The injection site was at the joint between my shoulder and left arm. Within 3 hours I was experiencing severe pain. My GP believes the vaccine was given into my biceps tendon. I need PT and follow up if it does not heal. I do not have use of my left arm and it is very painful.

VAERS ID:	2483166 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	51.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 5	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Moderna monovalent given instead of desired bivalent.

VAERS ID:	2483169 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given instead of desired bivalent.

VAERS ID:	2483177 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	36.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Monovalent vaccine given rather than desired bivalent.

VAERS ID:	2483190 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	48.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent vaccine.

VAERS ID:	2483204 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	36.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent.

VAERS ID:	2483604 (history)	**Vaccinated:**	2022-10-14
Form:	Version 2.0	**Onset:**	2022-10-14
Age:		**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	7K95C / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGSKUS2022148310
Write-up: Expired Flulaval administered; This case was reported by a nurse via call center representative and described the occurrence of expired vaccine used in a male patient who received Flu Seasonal QIV Quebec (FluLaval Quadrivalent 2022-2023 season) (batch number 7K95C, expiry date 30th June 2022) for prophylaxis. Co-suspect products included flu seasonal

qiv quebec pre-filled syringe device (Flulaval Tetra Pre-Filled Syringe Device) injection syringe for prophylaxis. On 14th October 2022, the patient received FluLaval Quadrivalent 2022-2023 season and Flulaval Tetra Pre-Filled Syringe Device. On 14th October 2022, unknown after receiving FluLaval Quadrivalent 2022-2023 season and Flulaval Tetra Pre-Filled Syringe Device, the patient experienced expired vaccine used. On an unknown date, the outcome of the expired vaccine used was unknown. This report is made by GSK without prejudice and does not imply any admission or liability for the incident or its consequences. Additional Information: GSK Receipt Date: 14-OCT-2022 Reporter''s Comment: The case was reported by nurse. Nurse reported that patient inadvertently administered an expired Flulaval expiry date 30th June 2022 on 14th October 2022. Reporter did not consent to follow. Additional supportive information: As patient administered expired dose which led to expired vaccine used.

VAERS ID:	2483717 (history)	**Vaccinated:**	2022-07-06
Form:	Version 2.0	**Onset:**	2022-07-06
Age:		**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 4	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, Interchange of vaccine products, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Medication errors (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: LOSARTAN POTASSIUM; SIMVASTATIN; HYDROCHLOROTHIAZIDE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Drug allergy
Allergies:
Diagnostic Lab Data: Test Name: Covid-19 test; Test Result: Positive ; Comments: COVID 19 Treatment
CDC Split Type: USPFIZER INC202201236811
Write-up: Treatment of COVID-19; Treatment of COVID-19; Pfizer / BioNTech - Dose Number: 4 ... Moderna - Dose Number: 3; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 71-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 06Jul2022 as dose 4 (booster), single (Lot number: FN2908) for covid-19 immunisation; elasomeran (MODERNA COVID-19 VACCINE), on

04Mar2021 as dose 1, single (Lot number: 030A21A), on 03Mar2021 as dose 2, single (Lot number: 019B21A) and on 09Nov2021 as dose 3 (booster), single (Lot number: 071F21) for covid-19 immunisation. The patient''s relevant medical history included: "Known allergies : Steroids" (unspecified if ongoing). Concomitant medication(s) included: LOSARTAN POTASSIUM; SIMVASTATIN; HYDROCHLOROTHIAZIDE. The following information was reported: INTERCHANGE OF VACCINE PRODUCTS (medically significant) with onset 06Jul2022, outcome "unknown", described as "Pfizer / BioNTech - Dose Number: 4 ... Moderna - Dose Number: 3"; DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant), outcome "not recovered" and all described as "Treatment of COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: Positive, notes: COVID 19 Treatment. Therapeutic measures were taken as a result of drug ineffective, covid-19. Clinical course: Patient received Paxlovid from 06Oct2022 to 10Oct2022 as covid-19 treatment. Other medication in 2 weeks included losartan potassium, simvastatin and hydrochlorothiazide.

VAERS ID:	2483924 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	40.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 5	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent.

VAERS ID:	2483929 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	23.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 5	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent.

VAERS ID:	2483934 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	24.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent.

VAERS ID:	2483952 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	21.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather that desired bivalent.

VAERS ID:	2483959 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	64.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent vaccine.

VAERS ID:	2484035 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	51.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 5	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent.

VAERS ID:	2484042 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	61.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent vaccine.

VAERS ID:	2484045 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	27.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent vaccine.

VAERS ID:	2484049 (history)	**Vaccinated:**	2022-10-11
Form:	Version 2.0	**Onset:**	2022-10-11
Age:	41.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	082B22A / 4	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Incorrect product formulation administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Monovalent vaccine given rather than desired bivalent.

VAERS ID:	2485204 (history)	**Vaccinated:**	2021-03-25
Form:	Version 2.0	**Onset:**	2021-03-25
Age:	67.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ERE727 / 2	RA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Dizziness, Fatigue, Headache, Nausea, Pain, Presyncope, Pyrexia
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: COVID19 (COVID19 (Pfizer-BioNTech)) dose 1, EN6198 Lot. 2021, age 67. Approximately 18 to 20 hours after my injection, my left
Other Medications: Armour Thyroid; Tylenol
Current Illness: No
Preexisting Conditions: Hashimoto
Allergies: Bees, cashews, peanuts, gluten, doxycycline
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: Within 6-8 hours after injection I experienced severe diarrhea, and severe light headedness that almost caused me to pass out. High Fever 103 that lasted 3 days. Chills, body

aches, and nausea lasting 3 and 3.5 days with severe fatigue and headache starting at the same time. On day 4 Fever dropped to between 100-102 that lasted an additional 2 to 3 days. Chills, body aches and nausea resolved by then. Fatigue and headache continued. Fever and headache ended on day approximately day 6. Fatigue became less severe but was still considerable. Fatigue tapered off and was gone by day 14.

VAERS ID:	2485246 (history)	**Vaccinated:**	2021-10-04
Form:	Version 2.0	**Onset:**	2021-10-05
Age:	67.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Fatigue, Headache, Pain, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: COVID19 (COVID19 (Pfizer-BioNTech)), Dose 1, 2021, age 67. Approximately 18 to 20 hours after my injection, my left arm develop
Other Medications: Armour Thyroid
Current Illness: No
Preexisting Conditions: Hashimoto
Allergies: Bees, cashews, peanuts, gluten, doxycycline
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: 8 hours after injection, I experienced severe diarrhea lasting about an hour. Fever peaked at 102 on day 1, day 2 fever was 99- 101, day 3 fever 99, no fever after day 4. Chills and body aches sever day 1, moderate day 2, resolving by day 3. Headache was severe on day 1 but tapered off through day 3. Fatigue was extreme until day 3, but rapidly tapered off through days 4 to 6.

VAERS ID:	2485251 (history)	**Vaccinated:**	2022-09-15
Form:	Version 2.0	**Onset:**	2022-09-16
Age:	68.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GJ2524 / 4	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Chills, Diarrhoea, Dizziness, Fatigue, Headache, Pain, Pain in extremity, Presyncope, Pyrexia
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: (COVID19 (Pfizer-BioNTech)), dose 1, age 67, Approximately 18 to 20 hours after my injection, my left arm developed a red and sw
Other Medications: Armour Thyroid
Current Illness: No
Preexisting Conditions: Hashimoto
Allergies: Bees, cashews, peanuts, gluten, doxycycline
Diagnostic Lab Data:
CDC Split Type: vsafe
Write-up: 10 hours after Sever Diarrhea, almost passed out twice with lightheadedness for about an hour. Day 1 fever ranged from 100-103. Day 2, Fever ranged from 99-101. Day 3 low grade fever, day 4, no fever. Chills and body aches severe day 1, moderate day 2. Headache moderate day 1, mild days 2 and 3 Fatigue Extreme through day3, moderate on day 4 when it tapered off through day 10 Arm pain Local resolved after day 6.

VAERS ID:	2485636 (history)	**Vaccinated:**	2022-10-20
Form:	Version 2.0	**Onset:**	2022-10-21
Age:	57.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUR4: INFLUENZA (SEASONAL) (FLUBLOK QUADRIVALENT) / PROTEIN SCIENCES CORPORATION	QFAA2225 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Vaccination site erythema, Vaccination site induration, Vaccination site paraesthesia
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient had a red, tingling hard portion on her arm below the vaccination site. she saw her doctor and they deemed it a normal reaction for a robust immune system

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VAERS ID:	2486045 (history)	**Vaccinated:**	2021-02-10
Form:	Version 2.0	**Onset:**	2022-08-01
Age:	89.0	**Days after vaccination:**	537
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Feeling abnormal, Gait disturbance, Immunisation reaction, Musculoskeletal stiffness, SARS-CoV-2 test, Sneezing, Vaccination site pain, Vaccination site swelling
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hypersensitivity (broad), Arthritis (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: BOTOX
Current Illness: Migraine; Seasonal allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 202208; Test Name: COVID-19 virus test; Test Result: Positive
CDC Split Type: USMODERNATX, INC.MOD20226
Write-up: could hardly walk to her bed; The patient adds that she thought she had long term COVID; had a bad reaction; very stiff; sneezy; felt so terrible; swelling where the injection went in; underarm pain / moving more toward her breast; had COVID; This spontaneous case was reported by a patient and describes the occurrence of GAIT DISTURBANCE (could hardly walk to her bed), FEELING ABNORMAL (The patient adds that she thought she had long term COVID), IMMUNISATION REACTION (had a bad reaction), MUSCULOSKELETAL STIFFNESS (very stiff) and SNEEZING (sneezy) in an 89-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 071F21A, 026A21A and 031M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Seasonal allergy and Migraine. Concomitant products included BOTULINUM TOXIN TYPE A (BOTOX) for an unknown indication. On 10-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 10-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 02-Nov-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In August 2022, the patient experienced COVID-19 (had COVID). On an unknown date, the patient experienced GAIT DISTURBANCE (could hardly walk to her bed), FEELING ABNORMAL (The patient adds that she thought she had long term COVID), IMMUNISATION REACTION (had a bad reaction), MUSCULOSKELETAL STIFFNESS (very stiff), SNEEZING (sneezy), FEELING ABNORMAL (felt so terrible), VACCINATION SITE SWELLING (swelling where the injection went in) and VACCINATION SITE PAIN (underarm pain / moving more toward her breast). The patient was treated with NIRMATRELVIR, RITONAVIR (PAXLOVID) for COVID-19 treatment, at an unspecified dose and frequency. At the time of the report, GAIT DISTURBANCE (could hardly walk to her bed), FEELING ABNORMAL (The patient adds that she thought she had long term COVID), IMMUNISATION REACTION (had a bad reaction), MUSCULOSKELETAL STIFFNESS (very stiff), SNEEZING (sneezy), COVID-19 (had COVID), FEELING ABNORMAL (felt so terrible), VACCINATION SITE SWELLING (swelling where the injection went in) and VACCINATION SITE PAIN (underarm pain / moving more toward her breast) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In August 2022, SARS-CoV-2 test: Positive. The patient had a bad reaction to it that night and was very stiff could hardly walk to her bed. There was also swelling where the injection went in had underarm pain. The patient still had it after all that time. It seemed to be getting worse. The patient had an ultrasound, but would have another one next week. It had gone on day after day after day. It seemed to be moving more toward her breast. The patient concerned that she would have cancer in the lymph nodes thought she had long term COVID. The patient had terrible headaches, wake up with heavy head, and was tired all the time. The patient felt going further in the lymph nodes and a slight feeling in her breast. The patient had a mammogram not that long ago, and there was nothing there. The

patient stated that her doctor could not help her. The patient went to a physician three times, and was even going in for another ultrasound. A couple of months ago in Aug 2022, had COVID. was sneezy, her head was stuffed up, and had temperature. The patient felt so terrible. No other vaccines given within 1 month prior to Moderna COVID-19 vaccine. The patient visited office to seek medical care. The patient did not experienced a similar event in the past. The events terrible headaches/ her head was stuffed up/wake up with heavy head, and is tired all the time and had temperature was subsumed under diagnosis of Covid.

VAERS ID:	2486587 (history)	**Vaccinated:**	2022-10-20
Form:	Version 2.0	**Onset:**	2022-10-22
Age:	24.0	**Days after vaccination:**	2
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	059F2ZA / 4	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Erythema, Pain of skin, Skin warm, Swelling
SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Eczema
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Red, tender area noted on left interior bicep at 7am 10/22/22. Area was slightly raised and warm to touch. Area is pain to the touch. Area was outlined with marker. On 10/23/22 redness had grown outside of marked area and still painful to touch. No medication taken to reduce pain.

VAERS ID:	2488472 (history)	**Vaccinated:**	2022-10-24
Form:	Version 2.0	**Onset:**	2022-10-24
Age:	59.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9702 / 1	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	T9HA2 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Fatigue
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Has experienced dizziness with past vaccines and other procedures involving needles
Other Medications: unknown
Current Illness:
Preexisting Conditions: none reported
Allergies: none reported
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Within 2 minutes of second vaccine (Fluarix) patient asked if she could sit on the floor stating "This sometimes happens to me with needles, I feel dizzy and need to sit" Immediately provided a space to sit on floor and assisted her to sit. She then laid down flat and was monitored for 5 minutes. No s/s of distress noted. After 5 minutes she was allowed to sit for 5 minutes at which time she stated "I feel much better", allowed to stand to determine if dizziness would return and monitored for an additional 15 mins while seated in a chair. Encourage to drink fluids and call provider if any further symptoms of concern. Was able to walk from clinic with no return of symptoms. Called patient on 10/26/22 to assess needs. States she was "a little tired last evening" but feels "fine" today. Denies any return of dizziness. Encourage to drink fluids and call provider if any further symptoms of concern.

VAERS ID:	2491197 (history)	**Vaccinated:**	2020-12-31
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	40.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026L20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013L20A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	067H21A / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Aphasia, Chapped lips, Condition aggravated, Disturbance in attention, Eye pruritus, Eye swelling, Eyelid infection, Fatigue, Feeling abnormal, Food allergy, Gastrointestinal disorder, Herpes zoster, Hypersensitivity, Infection, Lip pruritus, Lip swelling, Loss of personal independence in daily activities, Mast cell activation syndrome, Migraine, Oral allergy syndrome, Pain, Post-acute COVID-19 syndrome, Skin disorder
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Depression (excl suicide and self injury) (broad), Ocular infections (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concerta, Ritalin, CBD Oil, Probiotics
Current Illness: I tested positive for COVID in March of 2020 and was still dealing with Long-COVID. I also developed shingles in November of 2021 just before receiving my booster.
Preexisting Conditions: Autoimmune issues: Behcet''s Syndrome in my teens and twenties; Endometriosis that progressed to stage 4 before having excision surgery and hysterectomy in July of 2018.
Allergies: I didn''t have allergies to medications, food, or other products before receiving my vaccine. Shortly after receiving my second vaccine I began to develop food sensitivities that first manifested as GI distress in January 2021. Through the spring and summer of 2021, I also started to develop chronic stye infections in my eyelids and the corners of my mouth started to become chronically cracked. In August 2021, I developed an acute nut allergy. I received my booster on December 29th, 2021. Shortly after that my health changed significantly and I developed Oral Allergy Syndrome. No matter what food I ate, my lips and eyes would swell and itch.
Diagnostic Lab Data: There are no tests or lab results. Only my experience that isn''t able to be measured or tested.

CDC Split Type:
Write-up: My Long-COVID symptoms have progressed. My chronic fatigue has worsened, I get migraine headaches that I''ve never before had in my entire life, I experience word-finding difficulty, inability to concentrate, and brain-fog, I have chronic pain and aches that disrupt my daily life, I experience post-exertional fatigue to a high degree. I developed Mast Cell Activation Syndrome and Oral Allergy Syndrome which causes me to experience allergic reactions to most foods that manifests symptoms in my skin and GI tract. I started seeing a Naturopath MD over the summer of 2022 and am on a regimen of prescription medications and herbal supplements to try and get the MAST cells under control, but have experienced very little improvement so far.

VAERS ID:	2491353 (history)	**Vaccinated:**	2022-10-27
Form:	Version 2.0	**Onset:**	2022-10-27
Age:	2.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LG / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect dose administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Fever, cold-like symptoms.
Other Medications: None
Current Illness: Ear infection of the left ear.
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: My daughter received a double dose of the Moderna Covid vaccine. She was at her well child visit with her twin sister. The nurse was training somebody new and didn''t verify what syringe they each had since there was 2 covid vaccines and 2 flu shots in the room for each child. And they proceeded to both inject my daughter with two syringes of the Moderna Covid vaccine.

VAERS ID:	2492166 (history)	**Vaccinated:**	2022-01-31
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	63.0	**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2022-10-28
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TRAMADOL
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC202201256230
Write-up: COVID 19 Treatment; COVID 19 Treatment; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 64-year-old male patient received BNT162b2 (BNT162B2), on 31Jan2022 as dose 2, single (Batch/Lot number: unknown) at the age of 63 years for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history was not reported. Concomitant medication(s) included: TRAMADOL. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant), outcome "unknown" and all described as "COVID 19 Treatment". Therapeutic measures were taken as a result of drug ineffective, covid-19. Clinical course: Patient received Paxlovid as Treatment of COVID-19. No Known allergies. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.

VAERS ID:	2492553 (history)	**Vaccinated:**	2021-06-01
Form:	Version 2.0	**Onset:**	2021-06-10
Age:	30.0	**Days after vaccination:**	9
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004C21A / 1	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	054C21A / 2	LA / IM

Administered by: Other **Purchased by:** ?
Symptoms: Ovarian cyst, Ultrasound abdomen, Ultrasound uterus
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Abdominal ultrasound, intrauterine ultrasound
CDC Split Type:
Write-up: Ovarian cyst, burst, no treatment given

VAERS ID:	2492693 (history)	**Vaccinated:**	2022-09-15
Form:	Version 2.0	**Onset:**	2022-09-16
Age:	76.0	**Days after vaccination:**	1
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	GJ252Y / 3	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Cardiac flutter, Dyspnoea, Pain, Pyrexia
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad),

Cardiomyopathy (broad), Tachyarrhythmia terms, nonspecific (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: medrol
Current Illness:
Preexisting Conditions: asthma, colitis
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: short of breath, in pain, heart fluttering, fever, aches

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VAERS ID:	2492754 (history)	**Vaccinated:**	2022-10-28
Form:	Version 2.0	**Onset:**	2022-10-28
Age:	14.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9697 / 4	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Fall, Feeling hot, Hyperhidrosis, Malaise, Pallor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None

Allergies: NKA
Diagnostic Lab Data: N/A.
CDC Split Type:
Write-up: Patient came to the vaccine clinic with his mom to get his Pfizer Bivalent booster dose. He received the dose at 3:50, while waiting in the waiting area he started to not feel well and walked to a family friend who is a vaccinator at 3:55. Patient was complaining of feel dizzy, warm, sweaty and pale. He started to fall to the ground and his mom lowered him. Mom does not believe there was LOC, he did not strike his head or any other body parts and has no additional complaints. At 3:59 patient was given water and a granola bar and advised he was feeling much better. Both he and his mom stayed with us for approximately 30 minutes to ensure he was feeling 100%.

VAERS ID:	2493159 (history)	**Vaccinated:**	2022-10-01
Form:	Version 2.0	**Onset:**	2022-10-01
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC20: PNEUMO (PREVNAR20) / PFIZER/WYETH	- / UNK	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: Anaphylactic reaction, Arthralgia, Chills, Fatigue, Magnetic resonance imaging, Myalgia, Pyrexia, Vaccination site eczema, Vaccination site erythema, Vaccination site induration, Vaccination site pain
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: CROMOLYN SODIUM
Current Illness: Angiosarcoma; Cancer; Ehlers-Danlos syndrome; Mast cell activation syndrome
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Name: Fever; Result Unstructured Data: Test Result:100; Test Name: MRI; Result Unstructured Data: Test Result:Unknown Results
CDC Split Type: USPFIZER INC202201256373
Write-up: anaphylaxis; fever of 100; my right arm where the vaccine was given is rock hard bit red; right arm where the vaccine was given is rock hard bit red it has eczema, and it is quite

painful; right arm where the vaccine was given is rock hard bit red it has eczema, and it is quite painful; right arm where the vaccine was given is rock hard bit red it has eczema, and it is quite painful; Chills; terrible fatigue; Joint pain; Muscle pain; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 35-year-old female patient received pneumococcal 20-val conj vac (dipht CRM197 protein) (PREVNAR 20), in Oct2022 as dose number unknown, single (Batch/Lot number: unknown) at the age of 35 years, in right arm for immunisation. The patient''s relevant medical history included: "Ehlers-Danlos syndrome" (ongoing); "mast cell activation syndrome" (ongoing); "Angiosarcoma on my pancreas" (ongoing); "cancer" (ongoing). Concomitant medication(s) included: CROMOLYN SODIUM resp inhalation taken for mast cell activation syndrome. The following information was reported: CHILLS (non-serious) with onset Oct2022, outcome "unknown"; ARTHRALGIA (non-serious) with onset Oct2022, outcome "unknown", described as "Joint pain"; MYALGIA (non-serious) with onset Oct2022, outcome "unknown", described as "Muscle pain"; ANAPHYLACTIC REACTION (medically significant) with onset Oct2022, outcome "unknown", described as "anaphylaxis"; PYREXIA (non-serious) with onset Oct2022, outcome "unknown", described as "fever of 100"; VACCINATION SITE ERYTHEMA (non-serious) with onset Oct2022, outcome "unknown", described as "my right arm where the vaccine was given is rock hard bit red"; VACCINATION SITE INDURATION (non-serious), VACCINATION SITE PAIN (non-serious), VACCINATION SITE ECZEMA (non-serious) all with onset Oct2022, outcome "unknown" and all described as "right arm where the vaccine was given is rock hard bit red it has eczema, and it is quite painful"; FATIGUE (non-serious) with onset Oct2022, outcome "unknown", described as "terrible fatigue". The patient underwent the following laboratory tests and procedures: Body temperature: 100; Magnetic resonance imaging: Unknown Results. Therapeutic measures were taken as a result of anaphylactic reaction, pyrexia, vaccination site erythema, vaccination site induration, vaccination site pain, vaccination site eczema, chills, fatigue, arthralgia, myalgia. Clinical course: Consumer stated, she was vaccinated last night, and she had a fever of 100 that could probably be higher except am taking those Aspirin and paracetamol (TYLENOL) (Further clarified as treatment) her right arm where the vaccine was given was rock hard bit red it had eczema, and it was quite painful, and she was also having terrible fatigue, Joint pain, Muscle pain, Chills etcetera like very much reaction and the reason she wanted to report it because she had mast cell activation syndrome so, actually she was having almost anaphylaxis from this and she knew her reaction was far more severe than the people but she felt somebody had them because (Incomplete sentence). She did not have that information, but cancer institute might. no, she did not have it her doctor office might. She had cancer and Ehlers-Danlos syndrome and mast cell activation syndrome she had several, she had Angiosarcoma on her pancreas it was the type of cancer that was very rare. Right now yes, as well as her inhaler as Cromolyn sodium her had mast cell activation syndrome, so she was taking bunch of antihistamine and mast cell stabilization product because she was having such a severe reaction, so she did not have anaphylaxis (as reported). Consumer stated, "It was less then 24 hrs. Since I was given the vaccine.". The information on the batch/lot number for pneumococcal 20-val conj vac (dipht CRM197 protein) has been requested and will be submitted if and when received.

VAERS ID:	2494078 (history)	**Vaccinated:**	2022-09-19
Form:	Version 2.0	**Onset:**	2022-10-17
Age:	36.0	**Days after vaccination:**	28
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-10-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	- / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Caesarean section, Exposure during pregnancy, Full blood count, Haemorrhage, Hypertension, Induced labour, Metabolic function test, Metabolic function test normal, Prolonged labour
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Hypertension (narrow), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth) (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, 4 days
Extended hospital stay? No
Previous Vaccinations:
Other Medications: Wellbutrin XL 300 mg QD, prenatal vitamin, cetirizine 10 me QD, aspirin 81 mg QD, albuterol inhaler PRN
Current Illness: Viral upper respiratory infection 1 week prior to vaccination
Preexisting Conditions: Asthma, bipolar disorder, hypertension, obesity
Allergies: Sulfa
Diagnostic Lab Data: 10/18/22 CBC, CMP unremarkable
CDC Split Type:
Write-up: Received 4th COVID vaccine at 35 weeks gestational age. Labor induced at 39 weeks on 10/17/22 for advanced maternal age and hypertension. C-section performed on 10/19/22 for failure to progress. Estimated blood loss 1600 mL, otherwise uncomplicated procedure. Healthy newborn

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VAERS ID:	2496422 (history)	**Vaccinated:**	2022-10-14
Form:	Version 2.0	**Onset:**	2022-10-14
Age:	61.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9697 / 4	RA / SYR
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / SYR

Administered by: Public **Purchased by:** ?
Symptoms: Burning sensation, Insomnia, Joint noise, Ligament injury, Limb discomfort, Loss of personal independence in daily activities, Pain, Sensory disturbance
SMQs:, Peripheral neuropathy (narrow), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Accidents and injuries (narrow), Arthritis (broad), Tendinopathies and ligament disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Pulmicort 180 mcg vitamin c 500 mg
Current Illness: None
Preexisting Conditions: None
Allergies: Latex,dairy,amoxicillin
Diagnostic Lab Data: None just a doctor visit
CDC Split Type:
Write-up: this was an influenza vaccine.my shoulder and arm felt an intense burning sensation when I got the vaccine and the shoulder and upper arm have been hurting ever since.feels like the arm was pulled out of its socket and some ligaments were damaged.intense twinges of pain when moved certain ways and clicking that wasn?t there before.went to my doctor a week and a half after as it was not getting better and was making it very hard to sleep and do normal activities.

VAERS ID:	2496524 (history)	**Vaccinated:**	2022-08-19
Form:	Version 2.0	**Onset:**	2022-08-19
Age:	4.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FT9142 / 2	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: patient received 2nd dose at 15 days instead of 21 days from 1st dose

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VAERS ID:	2497804 (history)	**Vaccinated:**	2022-11-01
Form:	Version 2.0	**Onset:**	2022-11-01
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UT7733AA / UNK	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Extra dose administered, Pain in extremity
SMQs:, Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient requested a flu vaccination and the vaccine checklist was completed with the patient prior to administration. After the vaccinator had administered the influenza vaccine the patient then informed her that she remembered she had already received one. Patient was asked to wait at the clinic which she did for approximately 30 minutes. Staff contact the state health department for any further instruction. Patient was informed that she may have an increased likelihood of symptoms and if so to contact us with any concerns. Patient said she felt fine and left on her own accord. Phone follow up with patient on 11/3. Patient said did feel soreness in her arm but took tylenol and was fine. No further discomfort of symptoms.

VAERS ID:	2497877 (history)	**Vaccinated:**	2022-11-03
Form:	Version 2.0	**Onset:**	2022-11-03
Age:	50.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	062F22A / 4	RA / IM
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	7TP53 / UNK	RA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: Dizziness, Hyperhidrosis, Pallor
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient arrived at clinic today to get a Moderna Bivalent Booster and a Flu vaccine. In between doses he startd to feel light headed and did not say anything initially. After 2nd dose (flu) he let the vaccinator know. Pt was c/o feeling lightheaded, pale and sweaty. Provided patient with PFA, water and a snack. Within just a couple of minutes he was feeling much better. Continued to monitor patient for another few minutes.

VAERS ID:	2500528 (history)	**Vaccinated:**	2022-11-03
Form:	Version 2.0	**Onset:**	2022-11-03
Age:	6.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-07

Vaccination / Manufacturer	Lot / Dose	Site /

		Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FT1551 / UNK	- / SYR

Administered by: Private **Purchased by:** ?
Symptoms: Wrong product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: no
Current Illness: no
Preexisting Conditions: no
Allergies: no
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient was given Pfizer 5-11 vaccination Lot #FT1551 when patient was actually supposed to get the Pfizer bivalent that day, as she completed her primary series in 2021.

VAERS ID:	2500630 (history)	**Vaccinated:**	2022-11-02
Form:	Version 2.0	**Onset:**	2022-11-02
Age:	38.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	GF3N2 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Burning sensation, Rash erythematous
SMQs:, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: acetaminophen (Tylenol) 325 mg Tablet albuterol 90 mcg/actuation HFA Aerosol Inhaler
Current Illness: N/A
Preexisting Conditions: Acute frontal sinusitis Asthma Heart palpitations Raynaud disease
Allergies: NKDA
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: Patient states, "I received my flu shot on Wednesday that night I noticed bumps on my left forearm. Thursday they were red and today have a slight burning sensation. It is also on the left side of my face".

VAERS ID:	2507084 (history)	**Vaccinated:**	2022-10-28
Form:	Version 1.0	**Onset:**	0000-00-00
Age:	5.0	**Submitted:**	2022-11-01
Sex:	Female	**Entered:**	2022-11-07
Location:	Vermont	**Days after submission:**	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GK1657 / 1	LA / -
DTAPIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C6002BA / 1	RA / -
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U7684DA / 7+	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: No adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin
Current Illness: N/A
Preexisting Conditions: Soy allergy
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:

Write-up: No adverse events

VAERS ID:	2501830 (history)	**Vaccinated:**	2022-11-08
Form:	Version 2.0	**Onset:**	2022-11-08
Age:	0.83	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FT9142 / 1	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product preparation issue
SMQs:, Medication errors (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: None
Preexisting Conditions: None known
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.2 mL dose provided without diluent

VAERS ID:	2502040 (history)	**Vaccinated:**	2022-11-08
Form:	Version 2.0	**Onset:**	2022-11-08
Age:	19.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9697 / 4	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	7TP53 / UNK	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Anxiety, Dizziness, Immediate post-injection reaction, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt came to the clinic to get her Flu & Covid Bivalent vaccines. Immediately after the administration of the 1st vaccine (Flu), pt. started to feel lightheaded and nauseous. She was transferred to a wheelchair and then to a cot to lay down. She was offered water/snack and vitals monitored. She advised she felt a bit anxious before coming in for the vaccines. Pt wanted to proceed with her 2nd vaccine (Pfizer Bivalent). That was administered at 1455 with no troubles. Pt was monitored for approximately 25 minutes after her last vaccine, and she advised she was feeling back to normal. Vitals all were within normal limits during the duration.

VAERS ID:	2502829 (history)	**Vaccinated:**	0000-00-00
Form:	Version 2.0	**Onset:**	2022-10-01
Age:		**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-11-09
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 2	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: PLAQUENIL [HYDROXYCHLOROQUINE PHOSPHATE]; PROZAC; WELLBUTRIN; SPIRONOLACTONE
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Systemic lupus erythematosus; Ulcerative colitis
Allergies:
Diagnostic Lab Data: Test Date: 2022; Test Name: COVID-19 test; Test Result: Negative ; Comments: testing negative after finishing Paxlovid
CDC Split Type: USPFIZER INC202201280860
Write-up: COVID 19; COVID 19; This is a spontaneous report received from a contactable reporter(s) (Consumer). The reporter is the patient. A 21-year-old female patient (not pregnant) received BNT162b2, BNT162b2 OMI BA.4-5 (BNT162B2, BNT162B2 OMI BA.4-5), as dose 3 (booster), single (Batch/Lot number: unknown) for COVID-19 immunization; COVID-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown) and as dose 2, single (Batch/Lot number: unknown) for COVID-19 immunization. The patient"s relevant medical history included: "Lupus" (unspecified if ongoing); "Ulcerative Colitis" (unspecified if ongoing). Concomitant medication(s) included: PLAQUENIL [HYDROXYCHLOROQUINE PHOSPHATE], start date: 15Oct2015; PROZAC; WELLBUTRIN; SPIRONOLACTONE. Past drug history included: Nsaids, reaction(s): "known allergies: NSAIDs". The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant) all with onset Oct2022, outcome "unknown" and all described as "COVID 19". Therapeutic measures were taken as a result of drug ineffective and COVID-19 as the patient received PAXLOVID since 26Oct2022 until 31Oct2022. The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (2022) Negative, notes: testing negative after finishing PAXLOVID. The information on the batch/lot number for BNT162b2, BNT162b2 omi ba.4-5 has been requested and will be submitted if and when received.

VAERS ID:	2503457 (history)	**Vaccinated:**	2022-11-01
Form:	Version 2.0	**Onset:**	2022-11-01
Age:	14.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUR4: INFLUENZA (SEASONAL) (FLUBLOK QUADRIVALENT) / PROTEIN SCIENCES CORPORATION	UJ892AA / N/A	RA / IM

Administered by: Private **Purchased by:** ?

Symptoms: No adverse event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Innocent murmur
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received the vaccine no adverse effect has been reported

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VAERS ID:	2504369 (history)	**Vaccinated:**	2022-10-18
Form:	Version 2.0	**Onset:**	2022-10-18
Age:	73.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9702 / UNK	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Product storage error
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: allopurinol, fibercon, fish oil, glucosamine chondroitin, lisinopril, metoprolol, sildenafil, tamsulosin
Current Illness:

Preexisting Conditions: hypertension, gout, elevated PSA
Allergies: Latex
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccines drawn up the day before were not thrown out as waste. Vaccine was administered unknowing of the expiration status.

VAERS ID:	2507187 (history)	**Vaccinated:**	2022-10-16
Form:	Version 2.0	**Onset:**	2022-10-18
Age:	66.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	6J3277 / 5	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: Cardiac disorder, Death, Pain
SMQs:
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2022-10-18
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin, fish oil
Current Illness: none
Preexisting Conditions: prostate cancer - in remission
Allergies: papaya
Diagnostic Lab Data:
CDC Split Type:
Write-up: My husband reported feeling run down and achy on Tuesday morning and again on Tuesday night while working in NYC - this was followed by a cardiac event which required EMS and transport to the emergency room where my husband died.

VAERS ID: 2508385 (history)		**Vaccinated:**	2022-05-15
Form:	Version 2.0	**Onset:**	2022-09-13
Age:	71.0	**Days after vaccination:**	121
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM9992 / 4	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: COVID-19, Headache, Oropharyngeal pain, SARS-CoV-2 test positive
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Rosuvastatin; levothyroxine
Current Illness: None
Preexisting Conditions: Hypothyroid; High Cholesterol
Allergies: Seasonal
Diagnostic Lab Data: COVID-19
CDC Split Type: vsafe
Write-up: I started to have a very strong headache and sore throat. These symptoms made me feel that I should test myself for COVID-19. I performed an at home test and it came back positive. I contacted my physician, and they suggested that I stay home and isolate. I was not given any medication to assist with the virus. I just used TYLENOL and ibuprofen to help with the symptoms.

VAERS ID: 2509217 (history)		**Vaccinated:**	2022-09-29
Form:	Version 2.0	**Onset:**	2022-10-01
Age:	71.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	GH9693 / 5	LA / -
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN	- / 4	- / -

MANUFACTURER		

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Drug ineffective, SARS-CoV-2 test
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Arthritis; BPH; Hypertension
Allergies:
Diagnostic Lab Data: Test Date: 20221103; Test Name: Antigen Test; Test Result: Negative ; Test Date: 20221106; Test Name: Antigen Test; Test Result: Positive ; Test Date: 20221108; Test Name: Antigen Test; Test Result: Positive ; Test Date: 20221110; Test Name: Antigen Test; Test Result: Positive
CDC Split Type: USPFIZER INC202201296632
Write-up: Treatment of COVID-19; Treatment of COVID-19; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 71-year-old male patient received BNT162b2, BNT162b2 omi ba.4-5 (BNT162B2, BNT162B2 OMI BA.4-5), on 29Sep2022 as dose 5 (booster), single (Lot number: GH9693) at the age of 71 years, in left arm for covid-19 immunisation; coviD-19 vaccine (COVID-19 VACCINE), as dose 1, single (Batch/Lot number: unknown), as dose 2, single (Batch/Lot number: unknown), as dose 3 (booster), single (Batch/Lot number: unknown) and as dose 4 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation. The patient''s relevant medical history included: "BPH" (unspecified if ongoing); "Hypertension" (unspecified if ongoing); "Arthritis" (unspecified if ongoing). The patient''s concomitant medications were not reported. The following information was reported: DRUG INEFFECTIVE (medically significant), COVID-19 (medically significant) all with onset Oct2022, outcome "not recovered" and all described as "Treatment of COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (03Nov2022) Negative; (06Nov2022) Positive; (08Nov2022) Positive; (10Nov2022) Positive. Therapeutic measures were taken as a result of drug ineffective, covid-19 with Paxlovid from 19Oct2022 to 03Nov2022. It was unknown if patient was taking any other medications/products within 2 weeks of starting COVID-19 treatment. The patient previously receive a COVID-19 Vaccine.

VAERS ID: 2509754 (history)		**Vaccinated:**	2022-11-15
Form:	Version 2.0	**Onset:**	2022-11-15
Age:	13.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9693 / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Incorrect product formulation administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: loratadine 10mg daily as needed
Current Illness: NA
Preexisting Conditions: nevus, allergic rhinitis
Allergies: NKDA
Diagnostic Lab Data: NA
CDC Split Type:
Write-up: Patient received COVID Pfizer Bivalent booster instead of scheduled Pfizer Monovalent dose #2 at 11/15/22 visit. No harm to patient/adverse reaction. In process of notifying family as to plan for series/booster once finalized by Dept of Health.

VAERS ID: 2510320 (history)		**Vaccinated:**	2022-06-15
Form:	Version 2.0	**Onset:**	0000-00-00
Age:	65.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-11-17
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 4	RA / -

Administered by: Unknown **Purchased by:** ?
Symptoms: COVID-19, Chest discomfort, Fatigue, SARS-CoV-2 test, Vaccination failure
SMQs:, Anaphylactic reaction (broad), Lack of efficacy/effect (narrow), Infective pneumonia

(broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: ALENDRONATE SODIUM
Current Illness:
Preexisting Conditions: Medical History/Concurrent Conditions: Milk allergy; Spinal fusion; Sulfonamide allergy
Allergies:
Diagnostic Lab Data: Test Date: 2022; Test Name: COVID-19 test; Test Result: Positive ; Comments: Indication=Treatment of COVID-19
CDC Split Type: USPFIZER INC202201295966
Write-up: Treatment of COVID-19; Treatment of COVID-19; Covid symptoms were in my chest; exhaustion; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 65-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 15Mar2021 at 15:45 as dose 1, single (Lot number: EP7533), in right arm, on 15Apr2021 as dose 2, single (Lot number: EW0169), in right arm, on 22Oct2021 at 14:00 as dose 3 (booster), single (Lot number: FH8020), in right arm and on 15Jun2022 at 13:00 as dose 4 (booster), single (Lot number: FM7553) at the age of 65 years, in right arm for covid-19 immunisation. The patient''s relevant medical history included: "back fusion" (unspecified if ongoing); "Known allergies: sulfa" (unspecified if ongoing); "Known allergies: lactose intolerant" (unspecified if ongoing). Concomitant medication(s) included: ALENDRONATE SODIUM, start date: 19Jul2021 (ongoing). The following information was reported: CHEST DISCOMFORT (non-serious) with onset 2022, outcome "unknown", described as "Covid symptoms were in my chest"; VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset 2022, outcome "unknown" and all described as "Treatment of COVID-19"; FATIGUE (non-serious) with onset 2022, outcome "unknown", described as "exhaustion". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (2022) Positive, notes: Indication=Treatment of COVID-19. Therapeutic measures were taken as a result of vaccination failure, covid-19. Clinical course: Patient received other medications in two weeks. Patient received Covid-19 treatment with Paxlovid from 13Oct2022 to 18Oct2022. Six days after completing patient final dose of Paxlovid, She had a "rebound". Patient original Covid symptoms were in her chest, exhaustion. Patient rebound was an intense head cold, exhaustion, dizziness. She felt worse during the rebound and it took over 10 days to recover - 10 days in addition to the 10 days of original Covid. Infrequently, Patient still become light headed.

VAERS ID:	2510752 (history)	**Vaccinated:**	2022-11-17
Form:	Version 2.0	**Onset:**	2022-11-17
Age:	22.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	2ZF9N / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Inappropriate schedule of product administration
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Pt given Covid 19 Bivalent vaccine .Pt had previously received one on 10/13/22

VAERS ID:	2510813 (history)	**Vaccinated:**	2022-11-17
Form:	Version 2.0	**Onset:**	2022-11-17
Age:	71.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GJ6738 / 5	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Unevaluable event
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Unknown
Allergies: Unknown
Diagnostic Lab Data:
CDC Split Type:
Write-up: Registration noticed a dose on 9/15/2022 and it was logged as a Bivalent Booster. The patient was questioned if her dose on 9/15/2022 was a Bivalent Booster and she advised no it was not. Registration proceeded to move forward with the paperwork for Pfizer Bivalent Booster. When data entry was logging the dose in immunization registry they noticed a Bivalent dose already logged and brought it to management''s attention. After reviewing, patient did in fact receive a 2nd Bivalent dose, first dose on 9/15/2022 LOT # GH9702. All staff present today were reminded to triple check doses administered after 9/7/2022 and to ask management if any questions.

VAERS ID:	2511231 (history)	**Vaccinated:**	2022-09-19
Form:	Version 2.0	**Onset:**	2022-09-19
Age:		**Days after vaccination:**	0
Sex:	Unknown	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (HEPLISAV-B) / DYNAVAX TECHNOLOGIES CORPORATION	935841 / 1	- / -

Administered by: Public **Purchased by:** ?
Symptoms: Expired product administered, No adverse event
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 2022000252

Write-up: Administered Heplisav-B Two Days Past the Expiry Date; Initial Report Received on 09-SEP-2022 This is a spontaneous report received from an immunization program specialist regarding a 37-year-old patient who received HEPLISAV-B for hepatitis B immunisation. Medical history and concomitant medications were reported as unknown. On 19-Sep-2022, of the first dose of HEPLISAV B (Lot # 935841, expiration date 17-Sep-2022, NDC # not reported), route and site not specified, was administered for hepatitis B immunization. It was reported that the dose was administered two days past the expiration date. The patient has not reported any adverse reactions. No further information was available at the time of the report. Company Comment: The company assessed the event as non-serious.; Sender"s Comments: The company assessed the event as non-serious.

VAERS ID:	2511820 (history)	**Vaccinated:**	2022-10-17
Form:	Version 2.0	**Onset:**	2022-10-31
Age:	67.0	**Days after vaccination:**	14
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Asthenia, Death, Dyspnoea, Fatigue, Pericardial effusion, SARS-CoV-2 test negative
SMQs:, Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2022-11-18
Days after onset: 18
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Metformin Lisinopril
Current Illness: None
Preexisting Conditions: Hypertension, Type II Diabetes
Allergies: None
Diagnostic Lab Data: COVID Test--negative.
CDC Split Type:
Write-up: weakness, fatigue, fluid on the heart, shortness of breath (lasted for approximately 10

days), death.

VAERS ID:	2513004 (history)	**Vaccinated:**	2022-11-21
Form:	Version 2.0	**Onset:**	2022-11-21
Age:	10.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GK1657 / 3	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U7684DA / UNK	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Fall, Immediate post-injection reaction, Syncope
SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient rcv"d Bivalent Booster with no issues followed by her Flu vaccine. Immediately following she experienced a 30 second syncopal episode. She fell to the floor landing partially on her mom. PE completed with no findings, vitals were monitored and remained within normal limits, patient was provided with water and a snack. Within 5 minutes patient was feeling 100% better.

VAERS ID:	2513024 (history)	**Vaccinated:**	2022-11-21
Form:	Version 2.0	**Onset:**	2022-11-21
Age:	26.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (NOVAVAX)) / NOVAVAX	4302MF023 / 2	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE QUADRIVALENT) / SANOFI PASTEUR	UT7701MA / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Dizziness, Nausea
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: After shot was administered patient felt lightheaded and nauseated.

VAERS ID:	2513504 (history)	**Vaccinated:**	2022-10-10
Form:	Version 2.0	**Onset:**	2022-10-01
Age:	61.0	**Submitted:**	0000-00-00
Sex:	Female	**Entered:**	2022-11-21
Location:	Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	A57164B / 5	- / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Dry mouth
SMQs:, Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Dehydration (broad)
Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastain, levothyroxine, b-complex, prolia, multi vitamin, omega 3, vitamin K2, ferrous gluconate
Current Illness:
Preexisting Conditions: Osteoporosis, hyperlipidemia, hypothyroidism
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dry mouth x5 weeks

VAERS ID:	2514033 (history)	**Vaccinated:**	2022-11-22
Form:	Version 2.0	**Onset:**	2022-11-22
Age:	37.0	**Days after vaccination:**	0
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GL0446 / 3	RA / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT7723LA / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	2CA18C1 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: none

Preexisting Conditions: none
Allergies: Aspirin, caffeine
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given a vaccine that expired on 11/21/2022 on 11/22/2022 due to a vial being presumed non-expired. Error was spotted post-administration. Patient did not report any adverse reactions before leaving the clinic.

VAERS ID:	2514135 (history)	**Vaccinated:**	2022-11-22
Form:	Version 2.0	**Onset:**	2022-11-22
Age:	73.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	- / 5	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Expired product administered
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Unknown adverse effect. Pt was given an expired vaccine.

VAERS ID:	2514138 (history)	**Vaccinated:**	2022-10-20
Form:	Version 2.0	**Onset:**	2022-10-23
Age:	59.0	**Days after vaccination:**	3
Sex:	Female	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-22

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	6H9693 / 4	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: Condition aggravated, Drainage, Lymphoedema
SMQs:, Retroperitoneal fibrosis (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: 2nd Covid-19 Vaccine, shortness of breath/difficulty speaking for 7-10 days. Pfizer ER8731, 4/16/2021
Other Medications: Too numerous to list, contact me directly if needed.
Current Illness: I have long haul covid.
Preexisting Conditions: Dysautonomia, hypermobile ehlers danlos, primary lymphedema and many other health conditions. Contact me for more information if needed.
Allergies: Too numerous to list, contact me directly if needed.
Diagnostic Lab Data:
CDC Split Type:
Write-up: The vaccine triggered a large increase in my lymphedema starting at the end of day 3. My entire body (under my arms, my sides, my upper and low legs) filled with fluid and I have needed repeated drainages from my lymphedema therapist to deal with this. It is now a month later and I am still dealing with this problem. This is absolutely caused by the vaccine as I have not had issues like this before except during the pandemic shutdown when I could not receive treatment for several months. There was no warming about in increase in lymphedema symptoms publicized about the bivalent vaccine so I did not have a chance to discuss this with my medical providers. My providers are now concerned about me receiving another booster. I already had dysautonomia before getting covid, and now have long covid and the vaccines were very important to me, but I am afraid to get another one.

VAERS ID:	2514805 (history)	**Vaccinated:**	2021-10-03
Form:	Version 2.0	**Onset:**	2022-10-28
Age:	69.0	**Days after vaccination:**	390
Sex:	Male	**Submitted:**	0000-00-00
Location:	Vermont	**Entered:**	2022-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30155BA / 3	LA / -

Administered by: Unknown **Purchased by:** ?

Symptoms: COVID-19, SARS-CoV-2 test, Vaccination failure
SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: none, Comment: other medical history: no
Allergies:
Diagnostic Lab Data: Test Date: 20221028; Test Name: antigen test; Test Result: Positive ; Comments: Tested Positive for COVID with antigen test 28Oct2022; Test Date: 20221103; Test Name: COVID-19 Test; Test Result: Negative ; Comments: Tested Negative on 03Nov2022 and 05Nov2022; Test Date: 20221105; Test Name: COVID-19 Test; Test Result: Negative ; Comments: Tested Negative on 03Nov2022 and 05Nov2022; Test Date: 20221108; Test Name: COVID-19 Test; Test Result: Positive ; Comments: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; Test Date: 20221110; Test Name: COVID-19 Test; Test Result: Positive ; Comments: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; Test Date: 20221111; Test Name: COVID-19 Test; Test Result: Positive ; Comments: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; Test Date: 20221113; Test Name: COVID-19 Test; Test Result: Positive ; Comments: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; Test Date: 20221115; Test Name: COVID-19 Test; Test Result: Positive ; Comments: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; Test Date: 20221117; Test Name: COVID-19 Test; Test Result: Positive ; Comments: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; Test Date: 20221118; Test Name: COVID-19 Test; Test Result: Negative ; Comments: Tested Negative on Friday 18Nov2022
CDC Split Type: USPFIZER INC202201313253
Write-up: Treatment of COVID-19; Treatment of COVID-19; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from product quality group. The reporter is the patient. A 70-year-old male patient received BNT162b2 (BNT162B2), on 04Mar2021 at 10:00 as dose 1, single (Lot number: EN6198), in left arm, on 23Mar2021 at 11:00 as dose 2, single (Lot number: ER2613), in right arm and on 03Oct2021 at 10:00 as dose 3 (booster), single (Lot number: 30155BA) at the age of 69 years, in left arm for covid-19 immunisation; elasomeran (MODERNA COVID-19 VACCINE), on 16Apr2022 at 11:00 as dose 4 (booster), single (Lot number: 002M21D), in right arm and on 07Sep2022 at 13:00 as dose 5 (booster), single (Lot number: AS7140C), in left arm for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset 28Oct2022, outcome "recovered" (03Nov2022) and all described as "Treatment of COVID-19". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (28Oct2022) Positive, notes: Tested Positive for COVID with antigen test 28Oct2022; (03Nov2022) Negative, notes: Tested Negative on 03Nov2022 and 05Nov2022; (05Nov2022)

Negative, notes: Tested Negative on 03Nov2022 and 05Nov2022; (08Nov2022) Positive, notes: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; (10Nov2022) Positive, notes: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; (11Nov2022) Positive, notes: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; (13Nov2022) Positive, notes: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; (15Nov2022) Positive, notes: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; (17Nov2022) Positive, notes: Tested Positive on 08Nov2022, 10Nov 11Nov, 13Nov, 15Nov, 17Nov2022; (18Nov2022) Negative, notes: Tested Negative on Friday 18Nov2022. Therapeutic measures were taken as a result of vaccination failure, covid-19. Tested Positive for Covid with antigen test 28Oct2022 Started Paxlovid same day taken for 5 days. Clinical course: vaccine received and no other medication with in 2 weeks.

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